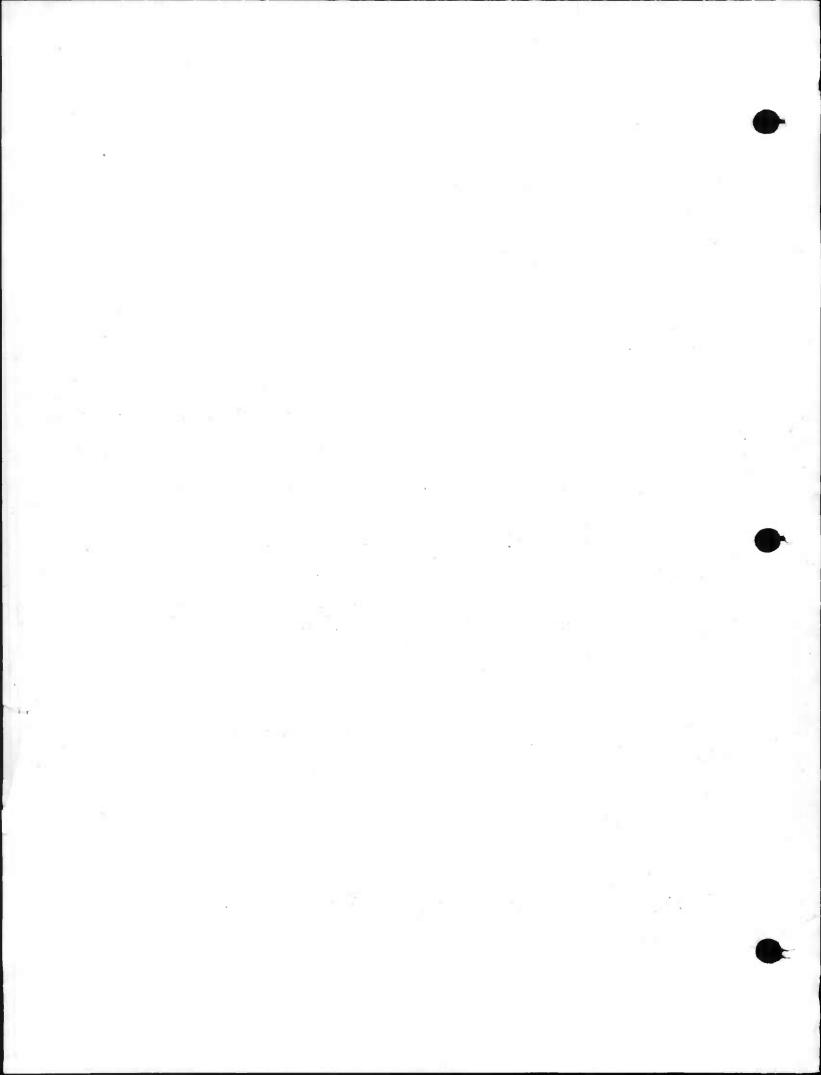
BALTIMORE, MARYLAND 21215-0020	hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buriat-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to buriat, cremation, or removal.	the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within yours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the 1 be fled within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR	ALE UF MAK		RTIF	ICATE	OF H	DEAT	ANU I	WENTAL HYGIEN REG. NO.	Ŀ			
- 9	1. DECEDENT'S NAME (First, Middle, Last)	4 .	OL.		i OATE		DEA		2. DATE OF DEATH		702	3. TIME OF DEATH	
- 8	Laszlo n	1etz							October :		994	(055 N	٠
	4. SOCIAL SECURITY NUMBER 5. SE	X 6. A	GE (In yrs. lest b	oirthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DATE OF BIRTH		8. BIRTH	PLACE (State or Foreign	1
Ÿ	Unknown 🔀	M 2 🗌 F	55	YRS.	MONTHS	DAYS	HOURS	MIN.	2-8-39		Hund	gary	E
	9a. FACILITY NAME (If not institution, give street and	d number)			9b. CITY	, TOWN C	R LOCATIO	ON OF DE	ATH	9c. COU	INTY OF DI	EATH	1
e E	Washington Advent	ist Ho	spita.	1	Tai	soma	Pa	rk		Mon	tgon	mmry	1
DIRECTOR	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY												╡
E	Maryland Montgom	erv	- 1		y, town o							10d. INSIDE CITY LIMITS?	Т
	10a. STREET AND NUMBER				110					Title		XX YES 2 NO	4
RA	4509 Calvert Road					101	ZIP CODE		10g. CITIZEN O			HAT COUNTRY?	
N.		AS DECEDENT EVE	DIN II C ADMI	ED	12	WAS DEC	207		IC OBICING (Paralle Van	US			4
BY FUNERAL	SFT Naver Married 2 Married FC	ORCES? 1 Y YES, GIVE WAR O	ES 2 F NO			If yes, sp	2 NO	n, Maxicai Specify	y: Spe			— American Indian, t, White, atc.	
	15. DECEDENT'S EDUCATION		18a, DECE	DENTIO	LIGUAL O		inga:	гтаг		101500 1101	Whi	. Le	4
COMPLETED	(Specify only highest grade complete	ted)	(Give	kind of v	vork done	during mo	st of workin	g	16b. KIND OF BUS	SINESS/IN	DUSTRY		
PE	Elementary/Secondary (0-12) Colle	ige (1-4 or 5 +)		arb					Barbe	m:		6 mint	O
N	17. FATHER'S NAME (First, Middle, Last)						18. MOTI	IFR'S NA	ME (First, Middle, Maiden				-
	Janos Metz								Margip	Surrianno,			ı
BE	19a. INFORMANT'S NAME (Type/Print)		196.	MAILING	ADDRESS	S (Street a			Poute Number, City or Town	n, State, Zi	p Code)		4
5	Janos Metz								College F			. 20740	1
	20a. METHOD OF DISPOSITION		20b. PLACE AN	DDATE	OF DISPOS	SITION /Ne	ma of		DATE 20c. LO	CATION —	City or To	wn State	1
	1 Donation 5 Other (Specify)	om Stata	Rive:	rda.	Le (Crem	ato	rv ´	10/30/94	Riv	erda	le.Md	1
	21. SIGNATURE OF FUNERAL BERNICE LICENSEE						D ADDRE						1
	> (w 0)				Г)iin r	ς, ι	Sons	= 5635 F=	de	C+	NE DC 200	1
	23. PART I. Enter the diseases, or compli-	cetions that cau	sed the deat	h Dor									4
Ш	shock, or heert failure. List Di	nly one cause o	n eech line.	/	iot eriter	tire illo		rig, auci	Tea Cardiac or reap	ratory ar	rest,	Approximate interval Between	
	IMMEDIATE CAUSE (Finel disease or condition	Can 1	inh.	lone	Mai	AN.	1	7	Lagran Lagrangian Company			Oneet and Death	
	resulting in desth) - e. LOV OWN AS A CONSEQUENCE OF								15 min				
_	- Pulmonary En beliam 30 min												
CERTIFICATION	Sequentielly list conditions, If any, leading to immediate									1			
8	csuse. Enter UNDERLYING CAUSE (Disesse or injury	hroni	c M	Sn	pho	cy	he	de	ukem	a		unknow	\forall
띨	thet initisted events	DUE TO (OR)	AS A CONSECU	ENCE O	g.	1							
ER	resulting in deeth) LAST					-							
	PART II. Other eignificent conditions cont	tributing to deet	th but not res	ulting	In the ur	nderiving	Cause o	iven in	Part I. 24e. WAS AN	AUTOPSY	24b.	WERE AUTOPSY FINDINGS	+
EDICAL									PERFOR	MED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE	
									1 [] YES 2	No		DF DEATH?	
Σ									— [1 YES 2 NO	1
AN	25. WAS CASE REFERRED TO MEDICAL					26. PL	ACE OF D	EATH (Chi	ack only one)				-
SICIAN		ITAL:	Outpatient 3 F	DOA	OTHE!	Rt:			6 Other (Specify)				1
PHY		8a. DATE OF INJU	RY	28b. TIM	E OF	28c, INJ	URY AT	raidelica	28d. DESCRIBE HOW I	NJURY OC	CURED		+
	Natural 5 Pending	(Month, Day, Ye-	ar)	IN	URY M		RK?] NO					1
ЭВУ	The process of the second seco	8a. PLACE OF INJ	URY — At home	e, ferm, :	street, tac	tory, offic	,		281, LOCATION (Street a	nd Numbe	r or Rural F	Route Number,	+
三	4 Homicide detarmined	building, atc. (<i>эреспу</i> ;					1	City or Town, State)				L
J.E	29a. CERTIFIER 1 CERTIFYING PHYSICIAN: T	o the best of my k	nowlados, dest	h occum	ed at the t	lime, date	and place	and due	to the cause(s) and ma-	mer se et	heti		+
COMPLETED	(Check only one) 2 MEDICAL EXAMINER: Dri t) and manner as stated.	1
	29b. SIGNATUREJAND JITALE OF CERTIFIER	0.						ENSE NUN				(Month, Day, Year)	-
TO BE	Marinit	ID					D	- 18	3895	10	7-28	3-94	
F	30, NAME AND ADDRESS OF PERSON WHO COM	M, 761	OCAR	ROL	Print)	WEI	WE	, TA	KOMA PA	ARK	1, /	MD	
	31. DATE FILED (Month, Day, Year)	Davidson	Randa 00	. ,. ,.	/	1 2000 1			1 201 1	· /-	,	*	1
	11040 (1334)	J 12407 0007 0007 0007 0007 0007 0007 0007	Marian										

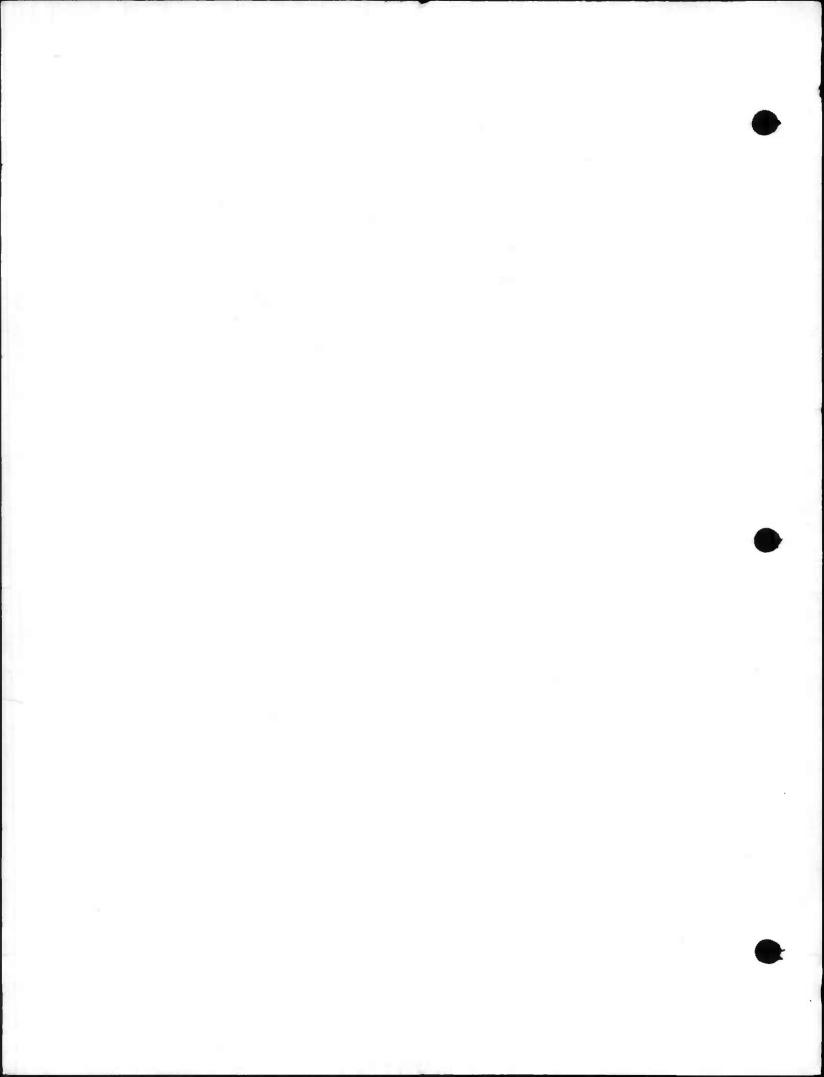


		2
		8
		-55
		62
		-7
		64
		-
		e s
		20
		-
		E
		E
		8
		.=
		22
	5	£a
	0	=
\approx	8	-
ä	동	2
ă	CO	63
7	=	=
S	5	40
_	2	40
2	50	55
T.	ō	No.
CA	500	2
	黃	20
=	SS	4
~	Z	Ž,
⋖	9	Je.
_	-	Φ.
\succ	5	9
α	R	목
4	Ĕ	ŏ
-	50	S
2	2	40
	8	8
ш	25	eg.
œ	E	-
0	40	8
\simeq	0)	8
2	00	ō
_	Δ.	700
Ε.	Ę.	65
-	É	5
⋖	9	4
BALTIMORE, MARYLAND 21215-0020	6	the state
	aff.	7
	6/2	D
	5	.5
	2	2
	fours after death. Page 6 may be retained by the hospital or attending physician,	tely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should
6	1	9

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

hosp	ache		Ce.
the	e del		100
d D	D D		9
taine	Shou		tifie
e re	5		9
lay b	pag		t be
6	ctor,		mus
Page	dire		191
ath.	nera		in in
r de	he fu	- Je	exa
afte	5	Smov	Ical
OULS	u p	0r r	med
b	fille	ion.	the
ith	etely	еша	mt,
≱ pe	отр	al, Cr	eve
ecut	nd c	pring	atlc
8	an a	r to	mn
ate	Pysic	prio	1
rtific	10 DE	giene	othe
th ce	endir	I Hy	0
dea	e att	Jenta	ury,
t the	9	nd N	Ξ
s tha	peu	Ith a	any
Juire	Sign	Hea	DWS
N rec	beer	f. 0f	Sh
e la	has	Dep	1 23
=======================================	cate	State	iten
ICIA	ertifi	the	0
HYS	his c	with	ked,
NG F	fter t	tath	mar
NO	R. A	er de	.00
ATTE	000	s aft	1 28
OR	DIRE	hour	Hem
TAL	RAL	2	Ξ
QSD	UNE	rithin	ANT
분	HE F	ed w	ORT
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with. Cours after death, Page 6 may be retained by the host	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: Il item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFIC			MENTAL HYGIEN		
;	1. DECEDENT'S NAME (First, Middle, Lest) 4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	Many	ing		2. DATE OF DEATH	w 29 I's	3. TIME OF DEATH 8:55pm
	578 42 8844°C 9e. FACILITY NAME (If not institution, give s	1 □ M 2XXF 58	YRS. MOI	UNDER 1 YEAR) NTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	JUN 6,1		OF DEATH
CTOR	SOUTHERN MARYL	AND HOSPIT		CLINT				E GEORGES
DIRECTOR		CE GEORGES			BOROUG	Н		10d. INSIDE CITY LIMITS? T YES 2 NO
FUNERAL	11103 TIMBUR				ZIP CODE		10g. CITIZEN USA	OF WHAT COUNTRY?
B	11. MARITAL STATUS 1 Never Merried 2 Merried Widowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR D	2 XNO	If yes, sp		IIC ORIGIN? (Specify Yen, Puerto Rican, etc.)		RACE — American Indian, Black, White, etc. Specify: BLACK
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12) 12th	CATION completed) College (1-4 or 5+)	16a. DECEDENT'S USL (Give kind of work life. Do NOT use re CUST(done during mo	N st of working	16b. KIND OF BU	SINESS/INDUST	
BE CON	17. FATHER'S NAME (First, Middle, Lest) LUTHER TATE	QUEEN	NAME (First, Middle, Meiden Surname) N ESTHER SORREL					
5	PRESTON THOMAS		19b. MAILING ADI			RT UPPER		BOROUGH, MD
	20s. METHOD OF DISPOSITION 1X Burlel 2 Cremation 3 Rem 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICE	coval from State	p. PLACE AND DATE OF D netery, cremetory or other ARMONY M	emoria	AL I	NOV 4,19		IDOVER,MD
NOI	23. PART I. Entar the diseases, or shock, or heart fellure. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentisity list conditions, if any, leeding to immediate	DUE TO (OR AS A	d the death. Do not ach line. A CONSEQUENCE OF):	Rugh	de of dying, such	n ss cardiac or resp	elretory arrest,	Approximata Interval Between Onset and Deeth
CERTIFICATION	If sny, leeding to Immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST DUE TO (OR AS A CONSCOUENCE OF): Several Purple of Control o							
MEDICAL	PERFORMED? 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO							24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
CIAN	DID TOBACCO USE C 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			ACE OF DEATH (Ch	ock only one)		
PHYSICIAN:	1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)		Nursing Hom 28c. INJ WO	RK?	8 Other (Specify) 28d. DESCRIBE HOW	INJURY OCCURE	iD .
red BY	2 Accident Investigation 3 Suicide 8 Could not be determined	Natural 5 Pending Natural 5 Pending Natural 5 Pending Natural 5 Pending Natural 5 Pending Natural 5 Pending Natural 5 Pending Natural 5 Pending Natural Natural						
COMPLETED		ICIAN: To the best of my know						use(s) end menner as stated.
O BE C	29b. SIGNATURE AND TITLE OF CERTIFIES	1000	nd		29c. LICENSE NUM	BER 37	29d. DATE SIG	NED (Month, Day, Year)
	30. NAME AND ADDRESS OF PERSON WH	M.M.D.	7501 S	n) Wra	to Rud	#201A	Clint	12 Not 20735
	NOV 0 7 1994	132. REGISTRAR'S SIGN						



21215-00	
MARYLAND	
BALTIMORE,	

DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within A from after death. Page 6 may be retained by the hospital or attending physician.	Cer	within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremming or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
THE HOSPITAL OR ATTENDING I	TO THE FUNERAL DIRECTOR: After this	be filed within 72 hours after death with	APORTANT: If Item 28 is mar

	1 - STATE REGISTRAR	STATE OF MARYLA	AND / I	DEPAR RTIF	TMENT	OF H	EALTH DEAT	AND I		HYGIENI REG. NO.	E		
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF	DEATH			3. TIME OF DEATH
1	John Morgan 4. SOCIAL SECURITY NUMBER	McINERNEY	, Sr	•					Nover	nber		94	8:45P M
		5. SEX 6. AGE (I	in yrs. last b		IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DATE OF	BIRTH	1	. BIRTH	PLACE (State or Foreign
	578-14-3456	¹XXM 2 □ F 82		YRS.						/12	W	lash	ington, D.C.
DIRECTOR	98. FACILITY NAME (If not institution, give street and number) Doctors Hospital RESIDENCE OF DECEMENT 96. CITY, TOWN OR LOCATION OF Lanham							ON OF DE	ATH		9c. COUNT Prin		George's
EC	10a. STATE 10b. COUNTY	1	T	10c. CIT	Y, TOWN C	R LOCAT	ION					T	10d. INSIDE CITY
	Maryland Princ	e George's		Dis	tric	t He	eight	S					LIMITS?
MAL	10e. STREET AND NUMBER					101	. ZIP CODE	E			10g. CITIZI	EN OF W	HAT COUNTRY?
FUNERAL	2110 Wintergree						20747		USA				
3	11. MARITAL STATUS 1 Never Married 2XX Married	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 X NO	ED	13.	MAS DEC	ENDENT O	F HISPAN	ANIC ORIGIN? (Specify Yea or No— 14. RACE — Ame			— American Indien, White, etc.	
B≺	3 Wildowed 4 Divorced	IF YES, GIVE WAR OR DA	ITES 11		1	☐ YES	2 💢 NO	Specify	:		Į,	Specific	ly: e
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade		16a. DECE	DENT'S	USUAL O	CUPATIO	ON st of workin	-	18b, KI	ND OF BUS	INESS/INDU		
	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. D	lo NOT us	aphe		St OF WORKIN	·v	Fo	doro1	Gove	20 22 22	on t
MP		4	TIT CI	logi	apne	T						T 11111	ent
	17. FATHER'S NAME (First, Middle, Last) Morgan McIn	erney							WE (First, Midd		Surname)		
BE	196. INFORMANT'S NAME (Type/Print)	erney	19h	MAIL IÑG	ADDRESS	(Street e		ne	Reel		State 7/o C	anda)	
2	Lillian R. McIner	nev	1020				m 10		iodie reamber,	City or lown	r, Statu, Zip C	.00e)	
	20a, METHOD OF DISPOSITION 1) XBurlal 2 Gramation 3 Rame	20b.	PLACEAN	DDATE	OF DISPOS	ITION /Na	me of		DATE	20c. LOC	CATION — CI	ty or To	wn, Stata
ļ	4 Donation (Specify)	Re	etery, crema esur i	ect	ther place) 1011	Ceme	etery	11/	10/94	C1in	ton,	Md.	
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE			22.	NAME AN	D ADDRES	S OF FAC					
	Clos t. Ka	les /										Md	. 20745
	IMMEDIATE CAUSE (Final	Emplications that caused List Drily one cause on ear Buldus Due TO (OR AS A	ich lina.					ng, auch	aa cardiad	Dr reapir	ratory arra	nt,	Approximate interval Batween Onset and Death
CERTIFICATION	Sequentially liat conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST b. DUE TO (OF AS A CONSEQUENCE OF): DUE TO (OF AS A CONSEQUENCE OF): DUE TO (OF AS A CONSEQUENCE OF): d.												
AL C	PART II. Other algnificant condition	a contributing to death bu	ut not ras	ulting I	n the un	derlying	cause g	jiven in i	Part i. 24	a. WAS AN		24b.	WERE AUTOPSY FINDINGS
SC	fine atter	osleratio per	igher	al	Vare	las	des	esse		PERFORI	-		AVAILABLE PRIOR TO COMPLETION OF CAUSE
PHYSICIAN: MEDIC	alcohol ab	me /	7										OF DEATH? 1 YES 2 NO
z	DID TOBACCO USE CONTE	RIBUTE TO CAUSE OF	F DEATI	H YE	S 🗆 1	10 E	UNC	ERTAIN	10				
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	28. PLACE	OF DEAT	OTHER								
łYS	1 TYES 2 NO 27. MANNER OF DEATH	1/ Inpetient 2 ER/Outpe	_		4 🗆 Num	Ing Hom		aldence	6 Other (S				
	1 Natural 5 Pending	(Month, Day, Year)	- 1	28b. TIMI INJ	URY		URY AT RK? 'ES 2	NO.	28d. DESCRI	IBE HOW IN	IJURY OCCU	RED	
BÁ	2 Accident Investigation 3 Suicide & Could not be	28s. PLACE OF INJURY	— At home	e, ferm, s	street, fect			,,,,	28f. LOCATIO	ON (Street as	nd Number or	Rumi A	oute Number
Ħ	3 Suicide 8 Could not be 4 Homicide determined 28a. PLACE OF INJURY — At home, ferm, street, fectory, office building, etc. (Specify) 28a. PLACE OF INJURY — At home, ferm, street, fectory, office City or Town, State) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)												
COMPLETED		CIAN: To the best of my knowle											and manner as stated,
	29b. SIGNATURE AND TITLE OF CERTIFIER												
) BE	Mingale	, ned.						143	12 76		>	Vov	. 7,1994
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEA	10G	old	Print)	unh	ie	Kond	Die	trict	- Hgh	<u> </u>	Me 20747
296. SIGNATURE AND TITLE OF CERTIFIER 296. DATE SIGNED (Month, De VIV. 7, 1) 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 11. DATE FILED (Month, Dey, Year) 31. DATE FILED (Month, Dey, Year) 32. REGISTRAR'S SIGNATURE AND A 32. REGISTRAR'S SIGNATURE AND A 34. DATE FILED (Month, Dey, Year) 35. REGISTRAR'S SIGNATURE AND A 36. DATE SIGNATURE NUMBER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, De) 143 7 76 15. Mul. 31. DATE FILED (Month, Dey, Year) 32. REGISTRAR'S SIGNATURE AND A 33. DATE FILED (Month, Dey, Year)													

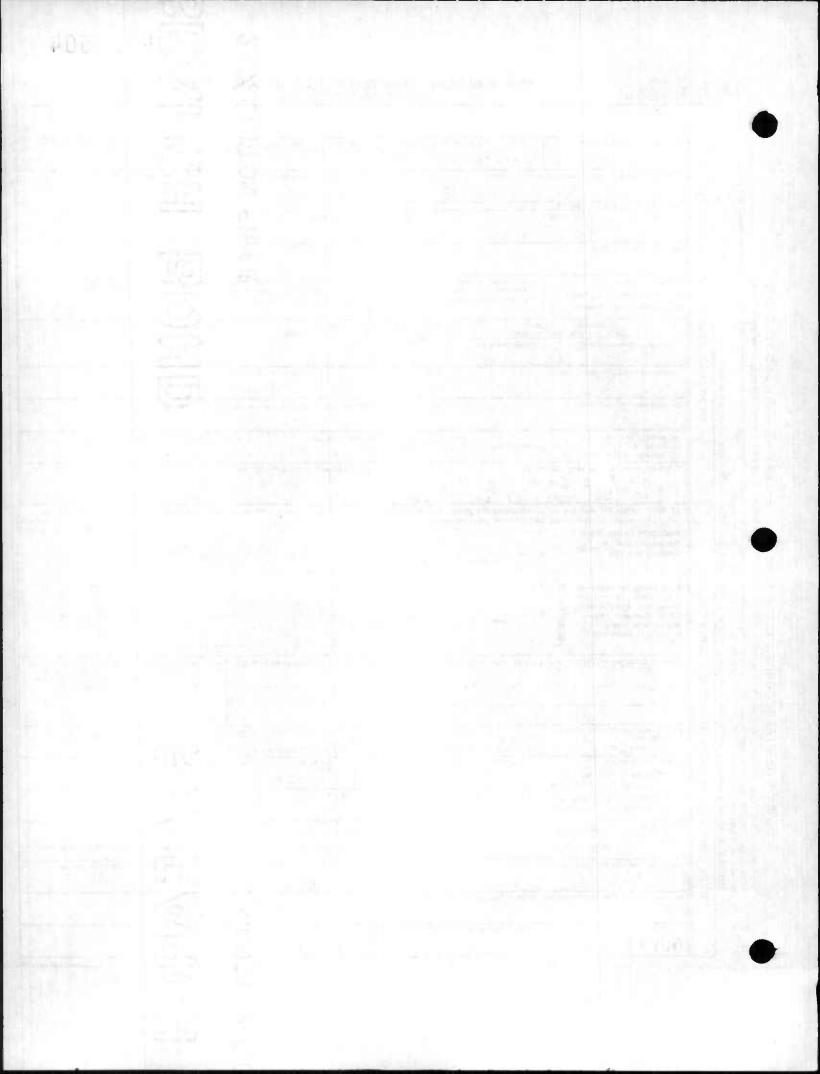
.

BALTIMORE, MARYLAND 21215-0020

BALTIMORE, MARYLAND 21215-0020	Yours after death. Page 6 may be retained by the hospital or attending physician.	s certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should thit Islate Deot. of Health and Mental Hyolene prior to burial, cremation, or removal.	the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within fours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fur the filed within 72 hours after death with the State Deot. of Health and Mental Hydiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

FOR 1 - STATE REGISTRAD STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

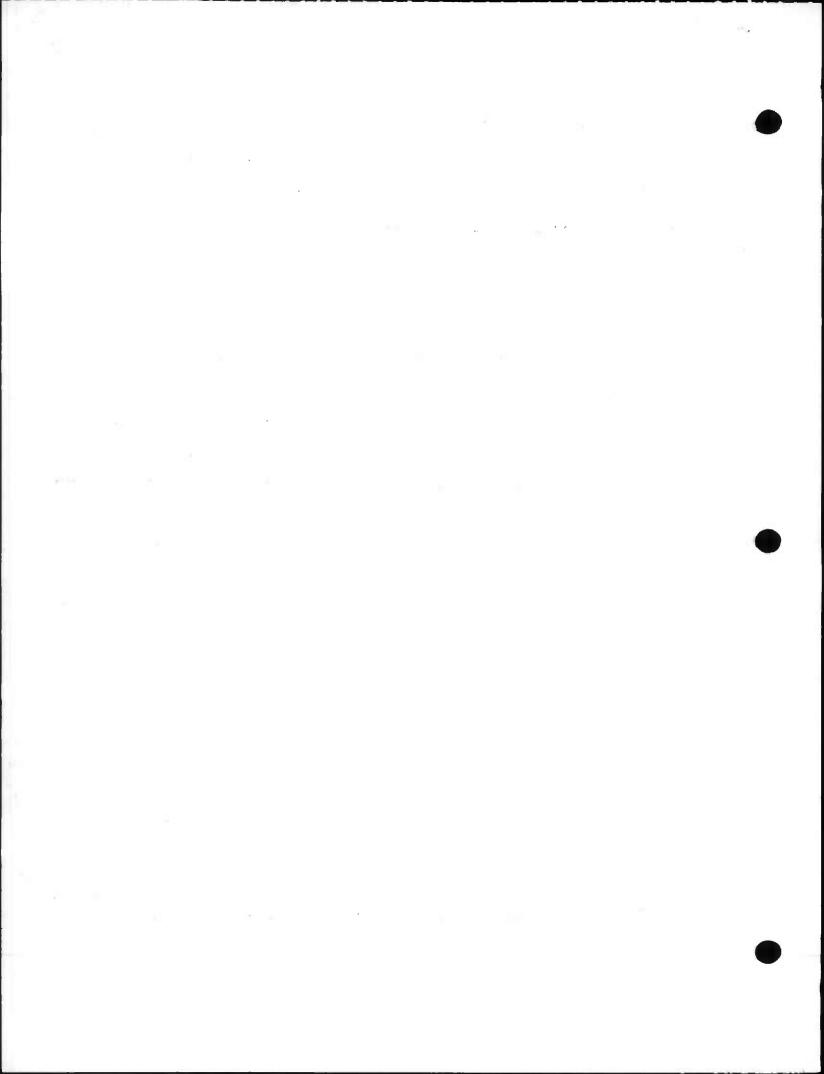
	1. DECEDENT'S NAME (First, Middle, Last)			ERIIF			DLA		2. DATE OF MONTH	D		YEAR 3	. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER			M. Mu					Nov.	7 19	994		2:30 A.M.
	491 38 2381	5. SEX	6. AGE (In yrs. In	YRS.	MONTHS	DAYS	HOURS	MIN.	7. DATE OF (Month, D July		15	Country) Misso	ACE (State or Foreign
	9e. FACILITY NAME (If not institution, give	street and number)			9b. CITY	, TOWN	OR LOCAT	ON OF D	EATH	9c. COUNTY OF DEATH			TH
DIRECTOR	Anne Arundel M	edical Ce	enter			Ann	apol:	is	4	Anne Arundel			nde1
E I	10a. STATE 10b. COUNT	TY		10c. CI1	Y, TOWN	OR LOCA	TION		774			1	Dd. INSIDE CITY
100	Maryland Anne	Arunde1			Cro	ofto	n 1. ZIP COD						YES 24 NO
A I						21114				10g. CITIZEN OF WHAT COUNT			
FUNERAL	1671 Hart Court	12 WAS DECEDED	T EVED IN II C A	DMED	149	WM 0 DE			WO 0510W6 #	M . M .			states
BY FU	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2. NO IF YES, GIVE WAR OR DATES				13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee of it yee, specify Cuben, Maxicon, Puerio Rican, etc.) 1 ☐ YES 2₹₹NO Specify: NO				or No	Black, \ Specify:	- American Indian, White, atc. White		
ED	15. DECEDENT'S ED	UCATION	16a D	ECEDENT'S	I I I I I I	CCUPATION	ON				BINESS/INC	MICTOV	WILLE
	(Specify only highest grad Elementary/Secondary (0-12)	le completed)	5	Give kind of le. Do NOT u	work done	during mo		ng	IOU. KI	NO OF BU	SINE SS/INL	JUSTAT	
COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5	*)	Teac	her					Scho	01		
8	17. FATHER'S NAME (First, Middle, Last)			1cac.	ICI	_	18. MOT	HER'S NA				-	
	Charles S. Mer	curio			18. MOTHER'S NAME (First, Middle, Maiden Sumam Olive Horn								
BE	190. INFORMANT'S NAME (Type/Print)		1	9b. MAILING	INO ADDRESS (Street and Number or Rural Route Number, City or Town, S					n, State. Ziz	Code)		
임	Andrea Henske			1724	Rey	no1d	s St		Crofto	n Md	. 21	114	
	20a. METHOD OF DISPOSITION 1 ☑ Muriel 2 ☐ Cremation 3 ☑ Rer 4 ☐ Donation 5 ☐ Other (Specify)	moval from State	20b. PLACE						DATE			is Mis	ssouri
	21. SIGNATURE OF FUNERAL SERVICE L	ICENSEE	0		22.		ND ADDRE						
Robert E. Croms Mos. Beall-Evans Funeral H. 16000 Annapolis Rd. B.							-		20715				
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in desth) LAST	b. Rey	O (OR AS A CONSE	∂ & C EQUENCE O	n/Q F):								
MEDICAL	PART II. Other algoliticant condition	one contributing to	death but not	reaulting	In the u	nderlyin	g cause	given in		a. WAS AN PERFOR	MED?	C	TERE AUTOPSY FINDING WALABLE PRIOR TO OMPLETION OF CAUSE F DEATH? YES 2 NO
₹ I	25. WAS CASE REFERRED TO MEDICAL					26. P	LACE OF D	DEATH (C)	neck only one)				
SIC	EXAMINER?	HOSPITAL:	FR/Outpatient	3 [] DOA	OTHE	R:			6 Other (S	na official			5 170.00
PHYSICIAN:	27. MANNER OF DEATH 1 Netural 5 Pending	280. DATE OF	FINJURY	28b. TIR		28c. IN.	JURY AT ORK?		28d. DESCR	,,	NJURY OC	CURED	
D BY	2 Accident Investigation 3 Suicide 8 Could not be 28e PLACE OF INJURY — At home, ferm, in hullfuling attr. (Specific)						YES 2[NO	281. LOCATION OF T	ON (Street o	and Numbe	r or Rural Rou	ite Number,
E COMPLETED	4 Homicide							time, date and place, and due to the cause(s) and opinion, death occured at the time, date and place			I manner ee stated. .e, and due to the ceuse(e) end manner ee stated.		
0	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typ. 2568 -A Riva Road					29d. LICENSE NUMBER 29d. DATE 910NED, (Morith, Day, 1) Pa. Print) Annapolis Maryland 21401				4			
	NOV U 9 1994	2	AR'S SIGNATURE	00									



ORE, MARYLAND 21215-0020

DIVISION OF VITAL RE TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requi TO THE FUNERAL DIRECTOR: After this certificate has been a be filed within 72 hours after death with the State Dept. of H IMPORTANT: If item 28 is marked, or item 23 shov	DIVISION OF VITAL RECORDS, P.O. BOX 68760 BALTIMORE, MARYLAND 21215-0020	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	er this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should the with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	narked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
---	--	---	---	---

	FOR 1 - STATE REGISTRAR	STATE OF MARYL		ENT OF HEALTH AN	D MENTAL HYGIEN		
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH		3. TIME OF DEATH
	HELENE M.	MAYOCK			November	2. 1994	
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(In yrs. last birthday)	UNDER 1 YEAR IF UNDER 24 HF	S. 7. DATE OF BIRTH	8. BI	RTHPLACE (State or Foreign
	002-12-2557	1 🗌 M 2 💢 F	69 YRS. MOI	THE DAYS HOURS MI	Month, Day, Year) August 11		ew Hampshire
- 1	9a. FACILITY NAME (If not institution, give st	reet and number)	96	CITY, TOWN OR LOCATION O		9c. COUNTY O	
8	11-Q Ridge Road		- 1	Greenbelt		Prince	George's
ַל	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		1				
DIRECTOR		ce George's	Green	WN OR LOCATION			10d. INSIDE CITY LIMITS?
	10e. STREET AND NUMBER		01001	10t. ZIP CODE		Lan- DITITON O	1 X YES 2 NO
RA	11-Q Ridge Road			20770			OF WHAT COUNTRY?
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVER I	N U.S. ARMED	13. WAS DECENDENT OF HIS	SPANIC ORIGIN? (Specify Ve	U.S.A.	ACE — American Indian,
	1 Never Married 2 X Married	FORCES? 1 YES	2 NO	If yes, specify Cuban, Ma 1 ☐ YES 2 🕅 NO St	xican, Puarto Rican, atc.)	8	pecify:
BY	3 Wildowed 4 Divorced				oony,	9	White
	15. DECEDENT'S EDUC (Specify only highest grade		18a. DECEDENT'S USL (Give kind of work	done during most of working	16b. KIND OF BU	SINESS/INDUSTR	Y
9	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use rei	ired.)			
COMPLETED		5+	Social W				nd Firm
	17. FATHER'S NAME (First, Middle, Last) Arthur Picard			1000	NAME (First, Middle, Maider	Surname)	
BE	19a. INFORMANT'S NAME (Type/Print)		Inh MAII ING AN		A. Druin		
요	James Mayock		1	ge Road, Gree			
	20a. METHOD OF DISPOSITION	201	. PLACE AND DATE OF D			CATION - City o	
	1 X Burial 2 Cremation 3 Remo	ovel from State	natery, crematory or other p	ty Cemetery	11/5/94 Gr	eenhelt	Maryland
	21. SHOMATURE OF FUNERAL SERVICE LIC	ENSEE	0	22. NAME AND ADDRESS OF	F FACILITY		
	► (Sign 00 -	IRO	$\alpha \setminus -$	Francis Gaso			
\dashv	23. PAID 1. Enter the diseases, or c	omplications that cause	d the death. Do not	4/39 Baltimo	ore Ave., Hy	attsvil	1e, MD 20781
	shock, or heert fellure. I	List only one cause on e	ech line.			, , , , , , , , , , , , , , , , , , , ,	Interval Between Onset and Death
	disesse or condition	C	romic o	botacline	Pulmon	. D/0	A.Co
l	resulting in death)	DUE TO (OR AS A	CONSEQUENCE OF):	botovo line	1 42 10 1101	9 10121	7
z)	Malmu	trition			
	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS	CONSEQUENCE OF):	1			
<u>S</u>	CAUSE (Disease or injury	DUE TO (OD AS	CONSEQUENCE OF:	ctension			
RTIFICATION	thet initiated evente resulting in deeth) LAST	DUE TO (OR AS /	CONSEQUENCE OF):				
		l·					
AL	PART II. Other significent conditions	contributing to deeth b	ut not resulting in th	e underlying ceuse giver	In Part I. 24s. WAS AN		24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO
					1 _ YES :		COMPLETION OF CAUSE OF DEATH?
MEDIC							1 YES 2 NO
ÿ	DID TOBACCO USE CONTR	RIBUTE TO CAUSE C	F DEATH YES	NO UNCERT	AIN 🗆		
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	26. PLACE OF DEATH (C	theck only one)			
1×S	YES 2 NO	1 Inpetient 2 ER/Out	entient 3 DOA 4	Nursing Home 5 Resider			
PHY	Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	WORK?	28d. DESCRIBE HOW	NJURY OCCURED	,
à	2 Accident Investigation 3 Suicide Could not be	26a. PLACE OF INJURY	— At home term etree	M 1 YES 2 NO			
3 Suicide 8 Could not be 4 Homicide datarmined 28a. PLACE OF INJURY — At home, term, etreet, factory, office building, etc. (Specify) 28a. PLACE OF INJURY — At home, term, etreet, factory, office City or Town, State)							al Houte Number,
	29a. CERTIFIER CEPTIEVING PHYSIC	NAME To the head of the					
COMPLE	(Check only			the time, date and place, and my opinion, death occured at			atol and an arrange at the state of the stat
	29b. SIGNATURE AND TITLE OF CERTIFIER		niveligation, in				CONTROL ACCIDE
出	COO A CERTIFIER	Sehn-1	14. 0	29c. LICENSE	NUMBER CO3G	29d. DATE SIGN	NED (Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DE	0100	111/0	70	1//	04/17
	Dr. David S. Scha			enter Drive,	Suite 212	Cross	1/ MD
	31. DATE FILED (YAY) PAN YOU 199		Muse Mandall	DITTVE,	Surce ZIZ,	Greenbe	erc, MD
(1)			FAMILIAN A F A.				



TO BE COMPLETED BY FUNERAL DIRECTOR

1 - STATE REGISTRAR		SIAIE UF I	MARYLAND C	ERTIF	ICA	TE C	F HEAL	H AND ATH	MEN		G. NO.	E			
1. DECEDENT'S NAME (First		T (TV) N								ATE OF D	EATH DA	Υ .	YEAR	3. TIME OF DE	EATH
HATTIE		LTON							_	11	_	2	94	2:34	A M
4. SOCIAL SECURITY NUMBER 579-40-4370		5. SEX	6. AGE (In yrs. Is	YRS.	MONTH	DER I YEA	-	DER 24 HRS.		ATE OF BI North, Day, -26-			Countr	PLACE (State or	
9a. FACILITY NAME (# not in			04	ins.	0h C	TTV TOV	WN OR LOC	ATION OF		-20-	TO		STIO	w Hill	Ν.
1523 Dilsto					(er Sp		DEATH				gome		
RESIDENCE OF DEC	10b. COUNTY														
MD		gomery			ilv	N OR LO	Spri	no						10d, INSIDE CI LIMITS?	
10e. STREET AND NUMBER					110		10f. ZIP C					10a CIT	ZEN OF N	1 X YES 2 (
	ston I	Road						903				log. Cit	USA		
11. MARITAL STATUS 1 Never Merried 2 3 Widowed 4 Divo	CONTRACTOR OF THE PARTY OF THE	12. WAS DECEDEN FORCES?				If yea	DECENDEN , specify C YES 2 X	uban, Maxi	can, Pue	HGIN? (Sporto Rican,	etc.)	or No	14. RACE Black Specif Black	-	dien,
15. DEC (Specify onl	EDENT'S EDUC y highest grade	ATION completed)	(ECEDENT'S Give kind of	work do	ne durino		orking		18b. KIND	OF BUS	INESS/IN	DUSTRY		
Elementary/Secondary (0)-12)	College (1-4 or 5	+}	Do NOT us		d.)				Sc	1f_	emp1	howa		
17. FATHER'S NAME (First, M	liririla (ast)		1 100	mest:	IC		1 40 40	OTHER'S I	14445 (5)		_		- Jyeu		
Andrew	Edward	ls					10. W	Jul		Swir		Sumame)			
194. INFORMANT'S NAME (1			1	b. MAILING	ADDR	ESS (Stre	eet and Nun					, State, Zic	Code)		
Dorothy	Johns	on		523 D										903	
20a. METHOD OF DISPOSIT	on 3 🗆 Remo	val from State	20b. PLACE cemetery, co		ther plac	ce)		rk	1				er,		
21. SIGNATURE OF FUNERA	L SERVICE LIC	ENSEE		iony .					FACILITY	Mars	shal	l's	Fune	ral Hom	e Inc
JP.	Ma	raho	ell		1								Stree DC		
23. PART I. Entar the d	iseases, or c	omplications the	t caused the d	eeth. Do r	not en	ter the	mode of	dylng, su	rch as	cerdiec o	r respi	ratory an	reet,	Approxi	mate
IMMEDIATE CAUSE (Fir disease or condition resulting in deeth)	nel	METAST		ICER	TO	L	IVER								Between and Death
		SEVERE	ANEMI											j	
Sequentially list condit if any, leading to imme		DUE TO	(OR AS A CONSE	OUENCE O	F):				-						
ceuse. Enter UNDERLY			OVASOUL			EASI	E								
thet initieted events resulting in deeth) LAS		DUE TO	(OR AS A CONSE	QUENCE O	F):									1	
00 00 00 00															
PART ii. Other eignifica	nt conditions	contributing to	deeth but not	rasuiting	In the	underi	ying caus	e given l	n Part	. 24a.	WAS AN	AUTOPSY	24b.	WERE AUTOPSY AWAILABLE PRICE	
											YES 2			COMPLETION OF	
														1 YES 2] NO
DID TOBACCO U		IBUTE TO CA						NCERTA	IN [
25. WAS CASE REFERRED TO EXAMINER?	O MEDICAL	HOSPITAL:		CE OF DEAT	OTH		one)								
1 YES 2 NO		1 Inpatient 2 I		1		-	Home 5								
Natural 5	Pending	(Month, E		28b. TIM INJ	URY		WORK?		28d.	DESCRIBI	E HOW IN	JURY OC	CURED		
2 Cutalda	Could not be	28e. PLACE C	F INJURY — At h	ome, ferm, s	street, f				281.	LOCATION	(Street a	nd Number	or Rumi B	loute Number,	
	determined	bullding,	etc. (Specify)							City or Tow	n, State)			Tanto,	
29a. CERTIFIER (Check only	IFYING PHYSIC	IAN: To the beat of	my knowledge, d	eath occurre	ed at th	e time, c	date end pl	ace, and de	us to the	ceuse(a)	and men	Der an atal	hed		
		On the basis of a) and manner as	stated.
29b. SIGNATURE AND TITLE	OF CERTIFIER	0 .					29c. I	ICENSE N	UMBER			29d. DAT	E SIGNED	(Month, Day, Yea	ur)
duid	ile	erfiel	1 010)				025	39	77		•	11/2/	94	
Iisa J.	ilianf	\)	i. D.			No	T Uam	nah-i-		1***	235	7 -	1 -	207	
31. DATE FILED (Month, Day,	784C .		R'S SIGNATURE	/ (070	Mee	Ham	hsuT.	re F	ive.	410	Lai	igrey	y Park	Md.
NOV U 9	1994	Julia De	widon R	ndell											

DIVISION OF VITAL RECORDS, P.O. BOX 68760

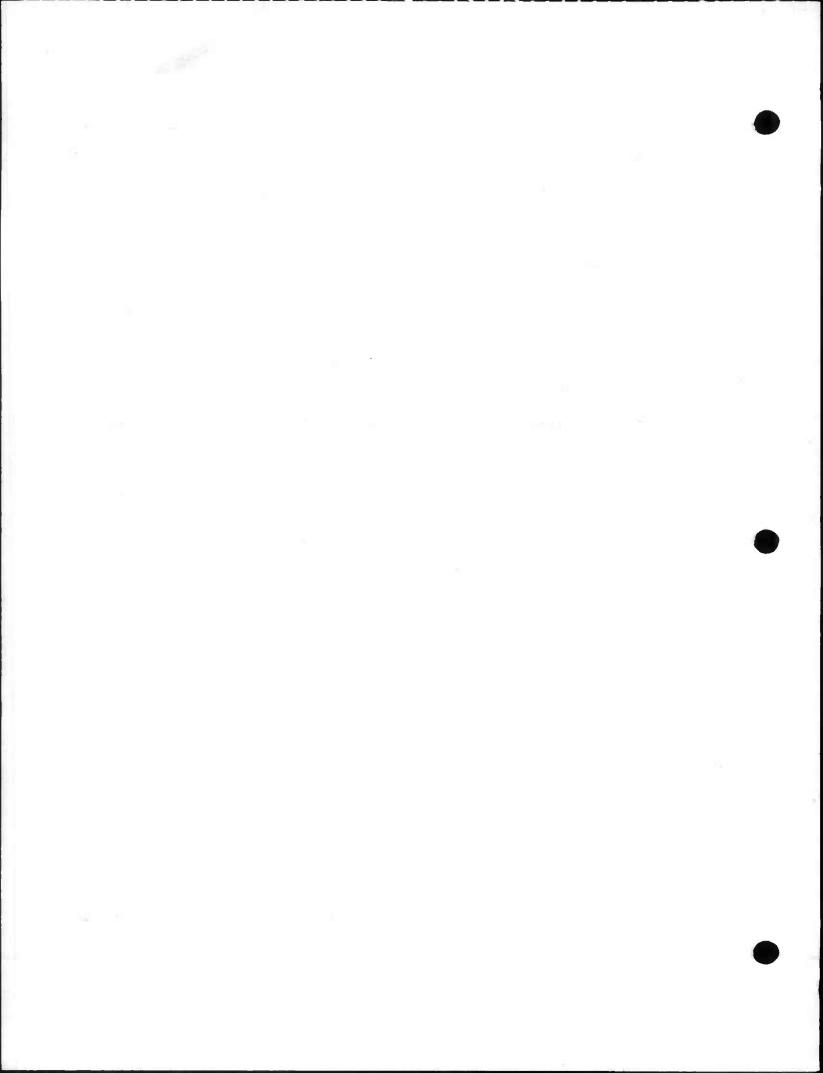
TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

BALTIMORE, MARYLAND 21215-0020

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.



BALTIMORE, MARYLAND 21215-0020

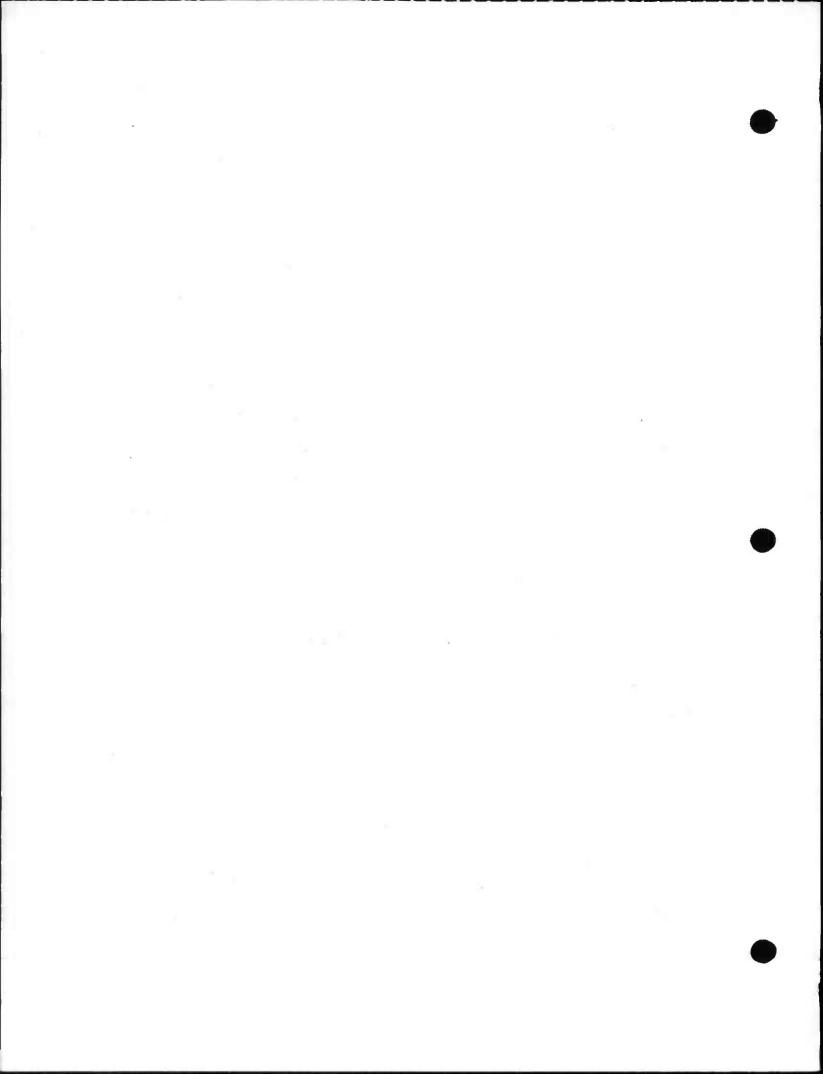
DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Cept, of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. hours after death. Page 6 may be retained by the hospital or attending physician. TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within

	FOR
1	STATE
1	REGISTRAR

	REGISTRAR		CERTIF	ICATE OF DEA	TH	REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)				2	DATE OF DEATH	YEA!	3. TIME OF DEATN
	IDA	MANN:	S			NOV 17		0330 A M
	4. SOCIAL SECURITY NUMBER		GE (In yrs. last birthday)	IF UNDER 1 YEAR IF UND MONTHS DAYS HOURS	ER 24 HRS. 7.	DATE OF BIRTH	8. Bit	RTNPLACE (State or Foreign
	212-34-9408	1 □ M 2\DXF 8	9 YRS.	MONTHS DATE HOURS	A A	(Month, Day, Year) APRIL 2 19	905 i	MARYLAND
~	9e. FACILITY NAME (If not institution, give s	treel and number)		9b. CITY, TOWN OR LOCA	TION OF DEATH	Н	9c. COUNTY O	F OEATH
OF	NORTH ARUNDEL HO	SPITAL ASS	OCIATION	GLEN BURNI	E		A	.A. COUNTY
E	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY	(10c. CIT	Y, TOWN OR LOCATION				10d. INSIDE CITY
DIRECTOR	MARYLAND ANNE	ARUNDEL		ERNA PARK				LIMITS?
	10e. STREET AND NUMBER			10f, ZIP CO	0E		10a. CITIZEN O	F WHAT COUNTRY?
ER/	100 MANNS ROAD			2114	46		USA	
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVE		13. WAS DECENDENT	OF NISPANIC	ORIGIN? (Specify Yes		ACE — Americen Indian, lack, Whita, etc.
	1 Never Married 2 Merried	FORCES? 1 Y		if yes, specify Cui		Puerto Rican, etc.)	B	lack, Whita, etc.
Э ВУ	3/2X. Widowed 4 Divorced						BL	ACK
COMPLETED	t5. DECEDENT'S EOU (Specify only highest grade	CATION completed)	(Give kind of a	USUAL OCCUPATION work done during most of work	king	16b. KIND OF BUS	INESS/INDUSTR	Υ
Ë	Elementary/Secondary (0-12)	College (1-4 or 5+)	Ille. Do NOT us					
N N	7 th 17. FATNER'S NAME (First, Middle, Last)		HOUSEW			1		
	THOMAS MATTHEWS					(First, Middle, Malden	,	
H	190. INFORMANT'S NAME (Type/Print)		10h MAH INC	AODRESS (Street and Numb		A. EDWARD		
2	SYLVIA JOHNSON			JENNINGS ROA				
	20e. METHOD OF DISPOSITION			OF DISPOSITION (Name of			CATION — City or	
	1XXBuriel 2 ☐ Cremetion 3 ☐ Rem 4 ☐ Donation 5 ☐ Other (Specify)	oval from State	namatani neperatani ai a		CH CEMI			
	21. SIGNATURE OF FUNERAL SERVICE LIC			22. NAME AND ADDR	ESS OF FACILI	TY		Auth I Kyllib
	MA	SUIZ.		REESE & SO				
	23. PART i. Enter the diseases, or o	complications that cau	and the death. Do o	821 WEST	ST. ANI	NAPOLIS,	MD. 214	
1	shock, or heert fallure.	Liet only one ceuee or	each line.	or onter the mode or o	ymg, sacii e	s cardiec or reepi	ratory arrest,	Approximate Interval Between
	iMMEDIATE CAUSE (Finel disease or condition	for no	Land 2	La sen Par	A.	in		Onset and Death
	resulting in death)	DUE TO (OR A	S A CONSEQUENCE OF	assuran	aus	20-01		
_	_	Lacker	M. 10	It Con				i l
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate	OUE TO TO A	S A CONSEQUENCE A	10-11	11			
S	cause. Enter UNDERLYING CAUSE (Disease or Injury	Inchen	W Ru	Il have	1			
E	thet initiated events	DUE TO (OR A	S A CONSEQUENCE OF	20	11.0	,		
Ä	reediting in deeth) EAST	conges	we le	rail four	ans			
ורס	PART II. Other significant condition	e ontributing to deet	but not resulting i	n the underlying ceuse	given in Par	rt I. 24a, WAS AN	AUTOPSY :	24b. WERE AUTOPSY FINDINGS
EDICAL	Renol bu	luce				PERFOR		AVAILABLE PRIOR TO COMPLETION OF CAUSE
						_ 1 YES 2	_ NO	OF DEATH?
W .:	DID TOBACCO USE CONTI	RIBUTE TO CAUSE	OF DEATH YE	S □ NO □ UN	CERTAIN			
M	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		26. PLACE OF DEAT					
PHYSICIAN:	1 YES 2 NO	HOSPITAL:	utpetient 3 DOA	OTHER: 4 Nursing Nome 5 1	Residence 6	Other (Specify)		
Ě	27. MANNER OF DEATH	26a. DATE OF INJUR (Month, Day, Yea				d. DESCRIBE HOW IN	JURY OCCURED	
Β¥	1 Natural 5 Pending 2 Accident Investigation			M 1 TYES 2	□ NO			
	3 Suicide 6 Could not be	28e. PLACE OF INJU building, etc. (S	RY — At home, farm, a	treet, factory, office	26	If. LOCATION (Street a City or Town, State)	nd Number or Run	al Route Number,
	4 Nomicide determinad							
2	29a. CERTIFIER (Check only 1 CERTIFYING PHYSIC	CIAN: To the best of my kn	owledge, death occurre	d at the time, data and plac	e, end due to t	the ceuse(a) end men	ner as stated.	
	2 MEDICAL EXAMINE	8: On the basis of examine	tion end/or investigatio	n, in my opinion, death occ	ured at the time	e, data end place, end	d due to the ceue	e(s) and manner as stated.
NO.								
E COMPLET	200. SIGNATURE AND TURE OF CERTIFIES		1/)		CENSE NUMBE	R /	29d. DATE SIGN	IEM (Month, Day, Year)
H			10			56	29d. DATE SIGN	(Month, Day, Yeer)
	266. SIGNATURE AND TURE OF CERTIFIER		0	29c. LI		56	29d. DATE SIGN	(Month, Say, Year)
H	36. SIGNATURE AND TO COPO CERTIFIED AND ADDRESS OF PERSON WHO JORGE M. RAMIREZ	COMPLETED SUSE OF	DEATH (ITEM 27) (Type,	29c. LI	362	56	► 1///	(Month, July, Yee)
H	36. SIGNATURE AND TO COOP CERTIFIED	O COMPLETED GUISE OF M. D. /7845	DEATH (ITEM 27) (Type,	Print)	362	56	► 1///	(Month, Pag., Yeer)



35508

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with provided the form of the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

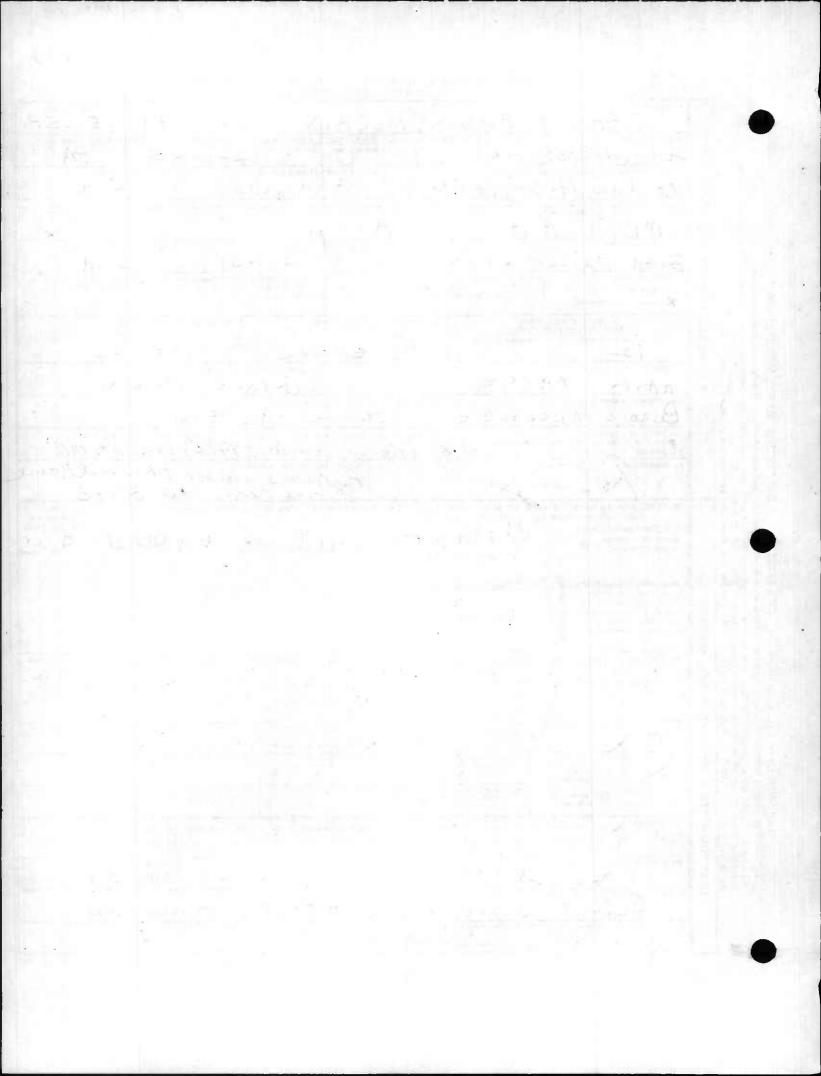
IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760

31. DATE FILEO (Month, Day, Year)

NOV 22 1994

32. REGISTRAR'S SIGNATURE

	FOR STATE OF MARY		RTMENT OF H		MENTAL HYGIEI		7 00000
	1. DECEDENT'S NAME (First, Middle Last) ELEAN (Λ .	ccall	V	2. DATE OF DEATH	V	SA OSPM
1	201-14-5483 10M2 RF	(In yrs. lest birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (State or Foreign Country)
FOR	De FACILITY NAME (If not institution, give street and number) Meril (AN NVSING Cent	er	96. CITY, TOWN O	r LOCATION OF DE		9c. COUNTY	A A .
DIRECTOR	106. STATE 10b. COUNTY	10c. CIT	Y, TOWN OR LOCATI	-11.0			10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	312 Harbor Drive		101.	ZIP CODE	401	10g. CITIZEN	O SA
BY FUN	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced 12. WAS DECEDENT EVER FORCES? 1 YES	2 NO	It yes, spe		NIC ORIGIN? (Specify Yen, Puarto Rican, etc.)	s or No 14	. RACE — American Indian, Black, White, atc. Specify:
LETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +)	(Give kind of life. Do NOT u	A.s.		16b. KIND OF BU	ISINESS/INDUS	TRY
COMPL	17. FATHER'S NAME (First, Middle, Last)	1 01	N-BIM N	18. MOTHER'S NA	ME (First, Middle, Maider	(emarge?	•
BE	HAY IN A CE	19h MAII INC	ADDRESS /Street or	of Number or Burst	Route Number, City or To	Bew	11-6
유	Bonnie Mackenzie	130. MAJERIO	Same	~ A	5 # 10	O State, 2ip Co	000)
	1 Buriel 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify)	b. PLACE AND DATE	Stans C	em/1-1	7-94 C1	BUNS	or Town, State
	21. SIGNATURE OF BUNDALA SERVICE LICENSEE		Ban Seve	anco ever	and Son	15 Ru	nevoltome
	23. PART I. Enter the diseasea, or complications that cause shock, or hasrt failure. List only one cause on IMMEDIATE CAUSE (Final disease or condition resulting in death)	and the death. Do saich lina.	21110	le of dying, suc	00	e Cau	Interval Between Onset and Death
ATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	A CONSEQUENCE O	F):			•	
ERTIFICATION	CAUSE (Disease or injury C.	A CONSEQUENCE O	F):				
2	PART II. Other significant conditions contributing to death	but not resulting	in the undarlying	cause given in		N AUTOPSY RMED?	24b. WERE AUTOPSY FINDINGS
MEDICA					1 YES		AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			ACE OF DEATH (Ch			
IXSI	t YES 2 NO 1 Inpatient 2 ER/Ou				6 Other (Specify)		
ву рну	1 Netural 5 Pending (Month, Day, Year) 2 Accident Investigation	IN.	M 1 Y	RK? ES 2 NO	28d. OESCRIBE HOW	INJURY OCCUR	1E0
8	3 Suicide 6 Could not be 4 Homicide determined	tr — At home, farm, ecify)	street, factory, office		28f, LOCATION (Street City or Town, State	and Number or	Rural Route Number,
COMPLET	29s. CERTIFIER (Check only CERTIFYING PHYSICIAN: To the best of my kno						
8	296. SIGNATURE AND TITLE OF CERTIFIER	w		DIG3	64	29d. DATE 5	TRA
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF D		A. Print)	Amo	An	Nose	mo

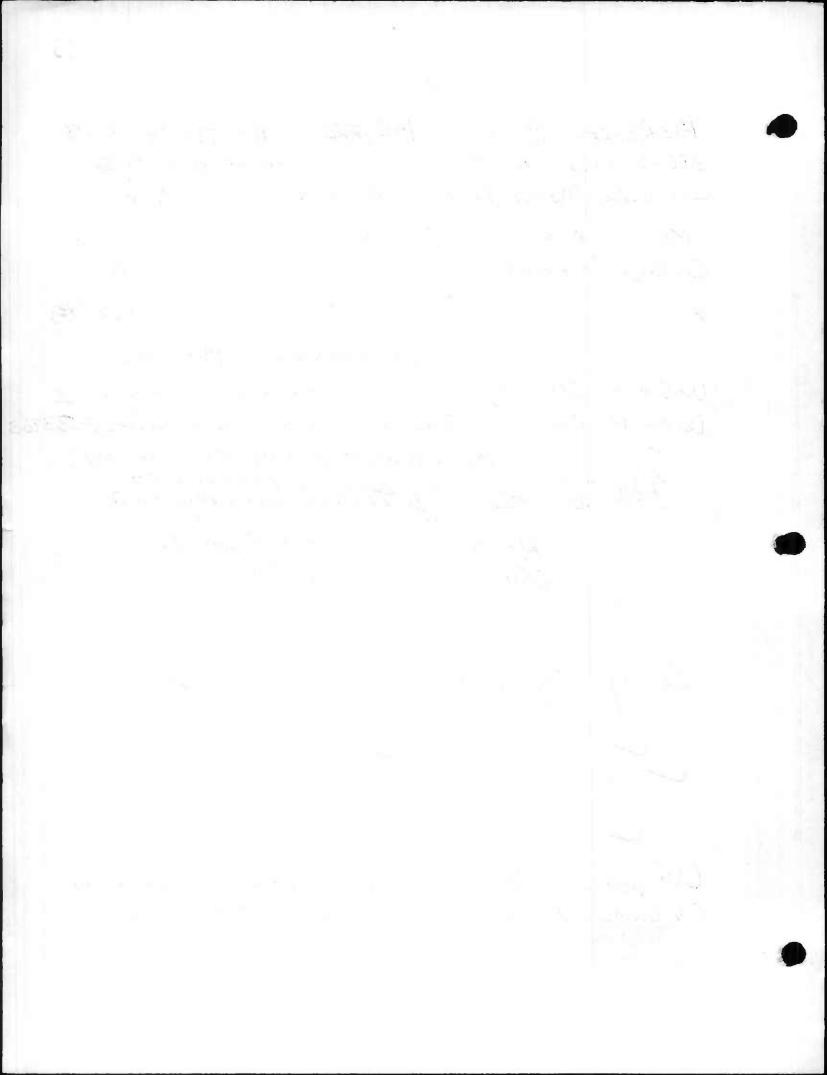


TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

19140, DALLIMORE, MARTLAND ZIZUS	ecuted withit cours after death. Page 6 may be retained by the hospital or	nd completely filled in by the funeral director, page 5 should be detached for eburial, cremation, or removal.	atic event, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, F.C. BOA 13149,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within ours after death. Page 6 may be retained by the hospital or after	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use a be filed within 72 hours after death with the State Dept., of Health and Memal Hypiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

REGISTRAR		CERTIFICA	TE OF DEATH	REG. N	Ю.	
1. DECEDENT'S NAME (First, Middle, Last) FLORENCE	BALLE	= M	EYERS	2. DATE OF DEATH MONTH	DAY - 94	3. THE OF DEATH
3 \$0 -20 -\$ 445	5. SEX 8. AGE (I	7 yrs. lest birthday) IF U	NOER 1 YEAR IF UNDER 24 HRS. THS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		THPLACE (State or Foreign into)
De. FACILITY NAME (If not inetitution, give of Chesapaskae 1		H. 9b.	CITY, TOWN OR LOCATION OF D		9c. COUNTY OF	DEATH .
00. STATE 10b. COUNT	A.	A	WN OR LOCATION			10d. INSIDE CITY LIMITS? 1 YES 2 NO
College PAC	Kund		101. ZIP CODE	2	10g. CITIZEN OF	WHAT COUNTRY?
1. MARITAL STATUS Never Merried 2 Merried Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 000	13. WAS DECENDENT OF HISPA If yes, specify Cuben, Mexic 1 YES 2 NO Speci	en, Puerto Rican, etc.)	BI	ACE — American Indian, ack, White, stc.
15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)		16a. DECEDENT'S USUI (Give kind of work of life. Do NOT use reti	fone during most of working	18b. KIND OF	BUSINESS/INDUSTRY	2
7. FATHER'S NAME (First, Middle, Last)	sterling		18. MOTHER'S N	AME (First, Middle, Maid	UNKA	owN
Beans M. B	upx	586 E	BESS (Street and Number or Rural EachwALI	Route Number, City or	lown, State, Zip Code)	plosife33
20s. METHOD OF DISPOSITION	oval from State	other place) Cheins	N (Name of cometery, cremetory or	-94 C	LOCATION - City or	Jown, State
1. SIGNATURE OF FUNERAL SERVICE LI	No.	1	22. NAME AND ADDRESS OF F BARREN	ACHITY NO S	MA 2	1146
iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	с	CONSEQUENCE OF):	eln V as cu Infarc	lar A	ecdei	Interval Between Onset and Death
that initiated events resulting in dasth) LAST	d.	CONSEQUENCE OF):				
PART II-Other eignificent condition	g centributing to death b	ut not resulting in th	a undarlying cause given in	PERI	AN AUTOPSY FORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL: 1 Inpatient 2 ER/Outp		26. PLACE OF DEATH (C			
7. MANNER OF OEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	28c, INJURY AT WORK?		W INJURY OCCUREO	
2 Accident Investigation 3 Suicide S Could not be determined	26s. PLACE OF INJURY building, stc. (Special	— A1 home, farm, atreet	1 123 1 110	281. LOCATION (Stree City or Town, Str	set end Number or Rur ate)	al Route Number,
			the time, date end place, and du			
2 MEDICAL EXAMINE 199. SIGNATURE AND TITLE OF CERTIFIE		lif Do	my opinion, death occured at the		7	IED (Month, Day, Year)
30. NAME AND ADDRESS OF PERSON WI		00.01 11	104 \$ 106 G	LENBUR	NIBOSO	061:
31. OATE NO WOOD 27 1994	AZ REGISTRARIS SIGN	uy	w * 00,		MURL	



94-6550-013 blh

Amended I tems 9A, 10 F, 19B SCHIPBER CARROLL COUNTY STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

	REGISTRAR	CERTI	FICATE OF DEAT	ГН	REG. NO			
	1. DECEDENT'S NAME (First, Middle, Last)				ATE OF DEATH	AY	YEAR 3.	TIME OF DEATH
	Patrick Rober	<u> </u>	Mevers	N	ov 11	190	94	2000
		AGE (In yrs. last birthda	MONTHS DAVE MONTHS		ATE OF BIRTH forith, Day, Year) 6/7/68	-1	Country)	CE (State or Foreign
	217 64 2002 1 🛣 2 🗆 F	26 YRS	9b. CITY, TOWN OR LOCATI		6/1/68			ID.
H	Beamers Road Benners	court.	Sykesvill			i	OY OF DEAT	
DIRECTOR	RESIDENCE OF DECEDENT						1110.	L-L
Ħ	10a. STATE 10b. COUNTY	10c. (CITY, TOWN OR LOCATION					d. INSIDE CITY LIMITS?
	MD. CARROLL 10e. STREET AND NUMBER		SYKESVI 101. ZIP COD		_	I 10g CITIZ		YES 2XXNO
FUNERAL	3810 Beamers Ct.		217				ISA	COONTRIT
O.	11. MARITAL STATUS 12. WAS DECEDENT EX	VER IN U.S. ARMED	13. WAS DECENDENT O	F HISPANIC OF			14. RACE -	American Indian,
ВУ	1 Never Married 2 Married FORCES? 1 IF YES, GIVE WAR		If yes, specify Cube 1 TES 2 THO	Specify:	rto Rican, atc.)		Specify:	HITE
9	15. DECEDENT'S EDUCATION	16a, DECEDENT	I'S USUAL OCCUPATION	W	16b. KIND OF BUS	SINESS /INDI		1111111
	(Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+)	(Give kind	of work done during most of workir ruse retired.)	יסר	TOOL KIND OF BU	SINESSTINDO	9(11)	
COMPL	12	unem	ployed		n/a			
000	17. FATHER'S NAME (First, Middle, Last)			HER'S NAME (FI	rst, Middle, Maiden	Surname)		
BE		MEYERS		HARON		EFONE		
2	19a. INFORMANT'S NAME (Type/Print)	19b. MAILI	NG ADDRESS (Street and Number	or Rural Route I				
	ROBERT L.MEYERS 200. METHOD OF DISPOSITION	20b. PLACE AND DAT	■ 9810 Beam EEOF DISPOSITION (Name of		T. syk	CATION - C	le,	Md.
	1 Burlel 2- Cremation 3 Removal from State 4 Donation 5 Other (Specify)	cemetery, cremetory of	or other place!	1	1/13 H			
	21. SIGNATURE OF FUNERAL SETUCE LICENSEE	CHIL	22. NAME AND AODRE			umpst	-eau,	riu.
	X John V		PRITTS	FUNER	AL HOM	E, WE	ESTMI	NSTER,
CERTIFICATION	Sequantially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury c.	AS A CONSEQUENCE AS A CONSEQUENCE	OF):					
	d							
: MEDICAL	PART II. Other algorificant conditions contributing to detection of the de			GIVAN IN PART	PERFOR	RMED?	CO DF	RE AUTOPSY FINOII NILABLE PRIOR TO MPLETION OF CAUS DEATH? YES 2 \(\text{NO} \) NO
AN	25. WAS CASE REFERRED TO MEDICAL		EATH (Check only one)	EKIAIIY				
PHYSICIAN:	EXAMINER? 1 YES 2 NO 1 Inpetient 2 ER	L/Outpatient 3 🗆 DOA	OTHER:	sidence 6 🗆 (Other (Specify)			
E	27. MANNER OF DEATH 28e. DATE OF INJ (Month, Dgy, 1)	(bar)	TIME OF 28c. INJURY AT WORK?		DESCRIBE HOW I	NJURY OCCU	JREO	- 7
à	1 Netural 5 Pending 2 Accident Investigation	1 1	30 PM 1 YES 2 5	- 90	BJEG !	Douse	DSE	LF (BUR
2	3 Suicide 8 Could not be determined 28e. PLACE OF IN building, stc.	(Specify) BALCICYMULE			LOCATION (Street of City or Town, State)		r Rural Route	Number,
	29e. CERTIFIER (Check only) CERTIFYING PHYSICIAN: To the best of my				AMENS	COURT		ESVILLE
COMPLET	(Check only one) MEDICAL EXAMINER: On the beels of exami							d manner ae state
DE C	290 SIGNATURE AND TITLE OF CETTIFUH		29c. LICE	ENSE NUMBER	-	29d. OATE	SIGNEO (Mo	onth, Day, Year)
0	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE O	4/		C.M.E	•	N.	lov.	12 199
	make + Ballo the	1 1 1	_{Penn} Street	p ₌ 1.	timoro	Mar	l	A 2120
	31. DATE FILEO (Month) Day, Year) 32. REGISTRAR'S	SIGNATURE	renn arreer	, Dal	стиоте	, Mal	утап	u 2120
	NUV 22 1994 July Davidson	Ronfall						

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020

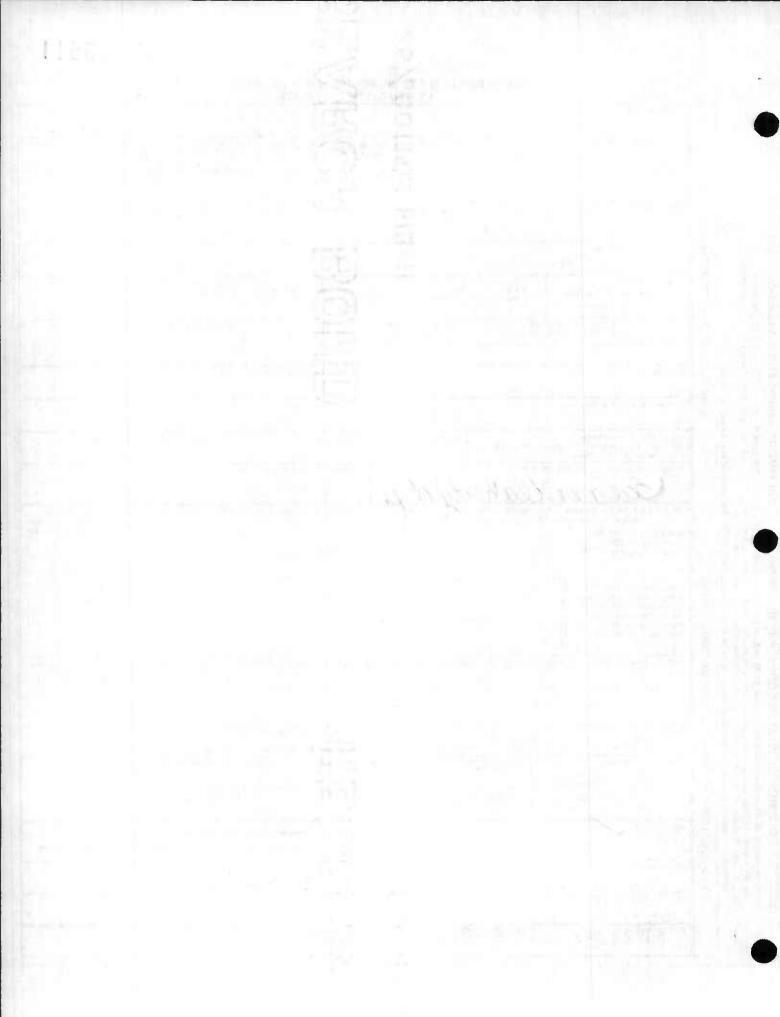


TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with. From: after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be find within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	REGISTRAR		CENTIFI	CATE OF DEATH		REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)			7771	8404	TE OF DEATH	NY.	YEAR 3. TIME OF DEATH	H 2 A
	Violet Virgi				NOV	ember 2			J f.m
	4. SOCIAL SECURITY NUMBER 220–32–4836	5. SEX 6. AG	77 940	F UNDER 1 YEAR F UNDER 24 H MONTHS DAYS HOURS MI	/Mo	TE OF BIRTH onth, Day, Year)		a. BIRTHPLACE (State or For Country) 9 West Virgi	-
	9a. FACILITY NAME (If not institution, give	street and number)		96. CITY, TOWN OR LOCATION O		.50.00		TY OF DEATH	
DIRECTOR	Carroll County	General H	Mospital	Westmins	ster		Car	roll	
E C	10a. STATE 10b. COUNT	ry	10c. CITY,	TOWN OR LOCATION				10d. INSIDE CITY	
		rroll	Wes	stminster				LIMITS?	ND
FUNERAL	3928 Littlesto	own Pike		10f. ZIP CODE 2115	58			en of what country? ced States	3
5	11. MARITAL STATUS	12. WAS DECEDENT EVER FORCES? 1 YE		13. WAS DECENDENT OF HI			or No-	14. RACE — American India Black, White, atc.	en,
BY	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR DR		If yes, specify Cuben, M 1 ☐ YES 2 ☐ NO S		o Hican, atc.)		Specify: White	
COMPLETED	15. DECEDENT'S EDI (Specify only highest grad	UCATION le complèted)	(Give kind of wo	ISUAL OCCUPATION ork done during most of working	1	6b. KIND OF BUS	SINESS/IND	JSTRY	
PLE	Elementary/Secondary (0-12)	College (1-4 or 5+)	ilfe. Do NOT use			01-1		Deeter	
M	17. FATHER'S NAME (First, Middle, Lest)		Seams	stress	Q WAME /Eles	CIOTI		Factory	-
	Charles Parker	Looso		10. MOTHER		e Lark	Surname)		
BE	19a. INFORMANT'S NAME (Type/Print)	THEFRE	19b. MAILING	ADDRESS (Street and Number or F			n, State. Zin	Code)	
5	Roy F. Mills			ittlestown Pil					
	20a, METHOD OF DISPOSITION © Buriel 2 □ Cremation 3 □ Ren	2	Ob. PLACE AND DATE OF	DISPOSITION (Name of				Sty or Town, Stata	
	4 Donation 5 Other (Specify)		emetery, crematory or oth foreland Ma	emorial Park	111	/26 Ba:	Ltimo	re, Maryland	3
	21. SIGNATURE OF FUNERAL SERVICE L	ICENSEE (22. NAME AND ADDRESS O	F FACILITY				
	Dunn	200 GOD	124101	Myers Fune 91 Willis			inate	er, MD 211	E 7
ATION	23. PART I. Enter the disease, or shock, or heart failure. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	. List only one cause on	each line.	BOTH S				et, Approxims Interval Be Onset and	etween
CERTIFICATION	CAUSE (Disease or Injury that initiated events resulting in deeth) LAST	c DUE TO (OR AS	A CONSEQUENCE OF)	:					
	PART II. Other aignificant condition	ns contributing to deeth	but not resulting in	the undarlying cause give	n in Part I.	24s. WAS AN		24b. WERE AUTOPSY FIT	
: MEDICAL						PERFOR		AMAILABLE PRIOR 1 COMPLETION OF CO OF DEATH? 1 YES 2 N	AUSE
AN	25. WAS CASE REFERRED TO MEDICAL			26. PLACE DF DEATH	(Check only	000)	_		
SIC	EXAMINER? 1 YES 2 NO	HOSPITAL:		OTHER:					
PHYSICIAN:	27. MANNER OF DEATH 1 Netural 5 Pending	28a. DATE OF INJUR (Month, Day, Year	Y 28b. TIME	DF 28c. INJURY AT	26d. D	EŞCRIBE HOW II	NJURY OCC	URED	
ED BY	2 Accident investigation 3 Suicide 8 Could not be 4 Homicide determined	28. PLACE OF IN ILL	RY — At home, farm, st		28f. LC	OCATION (Street a ty or Town, State)	and Number o	or Rural Route Number,	
ET	20a CERTIFIER								
COMPLETED	(Check only			I at the time, data and place, and , in my opinion, death occured a					tated.
TO BE C	296. SIGNATURE AND TITLE DF CERTIFIE 30. NAME AND ADDRESS OF PERSON W	1, no	DEATH (IVE)	29c. LICENSE	NUMBER 3 35	76		SIGNED (Month, Day, Year)	
	Staphen Sik	COSKI MD	91210	ashington	Pah	lestmi	nst	er. MD. 211	157



MORE, MARYLAND 21215-0020	
BALTI	
8760,	
BOX 6	
BOX 6	
.O. BOX 6	
P.O. BOX 6	
RECORDS, P.O. BOX 6	
L RECORDS, P.O. BOX 6	
'AL RECORDS, P.O. BOX 6	
ITAL RECORDS, P.O. BOX 6	
F VITAL RECOR	
F VITAL RECOR	
ON OF VITAL RECORDS, P.O. BOX 6	
F VITAL RECOR	
F VITAL RECOR	

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. IMPORTANT. If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Pring)

9000

32. REGISTRAR'S SIGNATURE

Franklin Square Drive

Baltimore,

21237

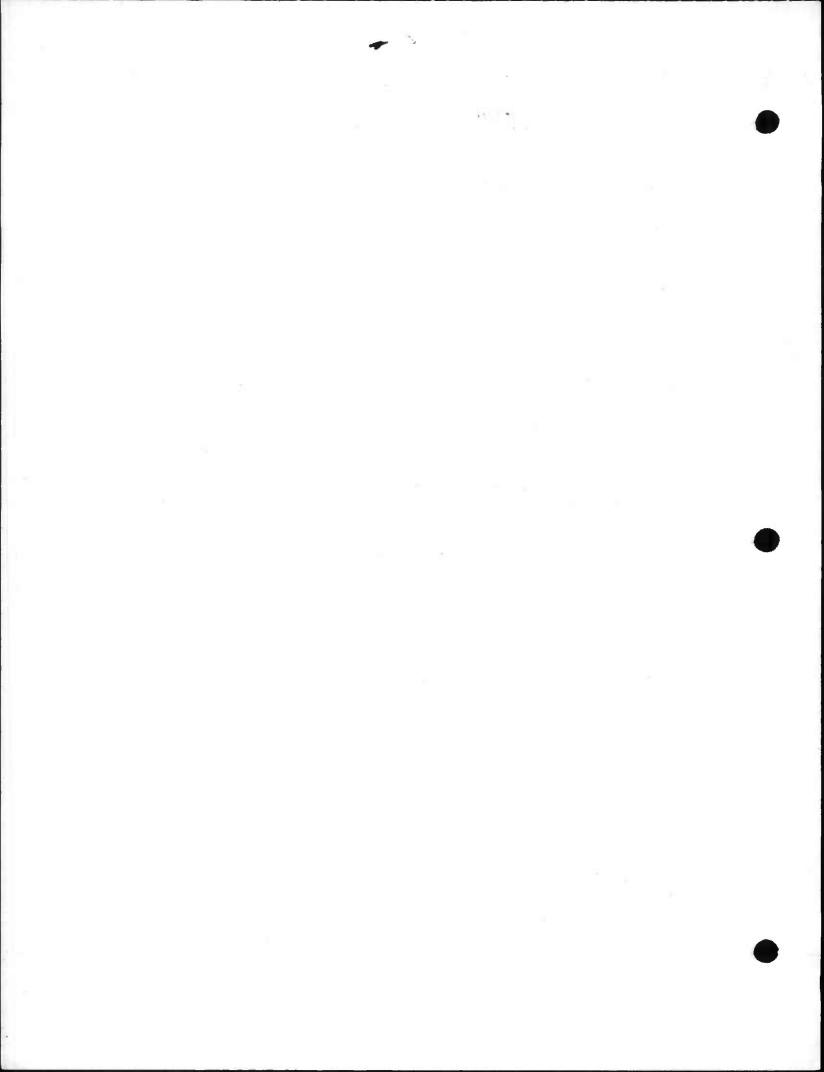
Alan Bedrick

31. DATE FILEO (Month, Day, Year)

NOV 16

TO BE COMPLETED BY FUNERAL DIRECTOR

FOR 1 STATE		STATE OF M				HEALTH AND	MENTA	L HYGIEN	IE		
REGISTRAR			Ci	ERTIFIC	CATE O	F DEATH		REG. NO			
1. DECEDENT'S NAME (First, Ashley	Middle, Last) (aitLin		MACCET	ADDTN		MON		AY	YEAR	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER		. SEX	8. AGE (In yrs. les	NASSER	F UNDER 1 YEAR	IF UNDER 24 HRS.		ember .	13, 1		6:38 p M
n/a	1	□ M 2 🔀 F	o. Mar. (III yis. ide		ONTHS DAYS	HOURS MIN. 5 30	(Mon	th, Day, Year)	1994	Countr	ryland
9a. FACILITY NAME (If not in				8		OR LOCATION OF			9c. CO	JNTY OF D	EATH
Franklin So		spital				Rossville	9		Ba1	timor	e County
RESIDENCE OF DEC	10b. COUNTY										
Maryland		Harford		10c. CITY,	TOWN OR LOC Be	al Air					10d. INSIDE CITY LIMITS? 1 YES 2 NO
10e, STREET AND NUMBER						of. ZIP CODE	_		10g. CF	TIZEN OF V	VHAT COUNTRY?
2	240 Dead	dora Dri	ive			2101	5			U	SA
11. MARITAL STATUS 1 Never Married 2 3 Widowed 4 Divo	Married	FORCES? 1	YES 2 1	NO .	If yes,	ECENDENT OF HISPA specify Cuban, Maxic ES 2 NO Speci	an, Puarto	N? (Specify Ye Rican, afc.)	or No—	14. RACE Black Speci	E — American Indian, c, Whita, atc.
15. DEC	EDENT'S EDUCAT	ION	18a, DE	CEDENT'S US	SUAL OCCUPA	TION	16	b. KINO OF BU	SINESS/IN	DUSTRY	
Elementary/Secondary (0	/ highest grade con	npletea) College (1-4 or 5+)	life	ive kind of wor Do NOT use i	rk done during i retired.)	nost of working					
n/a					n/a				n	/a	
17. FATHER'S NAME (First, M	iddle, Last)			-		18, MOTHER'S N	AME (First,	Middle, Maiden			
Seyed Khali	l Nasser	raddin						nifer N	,	าก	
19a. INFORMANT'S NAME (7			19	b. MAILING A	ODRESS (Street	and Number or Rura			10000		
Seyed K. Na						Drive,					21015
20a. METHOD OF DISPOSITI	ION	From State	20b. PLACE	AND DATE OF	OISPOSITION (Verne of	OAT	TE 20c. LC	CATION -	- City or To	wn, Stata
4 Donation 5 Other	(Specify)		Dulla	ney Va	illey I	Memorial	Park	11/16	/94	Timor	nium. MD
21. SIGNATURE OF FUNERA	L SENVICE/LICEN	tee / /	6/5	1.1	22. NAME	ANO ADORESS OF F	ACILITY				
► //m	4/1	5 1/1/1	1	THE							ome, P.A.
22 DAM's Fotos the di	Ver V	1/01	eug	7	1 1317	Cokesbu	ry Ro	oad, Al	oing	lon.	
23. PART i. Enter the di shock, or ha	seaset/or con part fallure. Lia	iplications that t only one caus	caused the da	ath. Do noi	entar tha n	oda of dying, su	ch as car	diac or reap	iratory a	rrest,	Approximata Interval Between
IMMEDIATE CAUSE (Fin	al										Onset and Death
disease or condition reaulting in death)	→ a	Pulmona	ry Hemo	rrhage	2						1 hour
		DUE TO (OR AS A CONSE	DUENCE OF):							7
0	b	Acidosis	3								12 hours
Sequantially list conditi if any, laading to immediate	diata	OUE TO (OR AS A CONSE	DUENCE OF):							
cause. Entar UNDERLYi CAUSE (Disease or inju		Hypotens									52 hours
that initiated eventa		OUE TO (OR AS A CONSE	DUENCE OF):							
resulting in death) LAS	d	Prematu	rity								52 hours
PART II. Other significa	nt conditions c	ontributing to	feeth but not a	naultlan in	Albo rendedui		. D. d.I				
						ng causa given ii	n Part I.	24a. WAS AN PERFO		240.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
Patent Duc					ire,			1 TES	NO X		COMPLETION OF CAUSE OF DEATH?
<u>Hypernatre</u>	mia, an	d Hyper	glycemia	a							1 YES 2 NO
DID TOBACCO U	SE CONTRIB	UTE TO CAL	JSE OF DEA	TH YES	□ NO	UNCERTA	IN 🗆				
25. WAS CASE REFERRED TO EXAMINER?			28. PLAC		(Check only on)					
1 TES 2 NO		OSPITAL:	ER/Outpatient 3		OTHER:	me 5 🗆 Raaldenca	8 🗆 Oth	et (Specify)			
27. MANNER OF GEATH		28a. OATE OF I		28b. TIME (OF 28c. II	JURY AT	_	SCRIBE HOW	NJURY O	CUREO	
	Pending Investigation	(Month, Da	y, rear)	INJUR		YES 2 NO					
a C suitable	Could not be	28a. PLACE OF	INJURY — At ho	ma, farm, stre	et, factory, of	Ica	28f. LO	CATION (Street	and Numbi	or Or Rural F	Inute Number
	determined	building, a	tc. (Specify)					or Town, State;			
29a. CERTIFIER (Check only	IFYING PHYSICIA	N: To the best of r	ny knowledga, da	ath occurred	at the time, de	ta and place, and du	a to the ca	use(a) and ma	nner aa at	Ited.	
) and manner as stated.
29h. SIGNATURE AND FYSICE	9		5EN	_							
1 anux	2000	Ca	FOLAL	TO / A	CAI	29c. LICENSE NU					(Month, Day, Year)
V WWW M	acci	- M	NIN	TOLO	OY	D 4259	5		No	vembe	r 13, 1994



amended #1, 11/16/94,

Harford County, S.B. 94 3551

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	1 - FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTM CERTIFIC			MENTAL HYGIEN			
1	1. DECEDENT'S NAME (First, Middle, Last)	Darius				2. DATE OF DEATH		3.	TIME OF DEATH
- 1	Kyle Darv	is NA	SSERADDIN	J	N	lovember 1		AR 1.1	1:52 a M
	4. SOCIAL SECURITY NUMBER 5.	. SEX 6. AGE (In		UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	8.1	BIRTHPLA	ACE (State or Foreign
1	n/a ¹	X M 2 □ F	YRS.	THS DAYS	22 47	(Month, Day, Year)	1994 N	Country)	land
	9e. FACILITY NAME (If not institution, give street	end number)	96.	CITY, TOWN C	R LOCATION OF DE		9c. COUNTY	OF DEAT	Н
DIRECTOR	Franklin Square Hos	pital			Rossville	е	Baltin	ore	County
REC	10e. STATE 10b. COUNTY		10c. CITY, TO	OWN OR LOCAT	ION			100	d. INSIDE CITY
		arford			Bel Air			1[YES 2 X NO
FUNERAL	10e. STREET AND NUMBER			10f.	ZIP CODE		10g. CITIZEN		T COUNTRY?
NE	2240 Deadora Drive				21015			JSA	
	11. MARITAL STATUS 1 Nover Merried 2 Merried	P. WAS DECEDENT EVER IN U FORCES? 1 YES	2 NO			IC ORIGIN? (Specify Yes	or No — 14.	RACE Black, WI	American Indian, hite, etc.
ВУ	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DAT	n/a	1 TYES	2 NO Specify:	:		Specify:	-2-21
	15. DECEDENT'S EDUCATI	ION 1	6s. DECEDENT'S USU	IAL OCCUPATIO	IN .	16b. KIND OF BUS	I SINESS/INDUST		white
ETI	(Specify only highest grade com Elementary/Secondary (0-12)	opleted) College (1-4 or 5+)	(Give kind of work life. Do NOT use ret	done during mo: ired.)	st of working				
APL	n/a		n,	/a			n/a		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NAM	ME (First, Middle, Maiden	Surname)		
ш	Seyed Khalil Nasse	eraddin			Fiona J	Jennifer Wa	atson		
TO B	19e. INFORMANT'S NAME (Type/Print)					loute Number, City or Town		,	
F	Seyed K. Nasseraddi	.n	2240 Dea	adora 1	Drive, Be	el Air, Ma	ryland	21	.015
	20a. METHOD OF DISPOSITION 1 St Burist 2 Cremetion 3 Removal		LACE AND DATE OF DI			DATE 20c. LO	CATION — City	or Town,	State
	4 Donation 5 Other (Specify)	Du	Laney Va			Park 11/16	/94 Ti	moni	um, MD
	31. SIGHADAME OF UNERAL SERVICE LICENS	"// INAF	J+W		D ADDRESS OF FAC	omas III Fl	moral	Home	2 D 7
	/ Taversel	1010	aura	1317	cokesbury	Road, Ab	ingdon	. MD	21009
	23. PART I. Enter the diseases, or com ahock, or heart feliure. Liet	plicetions that caused t	he deeth. Do not e						Approximate
	IMMEDIATE CAUSE (Finel	only one cedee on eac	in line.					Ì	Intervel Between Onset and Death
	disease or condition resulting in death)	Pulmonary DUE TO (OR AS A C	Hemorrhag	е					1 hour
_		Acidosis	ONSECUENCE OF):						10.1
ō	Sequentielly list conditions, b.	DUE TO (OR AS A C	ONSEQUENCE OF):						12 hours
A	if any, leading to immediate ceuse. Enter UNDERLYING	Hypotension	n					j	48 hours
Ĕ	CAUSE (Disease or injury thet initiated events	DUE TO (OR AS A C	ONSEQUENCE OF):						40 Hours
CERTIFICATION	resulting in death) LAST	Prematurit	у						48 hours
	PART II. Other aignificent conditions of	ontributing to death but	not regulting in th	ne underlylne	Cause alven in 6	Part I. 24s, WAS AN	AUTOBEV	045 9/5	RE AUTOPSY FINDINGS
CAL	Renal Failure,	Patent Duc	tus Arter	iosus,	Cause given in i	PERFOR	MED?	AVA	MILABLE PRIOR TO MPLETION DF CAUSE
ED	Hypernatremia					1 YES 2	X NO	OF	DEATH?
Σ.	DID TOBACCO USE CONTRIB	LITE TO CAUSE OF	DEATH VES		UNCERTAIN			1	YES 2 NO
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL		PLACE OF DEATH (C		UNCERIAIN	<u> </u>			
Sic		OSPITAL: Inpetient 2 ER/Outpeti		HER:	5 Residence	M Char (Specify)			
Ĭ	27. MANNER OF DEATH	28e. DATE OF INJURY	28b. TIME OF	28c. INJU	JRY AT	28d. DESCRIBE HOW II	NJURY OCCURE	ED.	
ВУ Р	1 Natural 5 Pending 2 Accident investigation	(Month, Day, Year)	INJURY	M 1 Y	RK? ES 2 NO				
	3 Suicide 8 Could not be	28e. PLACE OF INJURY — building, etc. (Specify	At home, farm, street	t, tactory, office		281. LOCATION (Street e	ind Number or R	ural Route	Number,
COMPLETED	4 Homicide determined	, see (opening	,			City or Town, State)			
1 1	29e. CERTIFIER 1 CERTIFYING PHYSICIAN	N: To the best of my knowled	ige, death occurred at	the time, date	end place, end due t	to the cause(e) and men	ner se stated.		
MO	one) 2 MEDICAL EXAMINER: 0							use(e) en	d manner ee stated.
	290. SIGNATURE MAD TITLE OF CERTIFIED!	00. (1	HER CH	DANI	49c. LICENSE NUMI		29d. DATE SIG		
) BE	All Marie	all a	LEJ NORTH	VLOOV	D 42595		Nove		
2	30, NAME AND ADDRESS OF PERSON WHO CO	OMPLETED CAUSE OF DEAT	H (ITEM 27) (Type, Print	0			HOVE	MDEI	1774
	Alan Bedrick, M.D.	9000 Frank	lin Squar	e Driv	e Balt	imore. MD	21237		
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNAT	URF		artic de la	1117			
	NOV 1 6 1994	Jeli Davidson	- Kardall				_		

C *

DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept, of Health and Mental Hygiens prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR		CE	RTIF	CATE OF	DEATH	REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last,						2. DATE OF DEATH			3. TIME OF DEATH
	ALFREI	M. NEL	SON				NOV.9,199		YEAR	11:10 A M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last	birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		8. BIRTH	PLACE (State or Foreign
	321.12.8960	t ☑ M 2 ☐ F	78	YRS.	MONTHS DAYS	HOURS MIN.	DEC. 25, 19	15	Countr	"SYLVANIA
	9a. FACILITY NAME (If not institution, give	street and number)	70	_	9h CITY TOWN (R LOCATION OF D			NTY OF D	
œ	7404 NEVIS ROAD	and the the theory				HESDA	AIR		TGOM!	
DIRECTOR	RESIDENCE OF DECEDENT					IILODII		11011	10011	
S	10a. STATE 10b. COUNT	гү		t0c, CITY.	TOWN OR LOCAT	ION		_		10d. INSIDE CITY
<u>۳</u>	MARYLAND MOI	NTGOMERY			HESDA					LIMITS?
	10e. STREET AND NUMBER									1XX YES 2 □ NO
RA		EVIS ROAD			10.00	20817			U.S.	/HAT COUNTRY?
岁	11. MARITAL STATUS	·								
FUNERAL	1 Never Married 2 XXMarried	12. WAS DECEDENT FORCES? 1	YES 2 NO				IIC ORIGIN? (Specify Yes n, Puarto Rican, etc.)	or No-	14. RACE Black	— American Indian, , White, etc.
B	3 Widowed 4 Divorced	WWII & H	OR DATES		1 TES	2XXNO Specif	<i>'</i>	- 1	Speci	γ: WHITE
	15. DECEDENT'S ED									
COMPLETED	(Specify only highest grad	le completed)	(Gh	e kind of wo	SUAL OCCUPATION done during mo	st of working	16b. KIND OF BUS	SINESS/IND	DUSTRY	
ן ב	Elementary/Secondary (0-12)	College (1-4 or 5 +)								
<u> </u>		5+	MEC	HANI	CAL ENG			ERO S	SPACE	
8	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S NA	ME (First, Middle, Maiden	Sumame)		
BE	EDWARD NELS	ON						MBERG		
2	19a, INFORMANT'S NAME (Type/Print)						Route Number, City or Town			
-	VIRGINIA G. NELSC	N	74	04 N	EVIS ROA	AD BETH	ESDA, MD.	20817	7	
	20a. METHOD OF DISPOSITION 1 Burial 2 Cremation 3 Rec	novel tram State			DISPOSITION (Na			CATION -		
	4 Donation 5 Other (Specify)	noval troll state	MT. CO	MFOR	ToleCREMA!	rory	11/11 ALE	XANDF	RIA,	virginia
	21. SIGNATURE OF FUNERAL SERVICE L	ICENSEE	۸		22. NAME AN	D ADDRESS OF FA	CILITYJOSEPH G	AWI F	RIC .	SOMS
	Mariala	000	. ()				W WASHINGT			
\dashv	machae	26.10	ldo							20010
	23. PART i. Enter the diseases, or shock, or heart failure	List only one caus	e on each line.	th. Do no	ot enter the mo	de of dying, auc	h aa cerdlec or respl	ratory an	reat,	Approximate interval Between
	IMMEDIATE CAUSE (Final					- 0	2	_		Onset and Death
	disease or condition reaulting in death)	· CAR	CINO	mi	A COP	163	OSTA	0		3 years
		DUE TO (C	OR AS A CONSEOL	JENCE OF)		,	4 1 2			3.4
z I	Sequentially list conditions,	a let	17511	156	5 1	sepre,	NoDe	5		years
RTIFICATION	if any, leading to immediate	DUE TO (C	OR AS A CONSEOL	JENCE OF)	*	,				
<u> </u>	cause. Enter UNDERLYING CAUSE (Disease or injury	c								
=	that initiated events resulting in death) LAST	DUE TO (C	OR AS A CONSEOL	JENCE OF)	:					
CER	Testing in destil) CAST	d								
- 11	PART II. Other significant condition	ns contributing to d	leath but not re-	suiting in	the underlying	cause alven in	Part I. 24a, WAS AN	ALETOROV		WEST HITTORY STREET
CAL	Rali	~ /	Enil	_		Cadae given in	PERFOR		240.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
5 I	11610	17-	1 711	UR	-		1 _ YES 2	110		OF DEATH?
<u> </u>							_			1 YES 2 NO
≥	DID TOBACCO USE CONT	RIBUTE TO CAU	JSE OF DEAT	H YES	□ NO 🖺	UNCERTAIL	Л П			
2			28. PLACE	OF DEATH	(Check only one)					
CIAN: N	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL								
rsician: N		HOSPITAL:	ER/Outpetient 3		OTHER:	5 Desidence	6 Other (Specify)			
HYSICIAN: N	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	1 Inpetient 2 I	NULIBY	DOA 28b. TIME	OF 28c. INJ	JRY AT	6 Other (Specify) 28d. DESCRIBE HOW II	JURY OC	CURED	
N PHYSICIAN: ME	EXAMINER? 1 YES 2 YES 2 27. MANNER OF DEATH 1 Netural 5 Pending	1 Inpetient 2 I	NULIBY	DOA	OF 28c. INJI	JRY AT		JURY OC	CURED	
ž	EXAMINER? 1	1 Inpetient 2 I I	NJURY ; Year)	28b. TIME	OF 28c. INJI RY WO t Y	IRY AT RK?	28d. DESCRIBE HOW IF			oute Number,
2	EXAMINER? 1 YES 2 TO 27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	1 Inpetient 2 It	NJURY ; Year)	28b. TIME	OF 28c. INJI RY WO t Y	IRY AT RK?	28d. DESCRIBE HOW IF			oute Number,
2	EXAMINER? 1 YES 2 TO 27. MANNER OF DEATH 1 Hetural 5 Pending Investigation 3 Suicida 6 Could not be detarmined	1 Inpetiant 2 1 28a. DATE OF IN (Month, Day, 28a. PLACE OF building, at	NJURY ; Year) INJURY — At hom ic. (Specify)	DOA 28b. TIME INJU	4 Nursing Hom- OF 28c. INJI RY WO t Y reet, factory, office	JRY AT RK? ES 2 NO	28d. DESCRIBE HOW IP 28t. LOCATION (Street a City or Town, State)	nd Number	or Rural R	oute Number,
2	EXAMINER? 1 YES 2 27. MANNER OF DEATH 1 Hetural 5 Pending Investigation 3 Suicida 6 Could not be detarmined 29a. CERTIFIER (Check only to Certify Physics)	1 Inpetiant 2 1 28a. DATE OF IN (Month, Day. 28a. PLACE OF building, at	NJURY ; Year) INJURY — At hom ic. (Specify) iy knowledge, daet	DOA 28b. TIME INJU	6 Nursing Homory OF 28c. INJI RY M t y reet, factory, office	JRY AT RK? ES 2 NO	28d. DESCRIBE HOW II 28t. LOCATION (Street a City or Town, State) to the cause(s) and man	nd Number	or Rural R	
2	EXAMINER? 1 YES 2 TO 27. MANNER OF DEATH 1 Hetural 5 Pending Investigation 3 Suicida 6 Could not be determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMIN	28a. DATE OF IN (Month, Day, 28a. PLACE OF building, at BICIAN: To the best of mER: On the basis of axar	NJURY ; Year) INJURY — At hom ic. (Specify) iy knowledge, daet	DOA 28b. TIME INJU	6 Nursing Homory OF 28c. INJI RY M t y reet, factory, office	JRY AT RK? ES 2 NO	281. LOCATION (Street a City or Town, State) to the cause(s) and man time, data and place, and	nd Number	or Rural R	and manner as stated.
COMPLETED BY	EXAMINER? 1 YES 2 27. MANNER OF DEATH 1 Hetural 5 Pending Investigation 3 Suicida 6 Could not be detarmined 29a. CERTIFIER (Check only to Certify Physics)	28a. DATE OF IN (Month, Day, 28a. PLACE OF building, at BICIAN: To the best of mER: On the basis of axar	NJURY ; Year) INJURY — At hom ic. (Specify) iy knowledge, daet	DOA 28b. TIME INJU	6 Nursing Homory OF 28c. INJI RY M t y reet, factory, office	JRY AT RK? ES 2 NO	281. LOCATION (Street a City or Town, State) to the cause(s) and man time, data and place, and	nd Number	or Rural R	
BE COMPLETED BY	EXAMINER? 1 YES 2 700 27. MANNER OF DEATH 1 Hetural 5 Pending Investigation 3 Suicida 6 Could not be detarmined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMIN 29b. SIGNATURE AND TITLE OF CERTIFIER	28a. DATE OF IN (Month, Day, 28a. PLACE OF building, at BICIAN: To the best of me ER: On the basis of exer	NJURY (Year) INJURY — At hom to: (Specify) Ty knowledge, deet minetion and/or im	DOA 28b. TIME INJU	6 Nursing Homore OF 28c. INJI RY WO t Y reet, factory, office at the time, data in my opinion, de	JRY AT RK? ES 2 NO	281. LOCATION (Street a City or Town, State) to the cause(s) and man time, data and place, and	nd Number	or Rural R	and manner as stated.
	EXAMINER? 1 YES 2 700 27. MANNER OF DEATH 1 Hetural 5 Pending Investigation 3 Suicida 6 Could not be detarmined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMIN 29b. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WILLIAM OF THE CONTROLL OF THE CONT	28a. DATE OF IN (Month, Day, 28a. PLACE OF building, at BICIAN: To the best of materials of axes ER Dawler Completed CAUSE	NJURY (Year) INJURY — At hom Injury —	DOA 28b. TIME INJU e, farm, str h occurred restigation, 27) (Type, F	6 Nursing Homore OF 28c. INJI RY WO t Y reet, factory, office at the time, data in my opinion, de	JRY AT RK? ES 2 NO and place, and due outh occurred at the 29c. LICENSE NUM 29c. LICENSE NUM	28d. DESCRIBE HOW IP 28t. LOCATION (Street a City or Town, State) to the cause(s) and man tilme, data and place, and IBER	ner as stated due to the	or Rural R	and manner as stated. (Month, Day, Year)
BE COMPLETED BY	EXAMINER? 1 YES 2 700 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicida 6 Could not be determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMIN 29b. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WITH COURSE AND MEDICAL EXAMIN 30. NAME AND ADDRESS OF PERSON WITH COURSE AND MEDICAL EXAMIN 30. NAME AND ADDRESS OF PERSON WITH COURSE AND MEDICAL EXAMIN	28a. DATE OF IN (Morth, Day, 28a. PLACE OF building, at BICIAN: To the best of m ER: On the basis of axas The Completed Cause M. D. 540	INJURY At hom Injury — At hom Ic. (Specify) Ty knowledge, deef minetion and/or im OF DEATH (ITEM)	DOA 28b. TIME INJU e, farm, str h occurred restigation, 27) (Type, F	6 Nursing Homore OF 28c. INJI RY WO t Y reet, factory, office at the time, data in my opinion, de	JRY AT RK? ES 2 NO and place, and due outh occurred at the 29c. LICENSE NUM 29c. LICENSE NUM	281. LOCATION (Street a City or Town, State) to the cause(s) and man time, data and place, and	ner as stated due to the	or Rural R	and manner as stated. (Month, Day, Year)
BE COMPLETED BY	EXAMINER? 1 YES 2 700 27. MANNER OF DEATH 1 Hetural 5 Pending Investigation 3 Suicida 6 Could not be detarmined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMIN 29b. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WILLIAM OF THE CONTROLL OF THE CONT	28a. DATE OF IN (Month, Day, 28a. PLACE OF building, at 28a. PLACE OF building, at ER: On the best of maximum of the completed cause M. D. 540 32. REGISTRAR	INJURY At hom Injury — At hom Ic. (Specify) Ty knowledge, deef minetion and/or im OF DEATH (ITEM)	DOA 28b. TIME INJU e, farm, str h occurred restigation, 27) (Type, F	6 Nursing Homore OF 28c. INJI RY WO t Y reet, factory, office at the time, data in my opinion, de	JRY AT RK? ES 2 NO and place, and due outh occurred at the 29c. LICENSE NUM 29c. LICENSE NUM	28d. DESCRIBE HOW IP 28t. LOCATION (Street a City or Town, State) to the cause(s) and man tilme, data and place, and IBER	ner as stated due to the	or Rural R	and manner as stated. (Month, Day, Year)

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

HE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death, Page 6 may be retained by the hospital or attending physician.	4. FUNEAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 bd within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunial, cremation, or removal.	DRTANY: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
requires that the death certificate be exe	-If FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the 1 ed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	shows any injury, or other trauma	
OR ATTENDING PHYSICIAN: The law	IRECTOR: After this certificate has bours after death with the State Dept.	em 28 is marked, or item 23	
HE HOSPITAL	HE FUNERAL Ed within 72 I	DRITANT: If I	

MACTIN D. WEITZ

NOV 0

1994

31, DATE FILED (Month, Day, Year)

7525 Greenway

32. REGISTRAR'S SIGNATURE

CT Dr

TO THE HOSPITA
TO THE FUNERA
De filed within 72
IMPORTANT: II

should

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH 1. OECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH VICTORIA LYNN NAGY November 1994 6, 8:05 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign Day, Year) DAYS HOURS MIN. 559-72-4904 1 M 2 X F 46 YRS April 1948 California 9a. FACILITY NAME (If not institution, give street and number, 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 5000 Queensbury Road Prince George's Riverdale RESIDENCE OF DECEDENT 10h COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Prince George's Riverdale 1 X YES 2 NO FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 5000 Queensbury Road 20737 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indien, Black, White, atc. FORCES? 1 Never Married 2 X Married II yes, specify Cuban, Maxican, Puerto Rican, etc.)

1 YES 2 NO Specify: IF YES, GIVE WAR OR DATES Specify: White ВУ 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION sectly only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY (Spe Elementary/Secondary (0-12) College (1-4 or 5+) 11 Sales Clerk Retail 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) James Ragain Margery M. White BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ACCRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Diana G. Morris 5000 Queensbury Road, Riverdale, Maryland 20737 20e. METHOD OF OISPOSITION
1 M Burlel 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State OATE David's Creek Baptist Church 11/10/94 Tuscaloosa, 4 ☐ Donation 5 ☐ Other (Specify) 21, SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND AGORESS OF FACILITY Francis Gasch's Sons Funeral Home, P.A. 4739 Baltimore Avenue, Hyattsville, 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory arrest, Approximate shock, or hasrt failure. List only one cause on sach line. Interval Between IMMEDIATE CAUSE (Final Onset and Dsath disesse or condition aremounatore resulting in death) DUE TO IOR AS A CONSEQUENCE OF estate CERTIFICATION Sequentially list conditions, it any, leading to immediate OUE TO (OR AS A CONSEQUENCE OF): cause. Enter UNDERLYING CAUSE (Disesse or Injury OUE TO (OR AS A CONSEQUENCE OF): that initisted events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS MEDICAL AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO PHYSICIAN: UNCERTAIN 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF OEATH (Check only one) EXAMINER? HOSPITAL 1 | YES 2 NO 1 Inpatient 2 ER/Outpatient 3 IDOA Realdence 6 - Other (Specify) 27. MANNER OF DEATH 28a. OATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT 28d. OESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending 1 YES 2 NO BY Accident Investigation 28e. PLACE OF INJURY -- At home, term, street, fectory, office building, atc. (Specify) 3 Suicide 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) Could not be COMPLETED 4 Homicide determined 29a, CERTIFIER CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner ea stated. /2 🗌 MEDICAL EXAMINER: On the basis of exemination end/or investigation, in my opinion, death occured at the time, date end place, and due to the ceuse(e) end menner ee stated. 296. SIGNATURE AND TITLE OF CERTIFIER Mc. LICENSE NUMBER 29d. OATE SIGN O (Month, Day, Year) BE Marim D. Melete 8 0 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

MD

•	ı
-	
9	
9	
m	
68760	
w	
~	
\circ	
=	
BOX	
~	
\circ	
P.0	
О.	
10	
97	
\Box	
~	
ш.	
RECORDS	
\sim	
O	
111	
-	
Œ	
_	
₫	
TAL	
_	
_	
-	
ш.,	
\cap	
_	
~	
4	
\cap	
$\underline{}$	
70	
4)	
_	
-	

THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the Hospital or retained by the hospital or attending physician.

THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be defached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death, with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR	CI			DEATH	REG. NO				
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH			3. TIME OF DEATH	
	HENRY NORRIS					NOVEMBER D	07,	1994	3:00PM	- 4
	4. SOCIAL SECURITY NUMBER 5. SEX		st birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	0/,		PLACE (State or Fore)	ian
	240-60-1776 '\\	€2 □ F 54	YRS.	WONTHS DAYS	HOURS MIN.	MARCH 25,	1940	Country	ERTON, NO	
	Sa. FACILITY NAME (If not institution, give street and	number)	-	9b. CITY, TOWN	OR LOCATION OF D		_	JNTY OF DE		
DIRECTOR							100		GEORGE	'S
E I	10e, STATE 16b, COUNTY		10c. CITY,	TOWN OR LOC	ATION			T	10d. INSIDE CITY	
5	MARYLAND PRINCE G	GEORGE'S		LANHA	.M				LIMITS?	0
AL.	10e. STREET AND NUMBER			1	01. ZIP CODE		10g. CIT	TIZEN OF W	HAT COUNTRY?	\neg
FUNERAL	9020 WALKERTON DRIVE 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13.				20706			USA		
BY FU	1 Never Married 2 X Married FOF	S DECEDENT EVER IN U.S. AR RCES? 1 TYES 2 X N YES, GIVE WAR OR DATES	IMED NO	It yes, s	ECENDENT OF HISPAI specify Cuban, Maxica S 2XXVO Specif	NIC ORIGIN? (Specify Yearin, Puarto Rican, atc.) y:	or No-	14. RACE Black, Specify	— American Indian, White, atc.	
	15. DECEDENT'S EDUCATION (Specify only highest grade complete)	18a. DE	CEDENT'S U	SUAL OCCUPAT	TION	16b. KIND OF BUS	SINESS/IN	DUSTRY		\dashv
<u>u</u>			Do NOT use	rk done during r retired.)	nost of working					
릴	12th	MI	ECHAN	IC			PVT.			
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Maiden	Surname)			
BE (WILLIAM HENRY NO	ORRIS			CAR	RIE BUIE				
0	19a. INFORMANT'S NAME (Type/Print)	b. MAILING A	DDRESS (Street	and Number or Rural	Route Number, City or Tow	n, State, Zi	ip Code)			
-	ERMA S. NORRIS/	WIFE S	9020	WALKE	RTON DR	IVE LANH				706
	20a. METHOD OF DISPOSITION 1 Burial 2 Cremation 3 Removal tron	20b. PLACE A		DISPOSITION (Name of	OATE 20c. LO	CATION -	City or Tov	vn, SMORTH	111
- 1	4 Donation 5 Other (Specify)	MT. Z	ION B	APTIST	CHURCH CE	M.11–13 LUI	MBEF	RTON,	CAROLTI	NA
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	PRANI	100	22. NAME	AND ADDRESS OF FA	KINS FUN ER ROAD				
	Summer X	· Olly	701	14/4	LANDOV	ER ROAD	LANI	JOVE	K, MARYL	ANL
	23. PART I. Enter the diseeses, Dr complica shock, Dr heert fellure. List only	atione that ceused the de y Dne ceuse Dn each line	eth. Do no	t enter the m	ode of dying, suc	h as cardiac or respi	iratory ar	reet,	Approximate interval Bets	
	iMMEDIATE CAUSE (Final disease or condition)	4-1				Onset and E	
	reaulting in death)	Aram	_ <	eal			-			
ľ	0	DUE TO JOR AS A CONSEC	OUENCE OF)		1 11		/			
S	Sequentielly liet conditions, Due to (or as a consequence of):									
CERTIFICATION	if any, leading to immediate ceuse. Enter UNDERLYING	MA A CONSEC	DUENCE OF):	1 %		1 . 2	1	1/2	1	
SE	CAUSE (Disease or injury that initiated eventa	DUE TO (ON AS A CONSEC	QUENCE OF:	borte	my	anoc	us		77	-
E	resulting in death) LAST	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,							- 1
핑	d								+	
DICAL	PART II. Other eignificant conditione contri	buting to deeth but not re	eauiting in	the underlyi	ng cause given in	Pert i. 24a, WAS AN PERFOR			WERE AUTOPSY FIND AVAILABLE PRIOR TO	
음						1 YES 2			COMPLETION OF CAU	
ME									1 TYES 2 NO	
ž	DID TOBACCO USE CONTRIBUTE	TO CAUSE OF DEA	TH YES	□ NO [UNCERTAIN	и 🗆				
\ĕ	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			(Check only one)					
YSI	1 TYES 2 NO 1 No	PITAL: patient 2 ER/Outpatient 3	□ DOA	OTHER: Nursing Ho	me 5 🗆 Realdence	a ☐ Other (Specify)				
PHYSICIAN: ME	4.7	a. DATE OF INJURY (Month, Day, Year)	28b, TIME INJUI	OF 28c. If	JURY AT	28d. DESCRIBE HOW I	NJURY OC	CURED		
BY	1 Natural 5 Pending 2 Accident Investigation			M 1 🗆	YES 2 NO					
	8 Coold libt 54	 PLACE OF INJURY — At hor building, etc. (Specify) 	me, tarm, str	eet, tactory, off	ca	28t. LOCATION (Street a City or Town, State)	and Numbe	r or Rural Ac	oute Number,	
	4 Homicide detarmined					ony or lowing ordinary				
COMPLETED	29a. CERTIFIER (Check only CERTIFYING PHYSICIAN: To	the best of my knowledge, dan	ath occurred	st the time, de	and place, and due	to the cause(a) and mar	ner ea ste	ted.		
S		basis of examination and/or in							and manner as state	d.
	29b, SIGNATURE AND TITLE OF CERTIFIER		_		29c. LICENSE NUM		-	TE SIGNED (1	-
B	1/2/11				0 -	3/8	>	11/	9/91	/
2	30. NAME AND ADDRESS OF PERSON WHO COMPL	ETED CAUSE DF DEATH (ITE)	M 27) (Type, P	rint)	1000	2/0	-	11/	414	-
	JAMES CATAVENIS, MD				ע זמקעיםט	MARYLAND	2000			1
		REMSTRAR'S SIGNATURE	70 L	TARY C	TEVEKLY.	MARYLAND	2078	בו		\dashv
	MOAT 0 1994	GUNA DAM OLON-	Marian	-						
	The state of the s									

DALLINONE, MARILAN	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24. Yours after death. Page 6 may be retained by the hos	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach. We filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
	ed by	uid be	ed at
Y	retain	5 sho	notifi
Į,	ay be	page	t be
2	76 6 п	rector,	SIL
	h. Pag	eral di	miner
20	er deal	the fun	exa
_	urs aft	in by i	edica
	2	filled ion, or	the m
, co.	within	cremat	rent,
	ecuted	nd corr	ilic en
	be exe	cran ar	гапша
5	ificate	physical price price	her to
	th cert	ending I Hygi	or ot
ĵ	he dea	the att	njury,
	that t	ed by	any I
	quires	n sign	10WS
	aw re	as bee	23 sh
	The	cate h	Item
	SICIA	certifi h the	1, 0,
	G PHY	er this	narke
	ENDIN	DR: Aft ter dea	3 Is n
	TIN H	IRECTT Durs af	еш 28
l	ITAL 0	RAL D	=
	HOSP	FUNE	TIANT
_	O THE	TIP THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the full filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	MPO
	,	7	
4	7		4

	FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTI	MENT OF H	IEALTH AND	MENTAL HYGIE		
	1. DECEDENT'S NAME (First, Middle, Las	st)				2. DATE OF DEATH		3. TIME OF DEATH
	William F.	Norfolk					05 9	AR
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In		UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	6. 6	BIRTHPLACE (State or Foreign
	216-70-8975	1 XM 2 - F	O YRS.	WITHS DAYS	HOURS MIN.	Sept 4, 1	904	Maryland
	9a. FACILITY NAME (If not institution, give	e street and number)	9	b. CITY, TOWN C	OR LOCATION OF D		9c. COUNTY	/
DIRECTOR	Calvert County Nursing Center Prince Frederic			ck	Calv			
R	10a. STATE 10b. COU		10c. CITY, 1	OWN OR LOCAT	ION			10d. INSIDE CITY
	Maryland Prin	ce George's	Uppe	er Marl	boro			LIMITS?
FUNERAL	10e. STREET AND NUMBER			101	ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
Ä	11107 Old Marl	boro Pike			20772	2	United	States
11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Year or No — 14. RACE 14. Marital Status 15. WAS DECEMBENT OF HISPANIC ORIGIN? (Specify Year or No — 14. RACE 16. RACE 17. Never Married 18. WAS DECEMBENT OF HISPANIC ORIGIN? (Specify Year or No — 14. RACE 19. Rever Married 19. Was DECEMBENT OF HISPANIC ORIGIN? (Specify Year or No — 14. RACE 19. Rever Married 19. Was DECEMBENT OF HISPANIC ORIGIN? (Specify Year or No — 14. RACE 19. Rever Married 19. Rever Marr						RACE — American Indian		
To read married 2 married marrie						Black, White, atc.		
				1				White
15. OECEDENT'S EDUCATION (Specify only highest grade completed) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. DNOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY					RY			
الإ	Elementary/Secondary (0-12) 6th	College (1-4 or 5 +)						
Σ			Farr	ning		Fa	rmer	
15. OECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 6th 17. FATHER'S NAME (First, Middle, Last) William Eugene Norfolk 18. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, Stele, Zip Code) 19. INFORMANT'S NAME (Type/Print) 19. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, Stele, Zip Code)								
	Ernest E. Norfo	LK (Son)	11107	old Mar	lboro Pi	ke, Upper	Marlbo	ro, Md 20772
	20s. METHOD OF DISPOSITION 1 X Burlal 2 Cremation 3 1 Re	20b.F	PLACE AND DATE OF D	ISPOSITION /Na	me of	DATE 20c. I	OCATION — City	
	4 T Donation 5 Other (Specify)	Ce	dar Hill	Cem. N	ov 9, 19	94 Sui	tland, 1	Maryland
	21. SIGNATURE OF UNERAL SERVICE	LICENSEE ST		22. NAME AN	O ADDRESS OF FA	CILITLEE Fun	eral Hor	me, Inc 6633
	X /201/18	AM		Old A	lexander	Ferry Ro	ad, Clin	nton, Md 20735
	23. PART I. Enter the diseases of abook, or heart failure	r complications that caused	the death. Do not					
	and any or recent failure	e. List only one cause on eac	ch ilne.	oner tra mor	ae or dynig, soc	in all cardiac or real	piratory arrest,	Approximate Interval Between
	IMMÉDIATE CAUSE (Final disease or condition	CAR	CINUM	A 01	F LF	FT L	UNG	Onset and Death
- 1	reaulting in death)	a.	CONSEQUENCE OF):					-Imth-
-	_	LEFT		Umo	THORA	X		-tonth
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A C	CONSEQUENCE OF:		110101	/ -		7.10.7.
¥ I	cause. Enter UNDERLYING	15F	T PL	EUR	AL I	EFFUSI	1	- louth
Ĕ	CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A C	CONSEQUENCE OF):			011031	0~0	,,,,,,,
E	reaulting in death) LAST	4						
		, u.						
AL	PART ii. Other significant condition	ons contributing to death but	t not reaulting in t	he underlying	causa given in		N AUTOPSY PRMED?	24b. WERE AUTOPSY FINDINGS
음Ⅱ						1 TYES		AVAILABLE PRIOR TO COMPLETION OF CAUSE
뿔							- Ipar-Co.	OF DEATH?
ÿ	/				1	_		
동	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			26.FL	ACE OF OEATH (Ch	ack only one)		
PHYSICIAN: MEDIC	1 TES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Outpati		THER:	5 Residence	6 Other (Specify)		
두	27. MANNER OF OEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	28c. INJU	IRY AT	28d. DESCRIBE HOW	INJURY OCCURE	
B	1 Natural 5 Pending 2 Accident Investigation	11	INJURY		ES 2 NO			
	3 Suicide 8 Could pot b	28 BLACE OF IN HIDY	At home, term, stree	t, factory, office		26f. LOCATION (Street	and Number or Ru	iral Route Number,
	4 Homicide determined	Tarioning, and Topochy	,			City or Town, State)	
OMPLETED	29a. CERTIFIER (Check only	SICIAN: To the best of my knowled	ige, death occurred of	the time date	and place and dis-	to the enverted and	The state of	
Ξ	one) 2 MEDICAL EXAMI	NER: On the basis of examination a	and/or investigation, in	my coinion, de	ath occured at the	time data and place a	nner se stated.	20/0) and
O	29b. SIGNATURE AND TITLE OF CERTIFI							
B	600 Pe	_ 575	Ch Ch	9	29c LICENSE NUM	1BER 25519		NED (Month, Day, Year)
임	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE OF THE	H GTEN AT		10-	73317	11-	05-94
	31. DATE FILED (MOTNOVOO 9	1994 REGISTRATS SIGNAT	URE ROMA ROMA	600				

7.1

3
T
2
_
\Box
=
4
AN
7
_
>
MARYL
7
4
5
_
ш
00
_
0
IMORE,
2
_
BAL
3
∞ .
_
Č.
68760
w.
100
∞
9

DIVISION OF VITAL RECORDS, P.O. BOX

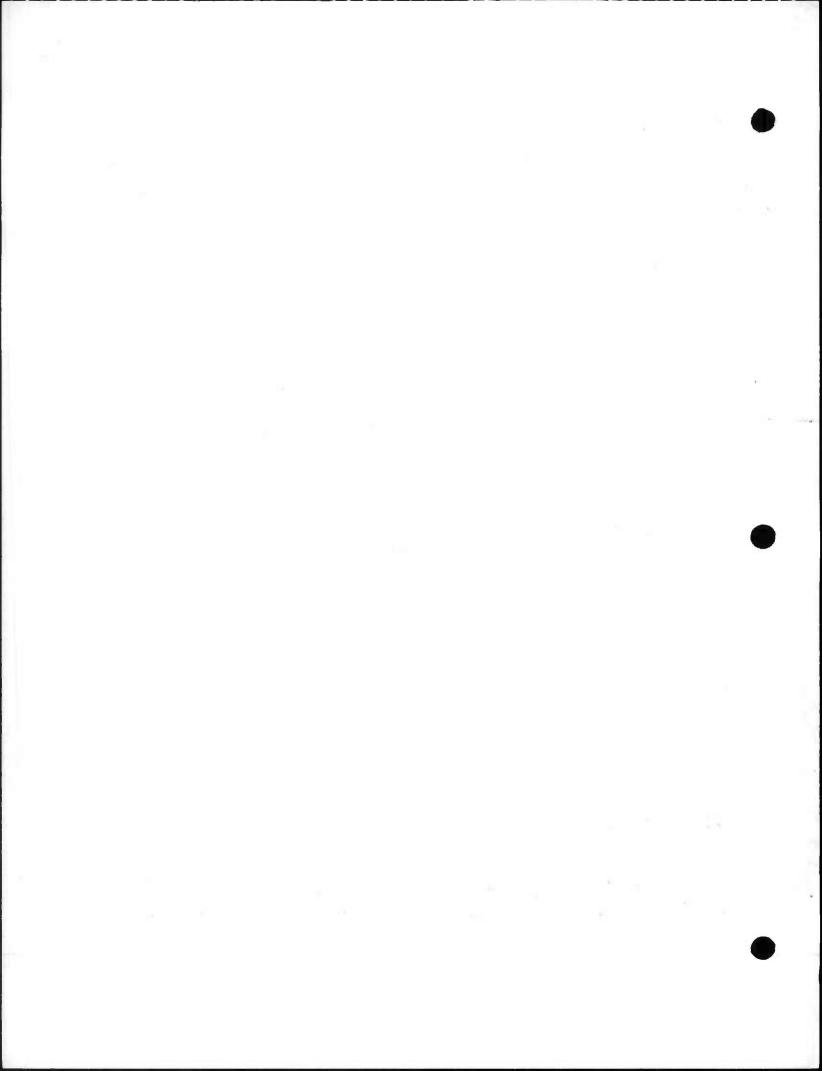
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within and long after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT	OF HEALTH AND MENTAL	HYGIENE
CERTIFICATE	OF DEATH	REG. NO.

	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTI CERTIFIC	MENT OF I	IEALTH AND	MENTAL HYGIEN	_	
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH
	Kurt Oesterreich	Otley			November		2:30 A. M	
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	8. Bii	TTNPLACE (State or Foreign
	144 14 8772	1 🖾 M 2 🗆 F 88		ONTHS DAYS	HOURS MIN.	Oct. 28,1		unty) ustria
	9a. FACILITY NAME (If not institution, give s	treet and number)	9	b. CITY, TOWN	OR LOCATION OF O		9c. COUNTY O	
DIRECTOR	216 Rollins Aven	ue		Ro	ckville		Mont	gomery
EC	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY	1	10c. CITY, 1	OWN OR LOCA	TION			10d. INSIDE CITY
DIR	Maryland Monto	comery	Roc	kville	PRICE.			LIMITS?
	10e. STREET AND NUMBER				. ZIP CODE		10g. CITIZEN O	F WHAT COUNTRY?
FUNERAL	216 Rollins Avenu	ıe .			20852		United	States
5	11. MARITAL STATUS	12. WAS DECEDENT EVER IN		13. WAS DEC	ENDENT OF HISPA	NIC ORIGIN? (Specify Yas	or No.— 14, R	ACE — American Indian.
ВУ	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES			ecity Cuben, Maxica 2 NO Specif	y:		ack, White, atc.
				1				White
TE	15. DECEDENT'S EDU (Specify only highest grade	completed)	(Give kind of work life, Do NOT use n	UAL OCCUPATION Is done during mo	ON st of working		SINESS/INDUSTR	
P.E.	Elamentary/Secondary (0-12)	College (1-4 or 5 +) 5 +		icist		U.S. Go		· .
COMPLETED	17. FATNER'S NAME (First, Middle, Last)	31			18 MOTHER'S NA	ME (First, Middle, Maiden	se Depa	rtment
	Anton Otlev				Rosa		Surname)	
BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING AC	ORESS (Street a		Muhlfeld Route Number, City or Tow	n State Zin Code)	
6	Helen O. Otley					ockville,		
	20a. METHOD OF DISPOSITION	20b	PLACE AND DATE OF	DISPOSITION (NE	me of 11-03	-0 DATE 20c. LO	CATION — City or	
	1 Durial 2 Tremation 3 Rame 4 Donation 5 Other (Specify)	Cent	letery, cremetory or other	Cremat	orium. I	nc. Ret	hesda 1	Maruland
	21. SIGNATURE OF PUNERAL SERVICE LIC	ENSEE/		22. NAME AI	IO ADDRESS OF FA	CILITYRohert	A Dumn	hrow Funoval
	*XX-11	M00689		Avenu.	ROCKVIII	e, inc. 3 ille, Mary	00 West	Montgomery
		complications that caused List only one cause on ea	I the death. Do not ach line.	enter the mo	da of dying, suc	h as cardiac or respi	ratory arrest,	Approximate Interval Between
	IMMEDIATE OAUSE (Final disease or condition							Onset and Dasth
1	resulting in death)	a. Cerebrovaso	ular acci	dent				
_								İ
9	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A	CONSEQUENCE OF):					
S	csuse. Enter UNDERLYING CAUSE (Disease or injury	с						
	that initiated events	DUE TO (OR AS A	CONSEQUENCE OF):					
CERTIFICATION	resulting in death) LAST	d						
AL C	PART II. Other significant condition	s contributing to death b	ut not reaulting in t	the underlying	cauae given in	Part I. 24a, WAS AN	AUTOPSY 2	4b. WERE AUTOPSY FINDINGS
	Hypertension					PERFOF		AVAILABLE PRIOR TO COMPLETION OF CAUSE
	Esophageal reflu	x				1 YES 2	X NO	OF DEATH? 1 YES 2 NO
-	DID TOBACCO USE CONTI		F DEATH YES		UNCERTAIL			I TES Z NO
M	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		28. PLACE OF OEATN		O TOLKI A	, ,		
8 1	1 TES 2 NO	HOSPITAL: 1 ☐ Inpetient 2 ☐ ER/Outp	atlent 3 DOA 4	THER: Nursing Nom	e 5 X Rasidence	8 Other (Specify)		
S		28e. DATE OF INJURY	28b. TIME O	F 28c. INJ		28d. DESCRIBE NOW I	NJURY OCCURED	
энх	27. MANNER OF DEATH	(Month Day Year)	IIIVON		ES 2 NO			
3Y PHYSICIAN: MEDIC	1 Natural 5 Pending	(Month, Day, Year)		- 1 U	ES 2 NO			1
BY	1 Natural 5 Pending 2 Accident Investigation 3 Suicide 8 Could not be	(Month, Day, Year) 28s. PLACE OF INJURY building, atc. (Spec	— At homa, larm, atre			281. LOCATION (Street a	and Number or Run	al Route Number,
BY	1 Netural 5 Pending 2 Accident Investigation	28a. PLACE OF INJURY	— At home, larm, atre-			281. LOCATION (Street a City or Town, State)	and Number or Run	al Route Number,
BY	1 Natural 5 Pending Investigation 3 Suicide 4 Homicide 8 Could not be detarmined	28a. PLACE OF INJURY	ify)	et, factory, offic	`	City or Town, State)		al Route Number,
BY	1 Natural 2 Accident 3 Sulcide 4 Homicide 29a. CERTIFIER (Check only) 1 Natural 5 Pending Investigation 8 Could not be detarmined	28a. PLACE OF INJURY building, atc. (Spec	edga, daath occurred a	et, factory, office	and place, and due	City or Town, State) to the cause(a) and mar	ner as stated.	
COMPLETED BY	1 Natural 2 Accident 3 Sulcide 4 Homicide 29a. CERTIFIER (Check only) 1 Natural 5 Pending Investigation 8 Could not be detarmined	28a. PLACE OF INJURY building, atc. (Spec	edga, daath occurred a	et, factory, office	and place, and due	City or Town, State) to the cause(a) and mar tima, date and placa, an	ner as atated.	
BE COMPLETED BY	1 X Natural 2 Accident 3 Suicide 4 Homicide 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINE 29b. SIGNATURE AND TIPLE OF CERTIFIER CHARACTER 20c. CERTIFIER (Check only one) 2 MEDICAL EXAMINE	28s. PLACE OF INJURY building, stc. (Spec clan): To the best of my know! R: On the basis of examination	edgs, daeth occurred an and/or investigation, i	et, factory, office of the time, date on my opinion, d	and place, and dua eath occured at the 29c. LICENSE NUM	City or Town, State) to the cause(a) and mar time, date and place, an	ner as atated. d due to the caus 29d. DATE SIGN	e(s) and manner as stated.
COMPLETED BY	1 X Natural 2 Accident 3 Sulcide 4 Homicide 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINE 29b. SHONATURE AND TITLE OF CERTIFIER (Check only one) 2 MEDICAL EXAMINE 30 NAME AND AOORESS OF PERSON WHO	28s. PLACE OF INJURY building, stc. (Spec CIAN: To the best of my knowl R: On the basis of axamination COMPLETED CAUSE OF OE/	edge, death occurred at and/or investigation, i	et, factory, office at the time, date in my opinion, d	and place, and due eath occured at the 29c. LICENSE NUR	City or Town, State) to the cause(s) and mar time, date and place, an	d due to the caus 29d. DATE SIGN NOVEM	e(s) and manner as stated. ED (Month, Day, Year) ber 2, 1994
BE COMPLETED BY	1 X Natural 2 Accident 3 Suicide 4 Homicide 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINE 29b. SIGNATURE AND TIPLE OF CERTIFIER (Check only one) 2 MEDICAL EXAMINE 30 NAME AND ADDRESS OF PERSON WHO JOEL P. Kalman, M	28a. PLACE OF INJURY building, atc. (Special Research of the basis of axamination of the basis of	edge, death occurred an and/or investigation, in and/or investigation, in anti-control of the security of the	et, factory, office at the time, date in my opinion, d	and place, and due eath occured at the 29c. LICENSE NUR	City or Town, State) to the cause(s) and mar time, date and place, an	d due to the caus 29d. DATE SIGN NOVEM	e(s) and manner as stated. ED (Month, Day, Year) ber 2, 1994
BE COMPLETED BY	1 X Natural 2 Accident 3 Sulcide 4 Homicide 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINE 29b. SHONATURE AND TITLE OF CERTIFIER (Check only one) 2 MEDICAL EXAMINE 30 NAME AND AOORESS OF PERSON WHO	28s. PLACE OF INJURY building, stc. (Spec CIAN: To the best of my knowl R: On the basis of axamination COMPLETED CAUSE OF OE/	edge, death occurred an and/or investigation, in and/or investigation investigation investigation in and/or investigation in and/or investigation in and/or investigation i	et, factory, office at the time, date in my opinion, d	and place, and due eath occured at the 29c. LICENSE NUR	City or Town, State) to the cause(s) and mar time, date and place, an	d due to the caus 29d. DATE SIGN NOVEM	e(s) and manner as stated. ED (Month, Day, Year) ber 2, 1994

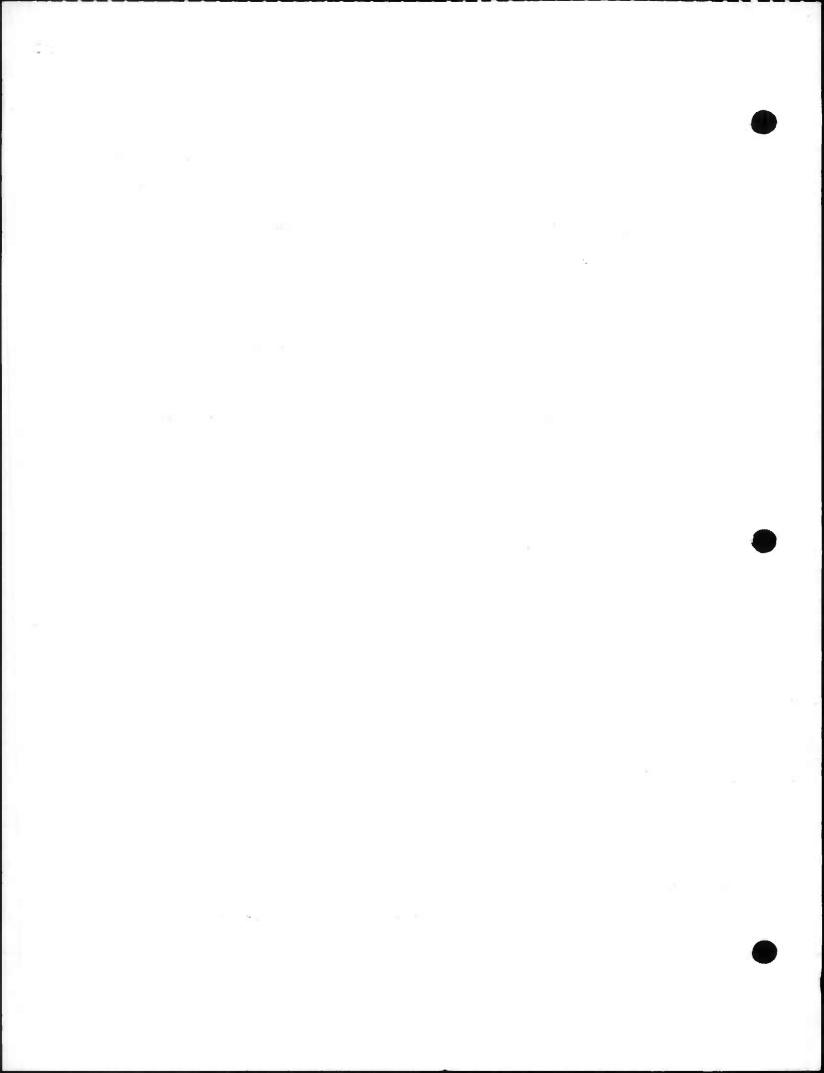


		1 - FOR STATE REGISTRAR	STATE OF MARYLANI	O / DEPARTMENT OF CERTIFICATE O		MENTAL HYGIEN							
		1. DECEDENT'S NAME (First, Middle, Lest) Lorna Lynn 0 Con	nor			2. DATE OF DEATH MONTH NOV. 13, 1	MY YEAF	3. TIME OF DEATH 11:30 PM					
		4. SOCIAL SECURITY NUMBER 217-70-7504	5. SEX 6. AGE (In yrs 1 M 2 XXF 26	YRS. Is birthday) IF UNDER 1 YEA		7. DATE OF BIRTH (Morith, Day, Year) Oct. 25,	6. Bit	ATTNPLACE (State or Foreign unity) ash., DC					
2, 3 should	TOR	Sa. FACILITY NAME (If not institution, give street and number) 11805 Renick Lane 96. COUNTY OF DEATH Silver Spring Montgomery											
permit. Pages 1,	DIRECTOR	10a. STATE 10b. COUNTY	tgomery	10c. CITY, TOWN OR LO Silver	cation Spring			10d. INSIDE CITY VLIMITS? THE YES 2 NO					
n. ansit permi	FUNERAL	100. STREET AND NUMBER 11805 Renick Lane 101. ZIP CODE 20904 Unit											
215-0020 attending physician. se as the burial-transit	À	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN U.S FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	PECENDENT OF HISPA specify Cuben, Maxic (ES 2 NO Speci	NIC ORIGIN? (Specify Yearn, Puarto Rican, atc.)	B	ACE — American Indian, lack, Whita, etc.						
D 21 spital or led for u	COMPLETED	15, DECEDENT'S EDUCA (Specify only highest grade of Elementary/Secondary (0-12) 11 / a	College (1.4 or F.)	DECEDENT'S USUAL OCCUPA (Give kind of work done during life, Do NOT use retired.) Student/ Kenr	most of working	Attended							
YLAN d by the h	ē	17. FATHER'S NAME (First, Middle, Last) Mortimer Francis	O'Connor		Harrie	AME (First, Middle, Meiden et Ann O'Co	onnor						
be retained b	TO BE	Mortimer Francis	O'Connor	196. MAILING ADORESS (Stree 11805 Renick	et and Number or Rural t Lane, Si	Houte Number, City or Tow ilver Sprin	m, State, Zlp Code) 1g, MD 2	0904					
ALTIMORE, leath. Page 6 may be funeral director, page		20a, METNOD OF DISPOSITION Burlal 2 Cremetton 3 Remove Donatton 5 Other (Specify)	ral from Stata cemetery Ga	ceand date of disposition crematory or other place) te of Heaven	1	i/16/94 Si		Town, Stata					
BALTIMORE, s after death. Page 6 may by by the funeral director, page emoval.	240	21. BIGHATURE OF FURIERAL SERVICE LICE	ent-Hol	// / /		i Funeral H mpshire Ave		Spring MD					
ely filled in by nation, or remo	, m	IMMEDIATE CAUSE (Final	mplications that caused the at only one cause on each PULMONA RU OUE TO (OR AS A COR	lina.				Approximate Interval Betwee Onset and Dast 26 year.					
X 68760, executed with n and complet to bunal, crer	NOI	Sequentially list conditions, If any, leading to immediate Sequentially list conditions, Due to (or as a consequence of):											
F S S S			TRISOMY DUE TO (OR AS A CON	SEQUENCE OF):				SAME					
de at tent		PART II. Other significant conditions	contributing to death but n	ot resulting in the underly	ing cause given in	Part I. 24a. WAS AN	AUTOPSY	4b. WERE AUTOPSY FINDINGS					
quires that in signed by I Health and	MEDICA					PERFOR	RMED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO					
as as		DID TOBACCO USE CONTRI				ИП							
at the state of the	PHYSICIAN:	EXAMINER?	HOSPITAL:	LACE OF DEATH (Check only or	ome 5 Analdenca	6 Other (Specific							
PHYSICIAN: this certifical with the St	품	27. MANNER OF DEATH	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF 28c. I	NJURY AT WORK?	28d. OESCRIBE HOW I	NJURY OCCUREO						
DING PHYS After this c death with	B	1 Natural 5 Pending 2 Accident Investigation		M 1	YES 2 NO								
TTEN STORE		3 Suicide 6 Could not be 4 Homicide determined	building, atc. (Specify)	t home, farm, street, factory, of	fice	261. LOCATION (Street a City or Town, State)		al Route Number,					
4 4 2 2	. 😭		AN: To the best of my knowledge On the basis of examination and					e(a) end manner ea stated.					
THE HOSPITAL THE FUNERAL filed within 72 is	Ш	29b, SIGNATURE AND TITLE OF CERTIFIER			29c. LICENSE NU			ED (Month, Day, Year)					
TO THE HOSPIT TO THE FUNERA be filed within 7	TO BE	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEATH	ITEM 27) (Type Print)	D3998	,	▶ 11/14						
	1 1			/ (· / post / time/									

Dr. Gillian A. Carpenter GUMC 3800 Reservoir Road, NW Wash., DC 20007

321 REGISTRAR'S SIGNATURE Julia Davidson Pandell

31. OATE FILED (Month, Day, Year)



amended, elem#11, 11/21/94, Harbard County 1,5.835520

FOR STATE REGISTRAR

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

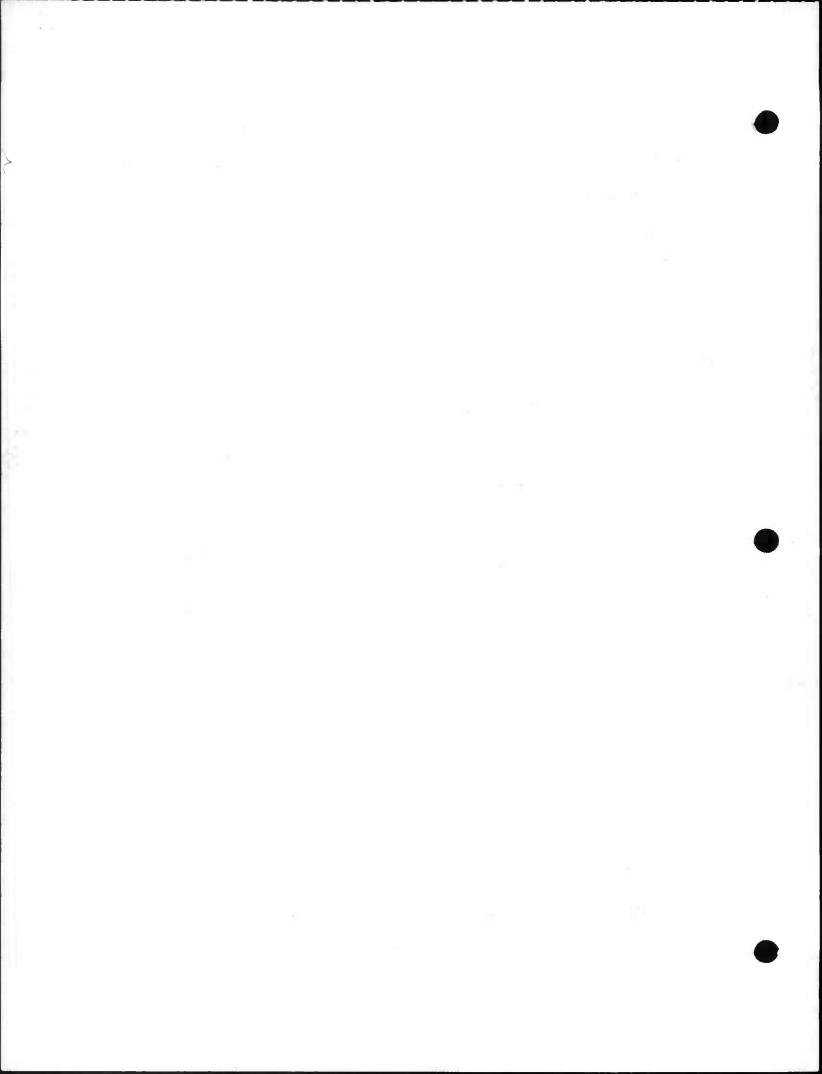
4		1120101111111				JEITI III	IOAIL	OI.	DEATH		HEG. NO.			
		1. DECEDENT'S NAME (First,	Middle, Last)	MANATTO D	manniace.	1010 O		,		2. DATE	OF DEATH	NY	YEAR	3. TIME OF DEATH
		4. SOCIAL SECURITY NUMB	EO	MAMIE :	CENNESS 6. AGE (In yrs.		OSBORNE				Nov 18 1994 2:45			
	0	234-28-334		1 M 2 TF		YRS.	MONTHS C	MONTHS DAYS HOURS MIN. (Month, Day, Year) Country)						
3 should		9a. FACILITY NAME (# not ins			84		9b. CITY, TO	OWN O	R LOCATION OF		ch 7,		VIIT	
2, 3 st	OR	2410 Taylo	r Bro	ok Lane				-	Joppa				Harf	bro
	בַּ	RESIDENCE OF DEC	EDENT 10b. COUNT			100 017	Y, TOWN OR							
. Page	DIRECTOR	Maryland		Harf	ord	100. 011	i, iouit on	LOCAL	Jop	pa			- 1	10d. INSIDE CITY LIMITS? 1 YES 2 NO
oermit		10e. STREET AND NUMBER						10f.	ZIP CODE			10g. CITIZ		HAT COUNTRY?
physician. burlal-transit permit. Pages 1,	FUNERAL	2	410 T	aylor Br	ook Lan	ie			21	085			US	A
tysicia urlal-tr	E	11. MARITAL STATUS 1 Never Married 2	Married	12. WAS DECEDED FORCES?	YES 2	ARMED			ENDENT OF HISP selfy Cuban, Mexi			or No—		American Indian, White, atc.
ling pl	BY	3 Widowed 4 Divo		IF YES, GIVE	MAR OR DATES		1 [YES	2 X NO Spec	elfy:			Specify	white
r attend use as	ED	15. DECI (Specify only	EDENT'S EDU highest grade	CATION completed)	16a.		USUAL OCCI			168	. KIND OF BUS	SINESS/IND	USTRY	
fal or	LET	Elementary/Secondery (0-		College (1-4 or 5	+)	life. Do NOT u	se retired.)		00000000					
the hospital of detached for once.	MPL	17. FATHER'S NAME (First, Mi	ddle (eet)				Cas	shie					hool	. System
3 6 A	00	Benjamin Jo		arks					Rache		phire	,	2	
5 should	0 8	19e. INFORMANT'S NAME (7)		042710		19b. MAILING	ADDRESS (S	Street a	nd Number or Rurs		~			
y be ret age 5 s be not	F	Evelyn H. H		g		134	Meado	wl:	ane Ave	nue,	Fairmo	nt, W	West '	VA 26554
e 6 may be ector, page must be	- 1	20a, METHOD OF DISPOSITI	n 3 🗌 Rem	oval from State	cemetery	crematory or o	OF DISPOSITI			DAT		CATION —	-	
director, er must		4 ☐ Donation 5 ☐ Other 21. SIGNATURE OF FUNERAL		CENSEE	Bel	Air M	Memorial Gardens 11/22/94 Bel Air, Maryland							
death. Pag tuneral di I.		Howard K. McComas III Funeral Home, P.A. 1317 Cokesbury Road, Abingdon, Md. 21009												me, P.A.
by the ismoval.		23 PART Enter the di	414	oppolications to	uy	death Do	131	17 (Cokesbu	ry Ro	ad. Ab	inado	n, M	
# o # # e		ahock, Dr heart fellure. Liet Dnly Dne ceuse Dn each line. IMMEDIATE CAUSE (Finel Opset and Death											Approximate interval Between Onset and Death	
ted with completely fille ial, cremation, covent, the	Į.	DUE TO (OR AS A CONSEQUENCE OF):											6mon	
	z											i _		
	CERTIFICATION	Sequentielly list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):												
physician physician ne prior to	S	cause. Enter UNDERLY! CAUSE (Disease or inju	000000000000000000000000000000000000000											
eath certifical attending phy mal Hygiene I	Ē	thet initiated eventa DUE TO (OR AS A CONSEQUENCE OF): reaulting in death) LAST										i		
the death y the atten d Mental		DART II. Other algorificent conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24a, WAS AN AUTOPSY 24b, WERE AUTOPSY FINDINGS										1		
at the by the and N	SAL	BART II. Other significe	1 CAL	THEM		ot resulting	In the unde	erlying	g cause given i	n Part I.	24a. WAS AN PERFOR			WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
signed by Health and NWS any	ED		1-9	Born	11)		,.91				1 🗌 YES 2	MO	1	COMPLETION OF CAUSE OF DEATH?
been show	Σ													1 TYES 2 NO
SICIAN: The law red certificate has been the State Dept. of 1, or Item 23 sh	HAN:	25. WAS CASE REFERRED TO	MEDICAL					26. PL	ACE OF DEATH	Meck only o	ne)			
SIAN: The rifficate he State I	/SICI/	EXAMINER?		HOSPITAL:	ER/Outpatlant	3 🗆 DOA	OTHER:	g Home	5 Masidence	8 🗆 Othe	er (Specify)			
this cer with th	PHY	27. MANNER OF DEATH		28a. DATE Of (Month,	F INJURY Day, Year)	28b. TIN	IE OF 20	Bc. INJU	URY AT	28d. DE	SCRIBE HOW I	NJURY OCC	URED	
ing PHYS frer this eath with	B		Pending nveatigation	20 21 22	watana.			1 🗌 Y		<u> </u>				
TENDI TOR: A after d	0		Could not be letermined	28a. PLACE (building	OF INJURY — At , etc. (Specify)	home, farm,	streel, lactory	, office			CATION (Street & or Town, State)	and Number	or Rural Ro	ute Number,
L OR ATTENDING P DIRECTOR: After the hours after death v	9	29a. CERTIFIER	IEVING BUVE	ICIAN: To the best o	t en les entre de la									
4 7 2 m	COMPLET			ICIAN: To the best of ER: On the basis of										and manner es stated.
FUNI WITHI	S I	296-SIGNATURE AND TITLE	7			1 1			29c. LICENSE N					(Month, Day, Yber)
TO THE HOSPIT TO THE FUNERA DE filed within 7	0 8	170	MI		0 1	W			D3	177	5	>	11-3	21-94
	F	30. NAME AND ADDRESS OF	PERSON WH	O COMPLETED CAL	SE OF DEATH (TEM 27) (Type	, Print)		٨	<u> </u>	-T-			21047
		JOAN Y. E.	DWA	BDS N	1.0.	211	2 138	FL	HIP_	RD	TAL	451	ON	MD //
		31. DATE FILED (Month, Day,	9 1 10	- 1 / 1	AR'S SIGNATURE	Rod	st.							

21215-0020	
MARYLAND	
BALTIMORE,	
,09	

DIVISION OF VITAL RECORDS, P.O. BOX 687

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	s certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should thit he State Dept. of Health and Mental Hygiene prior to bunal, cremation, or removal.	itic event, the medical examiner must be notified at once.
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be ex	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the firbe within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	REGISTRAR		- OL	:niiri	CAIL	OF DEATH		REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last				19		2. DATE OF MONTH	DEATH	YE		TIME OF OEATH
	Robe	ert Earl O	gden .Tr				Nove		.8, 199	94	0714
	4. SOCIAL SECURITY NUMBER		B. AGE (In yrs. less	birthday)	IF UNDER 1 YE		7. DATE OF (Month, E	BIRTH	8. B	IRTHPLA	CE (State or Foreign
	213 44 4497	1 🔀 M 2 🗆 F	49	YRS.	MONTHS DA	YS HOURS MIN.			945 Ma	ountry) rvlar	ń
	9a. FACILITY NAME (If not institution, give	street and number)			9b. CITY, TO	WN OR LOCATION OF			9c. COUNTY		
OR	Calvert Memoria	al Hospital	1	- 1		Prince Fr	ederi d	k	Calv	vert	
5	RESIDENCE OF DECEDENT						CGCL.LC.			VCLC	
DIRECTOR		alvert.			Republ					10d	I. INSIDE CITY LIMITS?
		aiveit		FOLL	Negatia	<u> </u>					YES 2 NO
RAI	955 Western Share B					101. ZIP CODE 20676			united		
FUNERAL										Stati	
5	11. MARITAL STATUS 1 XNever Married 2 Married	12. WAS DECEDENT I	YES 2XN	MED O		DECENDENT OF HISP , specify Cuban, Maxi-				Black, Wr	American Indian, nita, atc.
BY	3 Widowed 4 Divorced	IF YES, GIVE WAR	R OR DATES		1 🗆	YES 2 NO Spec	city:		V	hite	
	15, OECEDENT'S ED	UCATION	18a, DE0	CEDENT'S L	JSUAL OCCUI	ATION	Tab Ki	IND OF BUSIN	IESS/INDUSTI	200	
	(Specify only highest grad Elementary/Secondary (0-12)	le completed)	(Gr		ork done durin	most of working	100. K	IND OF BOSIN	IE33/INDUSTI	11	
<u>-</u>	12	College (1-4 or 5+)	disc	atcher	1116.00		Calv	ert Ca	inty Gov	æmm	ent
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S N				-	
	Robert Earl Ogden						t E. Bow		,		
BE (19a. INFORMANT'S NAME (Type/Print)		196	MAILINO	ADDRESS (Str	set and Number or Rura	I Route Number,	City or Town,	State, Zip Code	9}	
٩	Deborah L. Johns					ore Blvd. P					6
	20a. METHOD OF DISPOSITION		20b. PLACE A			N (Name of	DATE	20c. LOCA	TION — City	or Town,	State
	1 September 2 Cremation 3 Res	novet from State	cemetery, crer			NTone	21 1007	Deciman	Dando	ما ماء ا	Fore I and
	21. SIGNATURE OF FUNERAL SERVICE L	ICENSEE	Wesley	CHIPL	22. NAM	E AND ADDRESS OF	ACILITY	TELLIO	- LIBBI	ICK	Maryland
	1) Kou	Dah							Funera		
	23. PART I. Enter the disesses, or	complications that of	caused the de-	eth Do n	4405	Processor Te	Pd. Pro	t Rept	olic Man	ylan	d_20676
	anock, or heart failure	List only one cause	on aach iine.	50 11	or emen the	mode of dying, so	cii es calula	c or respira	tory arrest,	ļ	Intarval Between
	IMMEDIATE CAUSE (Final disease or condition	03	00-00	, ,	-1.	1				}	Onset and Deati
I	reaulting in death)	8. (B)	147 OR	VENCE OF	74/1	JRY					
		DUE TO (O									
_ [_		,-						
NO	Sequentially list conditions,	b. COR P	ULMO/	LAT.	£-						
ATION	If any, lesding to immediate cause. Enter UNDERLYING	b. COR P	ULMO/	LAT.	£-		(Y-V?	291	-		
IFICATION	If any, lesding to immediate	b. COR P	ULMO/	LAT.	£-		(4-72	101F			
RTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury		ULMO/	LAT.	£-		(Y-J?	ont			
CERTIFICATION	If any, lesding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST	b. <u>COR</u> DUE TO (O c. <u>D & C 3 / T</u> DUE TO (O	OULMS/ OR AS A CONSEQ OR AS A CONSEQ	UENCE OF	ENT)	1457en J					
	If any, lesding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST	b. COR P DUE TO (O c. D BES/T DUE TO (O d.	OULMS OR AS A CONSEQUENCE OF	UENCE OF	E FaT7	ying cause given I		Te. WAS AN AL	JTOPSY	AVA	RE AUTOPSY FINDINGS ILABLE PRIOR TO
DICAL CERTIFICATION	If any, lesding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST	b. COR P DUE TO (O c. D BES/T DUE TO (O d.	OULMS OR AS A CONSEQUENCE OF	UENCE OF	E FaT7	ying cause given I	n Part I. 24	ia. WAS AN AL	ITOPSY ED?	AVA CDA	
EDICAL	If any, lesding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions the conditions of the conditions of the conditions of the cause of the caus	b. COR P DUE TO (O c. D BES/T DUE TO (O d	OULME/ DR AS A CONSEQ PR AS A CONSEQ eath but not re	UENCE OF	the under	ying cause given i	n Part I. 24	(a. WAS AN AL PERFORM	ITOPSY ED?	AVA CDI OF	ILABLE PRIOR TO IPLETION OF CAUSE
EDICAL	If any, lesding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other aignificant condition of the condit	b. COR P DUE TO (O c. D BES/T DUE TO (O d	PR AS A CONSEQUENCE OF DEAT	UENCE OF	the under	ying cause given i	n Part I. 24	(a. WAS AN AL PERFORM	ITOPSY ED?	AVA CDI OF	ILABLE PRIOR TO IPLETION OF CAUSE DEATH?
EDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other significant condition of the condit	b. COR P DUE TO (O c. D BES/T DUE TO (O d	PR AS A CONSEQUENCE OF DEAT	UENCE OF	the under	ying cause given i	n Part I. 24	(a. WAS AN AL PERFORM	ITOPSY ED?	AVA CDI OF	ILABLE PRIOR TO IPLETION OF CAUSE DEATH?
EDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition of the condit	DUE TO (O c. D BES / T DUE TO (O d. RIBUTE TO CAU HOSTITAL: 1 1 Inpatient 2 E	PR AS A CONSEQUENT AS A CONSEQ	UENCE OF	the underly state of the under	ying cause given in the state of the state o	n Part I. 24	PERFORMI	ITOPSY ED?	AVA CDI OF	ILABLE PRIOR TO IPLETION OF CAUSE DEATH?
	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition of the condit	b. COR DUE TO (O c. D BES/T DUE TO (O d. RIBUTE TO CAU HOSETTAL:	PR AS A CONSEQUENT OF THE PROPERTY OF THE PROP	UENCE OF	the under the un	ying cause given I UNCERTA DONE Home 5 Residence INJURY AT WORK?	n Part I. 24	PERFORMI VES 2 Specify)	ITOPSY ED?	AWA CDR OF	ILABLE PRIOR TO IPLETION OF CAUSE DEATH?
PHYSICIAN: MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition of the condit	DUE TO (O c. D BC3/T DUE TO (O d	PR AS A CONSEQUENT AS A CONSEQ	UENCE OF DUENCE OF DOAL TIME OF DOAL TIME	the underly of the un	ying cause given I UNCERTA DOI: Home 5 Residence WORK? YES 2 NO	n Part I. 24	PERFORMI VES 2 Specify)	ITOPSY ED?	AWA CDR OF	ILABLE PRIOR TO IPLETION OF CAUSE DEATH?
BY PHYSICIAN: MEDICAL	If any, lesding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant condition PART II. Other significant condition DID TOBACCO USE CON 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 MO 27. MANNER OF DEATH 1 Minural 5 Pending Investigation 3 Suicide 8 Could not be	DUE TO (O c. D BES / T DUE TO (O d. IN SCONTINUING to de IN SPITAL: 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	PR AS A CONSEQUENT OF THE PROPERTY OF THE PROP	UENCE OF DUENCE OF DOAL TIME OF DOAL TIME	the underly of the un	ying cause given I UNCERTA DOI: Home 5 Residence WORK? YES 2 NO	IN D 8 Other (S 28d, DESCR	Ea. WAS AN AL PERFORMI YES 2 Specify) HBE HOW INJ	ITOPSY ED?	AVA CDA OF	ILABLE PRIOR TO MPLETION OF CAUSE DEATH?
BY PHYSICIAN: MEDICAL	If any, lesding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant condition PART II. Other algni	DUE TO (O c. DBES/T DUE TO (O d. INSIGNATION OF TALE: 1 inpatient 2 E 28a. DATE OF IN (Month, Day, 28a. PLACE OF I	PR AS A CONSEQUENT OF THE PROPERTY OF THE PROP	UENCE OF DUENCE OF DOAL TIME OF DOAL TIME	the underly of the un	ying cause given I UNCERTA DOI: Home 5 Residence WORK? YES 2 NO	IN D 8 Other (S 28d, DESCR	Specify) ON (Street and	URY OCCURE	AVA CDA OF	ILABLE PRIOR TO MPLETION OF CAUSE DEATH?
BY PHYSICIAN: MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition of the condit	DUE TO (O c. D BES / T DUE TO (O d. Ins contributing to de N STAL: 1 Propertient 2 Ea. DATE OF IN (Month, Day, 28a. PLACE OF Is building, atc.)	SE OF DEAT 26. PLACE 27. PLACE 28. PLACE 29. PLACE	uence of uen	the underly of the un	ying cause given in the state of the state o	n Part I. 24 1 1 3 Other (S 28d. DESCR 28t. LOCATE City or 1	Specify) ON (Street and Rown, State) (a) and menne	URY OCCURE	AVA CDN OF	ILABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 \(\sum \) NO Number,
BY PHYSICIAN: MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition of the condit	DUE TO (O c. DETS/T DUE TO (O d. INSIGNATION TO CAU HOSPITAL: 1 Pinpatlant 2 Ea. DATE OF IN (Month, Day, 28a. PLACE OF In building, atc.)	SE OF DEAT 26. PLACE 27. PLACE 28. PLACE 29. PLACE	uence of uen	the underly of the un	ying cause given in the state of the state o	n Part I. 24 1 1 3 Other (S 28d. DESCR 28t. LOCATE City or 1	Specify) ON (Street and Rown, State) (a) and menne	URY OCCURE	AVA CDN OF	ILABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 \(\sum \) NO Number,
COMPLETED BY PHYSICIAN: MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition of the condit	DUE TO (O c. DSF3/T DUE TO (O d. INSCONTIBUTE TO CAU HOSPITAL: 1 1 Inpatient 2 1 E 28a. DATE OF IN (Month, Day, 28b. PLACE OF I building, at	SE OF DEAT 26. PLACE 27. PLACE 28. PLACE 29. PLACE	uence of uen	the underly of the un	ying cause given in the state of the state o	n Part I. 24 1 N D 8 Other (S 28d. DESCR 28t. LOCATI City or 1	Specify) ON (Street and fown, State) (a) and menned d place, and of	URY OCCURE	AVA CDA OF: 1	ILABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO Number,
BE COMPLETED BY PHYSICIAN: MEDICAL	If any, lesding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initisted events resulting In death) LAST PART II. Other aignificant condition PART II. Other aigni	DUE TO (O c. DSF3/T DUE TO (O d. INSCONTIBUTE TO CAU HOSPITAL: 1 1 Inpatient 2 1 E 28a. DATE OF IN (Month, Day, 28b. PLACE OF I building, at	SE OF DEAT 26. PLACE 27. PLACE 28. PLACE 29. PLACE	uence of uen	the underly of the un	ying cause given is with the property of the p	n Part I. 24 1 N D 8 Other (S 28d. DESCR 28t. LOCATI City or 1	Specify) ON (Street and fown, State) (a) and menned d place, and of	URY OCCURE I Number or Ru or as stated, due to the cau	AVA CDA OF: 1 D Irisi Route	ILABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO Number,
BE COMPLETED BY PHYSICIAN: MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant condition PART II. Other algni	DUE TO (O c. DSF3/T DUE TO (O d. INSCONTIBUTE TO CAU HOSPITAL: 1 1 Inpatient 2 1 E 28a. DATE OF IN (Month, Day, 28b. PLACE OF I building, at	eath but not received as a consequence of the conse	UENCE OF UEN	the under the un	ying cause given is with the property of the p	IN S Other (S 28d, DESCR 28t, LOCATE City or 1 28t at time, data an UMBER 357	Specify) ON (Street and Rown, State) (a) and menne d place, and c	URY OCCURE I Number or Ru Per as stated, due to the cau	AMA CDA OF I	Number, I manner as stated.
PHYSICIAN: MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant condition PART II. Other algni	DUE TO (O c. DB-5/T DUE TO (O d. INSCRIBUTE TO CAU HOSETAL: 19 inpatiant 2 = E 28s. DATE OF IN (Month, Day. 28e. PLACE OF In building, atc.	eath but not received as a consequence of the conse	UENCE OF UEN	the under the un	ying cause given is with the property of the p	IN S Other (S 28d, DESCR 28t, LOCATE City or 1 28t at time, data an UMBER 357	Specify) ON (Street and Rown, State) (a) and menne d place, and c	URY OCCURE I Number or Ru Per as stated, due to the cau	AMA CDA OF I	Number, I manner as stated.
BE COMPLETED BY PHYSICIAN: MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other algnificant condition of the condit	DUE TO (O C. D BES T DUE TO (O d. Ins contributing to de NO SETAL: 1 Pinpatlant 2 E 28a. DATE OF IN (Month, Day, 28a. PLACE OF I building, at	PR AS A CONSEQUENT AS A CONSEQ	UENCE OF UEN	the under the un	ying cause given is with the property of the p	IN S Other (S 28d, DESCR 28t, LOCATE City or 1 28t at time, data an UMBER 357	Specify) ON (Street and Rown, State) (a) and menne d place, and c	URY OCCURE I Number or Ru Per as stated, due to the cau	AMA CDA OF I	Number, I manner as stated.



0	
S	
0	
Ö	
10	-
===	
Ò	-
-	
N	٠.
-	-
Z	
d	ľ
7	
\sim	-
ш,	п
⋖	
5	
-	
ш	
Œ	
\circ	
ž	
2	٠
BALTIMORE, MARYLAND 21215-0020	4
=	U
Q,	7
$\mathbf{\alpha}$	1
	7
	1
	i
	į
\sim	d
9	1
a.	13
~	4
200	
Ψ	1
×	
\circ	á
\approx	1
ш	
-	4
0	1
0	1
ш	4
	į
CO.	
ă	1
RDS, P.O. BOX 68760	the state of said and the said has been dead in the

DIVISION OF VITAL RECO

THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within hours after death. Page 6 may be retained by the hospital or attending physician.	TG THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit. Pages	death with the State Oept. of Health and Mental Hygiene prior to burial, cremation, or removal.	Assessment to the many of the man the
TO THE HOSPITAL OR ATTENDING !	TO THE FUNERAL DIRECTOR: After	he filed within 72 hours after death	
~	1	1	1

144

PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32 REGISTRATIS SIGNATURES

.9

700

delle

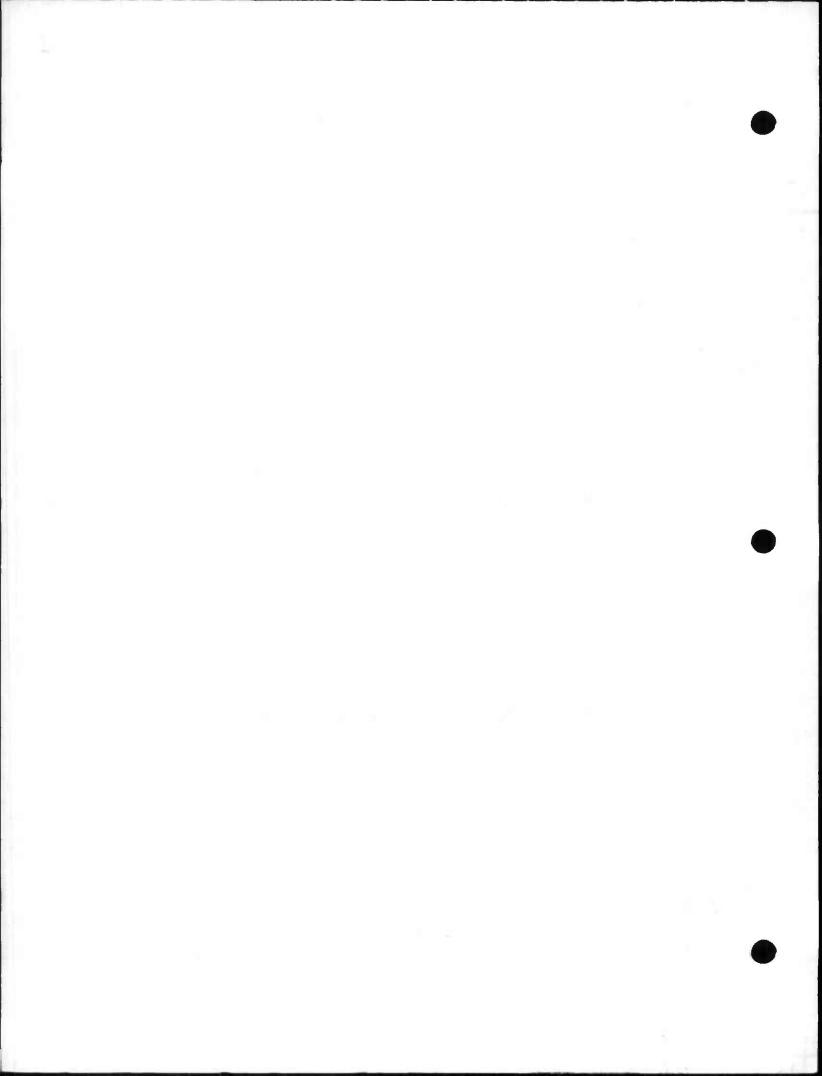
2

. 2. 3 should

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last, 2. DATE OF DEATH 3. TIME OF DEATH Hal 10 porne 11 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (in yrs. last birthday) 7. DATE OF BIRTH IF UNDER 1 YEAR 8. BIRTHPLACE (State or Foreign IF UNDER 24 HRS. 75 1 M 2 D 722-01-7668 YRS. West Virginia Se. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Washington Adventist Hospital Takoma Park Montgomery RESIDENCE OF DECEDENT 10a, STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Prince George's Adelphi 1 YES 2 X NO 10e. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 8004 24th Avenue 20783 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married If yes, specify Cuban, Maxican, Puerto Rican, etc.) YES 2 NO Specify: Specify: BY 3 X Widowed 4 Divorced White COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify or Elementary/Secondary (0-12) College (1-4 or 5+) 12 Secretary Holy Trinity Mission 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Ħ Harry Beacom Ella Zimmerman BE 19a. INFORMANT'S NAME (Type/Print) 19b, MAILING ACORESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Ray Williams 10205 Old Hunt Road, Vienna, Virginia 22181 9 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State DATE TSU III Fort Lincoln Cemetery 11/07/94 Donation 5 Other (Specify) Brentwood, Maryland 21, SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY
Francis Gasch's Sons Funeral Home, P.A. 4739 Baltimore Ave., Hyattsville, MD 20781 100 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, Approximata ahock, or heart failure. List only one cause on each line. Intarval Between Onset and Daath IMMEDIATE CAUSE (Final ě disease or condition Hapato da rena reaulting in death) OUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF that initiated events resulting in death) LAST PART II. Other algoriticant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? MEDICAL 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO CORCULORG + COMPLETION OF CAUSE 1 TES 2 NO OF DEATH? Dalsy 1 YES 2 NO PHYSICIAN: DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES S 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) **EXAMINER?** OTHER:
4 | Nursing Home 5 | Re 1 YES 2 NO npetient 2 - ER/Outpetient 3 - DOA 6 🗆 Other (Specify) 27. MANNER OF PEATH 28a. DATE OF INJURY 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCUREO 1 Natural
2 Accident 1 YES 2 NO BY Investigation 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be COMPLETED 4 Homicide 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and piece, and due to the cause(a) and manner as stated, MPORTANT 29b. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month. Day, Year) 29c. LICENSE NUMBER BE

01

Buckingham



ained by the hospital or attending physician. should be detached for use as the burial-transit permit. Pages 1, 2, 3 should BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within cours after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache		IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
50,11	8		at
pe	밁		Pe
etair	Sho		otiff
9	ge 5		9
nay	pa		0 12
9	ctor		mus
Page	dire		10
Ę.	Эега		E
dea	e fu		ека
after	d V	THOM	Ca
SU.	5	T re	edi
9	palli	n, 0	e 1
4	ely f	atio	=
With	plet	Cren	rent
rted	000	ial.	6 3
Xec	and	Ē	nati
pe e	ian	07 10	aun
ate	Mysic	P	r tr
ırilli	D D	Jiene	othe
90	andir	¥	10
deat	att	enta	Š
the	4	N	Ē
that	B. P.	h an	any
res	Signe	leaft	83
redu	Lee L	0	sho.
MP.	S De	ept.	23
The	le ha	te D	E
ž	fical	Sta	1
SICIA	cert	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	1, 0
PHY	this	#	rked
NG	fter	ath	ша
ē	H.A	er de	.00
ATE	9	afte	28
OR.	JIRE	OUIS	Len Len
A	AL C	72 4	=======================================
SPI	NER	hin	Ë
E H	ER	1 wit	FIA
E	H	filed	PO
2	2	å	=

	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTI CERTIFIC			MENTAL	HYGIEN REG. NO.	E	
	1. DECEDENT'S NAME (First, Middle, Last)			<i>7</i> 4	DUALIT	2. DATE O	F DEATH		3. TIME OF DEATH
	EDITH	OWE	NS			NOV.	15.	1994	8:15 AM
	4. SOCIAL SECURITY NUMBER			F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF	BIRTH	0. E	BIRTHPLACE (State or Foreign
	217-60-5677 9e. FACILITY NAME (If not institution, give stre	1 M 2 F	71 YRS.	DAYS DAYS	HOURS MIN.	Jan.	31,1	923	England
OR	Calvert Memoria	•			Frede:			9c. COUNTY	lvert
DIRECTOR	10e. STATE 10b. COUNTY			TOWN OR LOCAT	ION				10d. INSIDE CITY LIMITS?
	Maryland Char 100. STREET AND NUMBER	les	Wale	dorf	. ZIP CODE			10g. CITIZEN	1 YES 2 X NO
FUNERAL	10498 Mark Dr.			,	20601				S.A.
BY FU	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 NO	If yee, sp	ENDENT OF HISPAI ecity Cuben, Mexica 2 X NO Specif	in, Puerto Ric			RACE — American Indian, Black, White, atc. Specify:
	15, DECEDENT'S EDUCA (Specify only highest grade or	ATION ompleted)	16a. DECEDENT'S US	k done durina mo	ON st of working	16b. K	IND OF BUS	INESS/INDUST	White
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	Housew.	etired.)			Own	Home	
S S	17. FATHER'S NAME (First, Middle, Last)		i.oube	110	16. MOTHER'S NA	ME (First, Mic			
BE C	Walter Spencer				Jenny	V	Fur	quson	
	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING AI	ODRESS (Street a	nd Number or Rurel			_	
5	Margaret E. Lore	ence	2510 1	Kerrv	Ann Lai	ne Ow	,inas	. Md.	20736
	20e_METHOD OF DISPOSITION 1 X Burlet 2 Cremation 3 Remove	20b.	PLACE AND DATE OF	DISPOSITION (Ne	me of	DATE	20c. LO	CATION - City	
1 1	4 Donetion 5 Other (Specify)		ryland		ID ADDRESS OF FA		B Ch	erten	nam, Ma.
	Benjamin M	Matthews	M00658	The H	untt Fi Box 150	unera	l Ho	me, I	nc. 20604
	23. PART I. Enter the diseases, or co shock, or heart failure. Li IMMEDIATE CAUSE (Final disease or condition resulting in death)	AHerosc	nch lina.						Intarval Batween Onset and Daath
CERTIFICATION	Sequentially list conditions, if any, laading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST		CONSEQUENCE OF):						
PHYSICIAN: MEDICAL	PART II. Other aignificant conditions	contributing to death be	ut not resulting in	tha underlying	g cause givan in		4a. WAS AN PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
N	DID TOBACCO USE C	ONTRIBUTE TO	CAUSE OF	DEATH Y	ES I NO				1 TES 2 NO
A	25. WAS CASE REFERRED TO MEDICAL			26. PL	ACE OF DEATH (Ch				
Sic		HOSPITAL: 1 Inpetient 2 ER/Outp.		THER:	a 5 - Realdence	8 Other (Specify)		
	27. MANNER OF DEATH	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME O	OF 28c. INJ	URY AT			NJURY OCCURE	ED
р Вү	2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE OF INJURY building, etc. (Speci	— At home, ferm, stre		/ES 2 NO			nd Number or R	lural Route Number,
ETED	4 Homicide detarmined					City or	Town, State)		
COMPLET		IAN: To the best of my knowlers on the baels of examination							use(s) and manner so stated.
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	Phil			29c. LICENSE NUI		mic?	29d. DATE SIG	GNED (Month, Day, Year) -17-94
유	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEA	ATH (ITEM 27) (Type, Pr	int) 5 1 13/	Medical	- 14	0	212-01	· · · · T
	31. DATE FILED (Month, Day, Year) NOV 2 1 1994	32 AEGISTRAR'S SIGNA				,			

760, BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate b	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physicit be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other tra	

FOR STATE OF MAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	REGISTRAR		CE	HILLI	JAIE U	DEAL	п	REG. NO.			
1 3	1. DECEDENT'S NAME (First, Middle, Last)						2.	DATE OF DEATH		3	TIME OF DEATH
- 8	Ira Clii	fford			0ake	S		ovember 2		YEAR 2	:04P M
- 1	4. SOCIAL SECURITY NUMBER	5. SEX (. AGE (In yrs. last	birthday)				OATE OF BIRTH			
- 3	512-05-3260	1 😡 M 2 🗆 F	93	YRS.	ONTHS DAYS	HOURS	MIN. 5	-20-190	11	Country)	T O
1 8	9e. FACILITY NAME (If not institution, give a			- 1		1					
œ			`	- 1	96. CITY, TOWN		IN OF DEATH			NTY OF DEA	TH
2	410 Bland Drive (Kesidence)		Indian	Head		(harl	.es	
<u>N</u>	10e STATE 10b COUNT	v -		100 CITY	TOWN OR LOC	TION					
DIRECTOR	100. STATE 10b. COUNT CT	harles								10	Dd. INSIDE CITY LIMITS?
				In	dian :						XYES 2 NO
FUNERAL	10e. STREET AND NUMBER					of, ZIP CODE			10g, CIT	IZEN OF WH	AT COUNTRY?
	410 Bland Dr.				1	2064	+0		U	.S.A.	
5	11. MARITAL STATUS	12. WAS DECEDENT			13. WAS DE	CENOENT OF	HISPANIC C	ORIGIN? (Specify Yea	or No-	14. RACE -	- American Indian,
	1 Never Married 2 Married	FORCES? 1 [0		pecify Cuban. S 2 (ZKNO		uarto Rican, atc.)		Black, V Specify:	Vhita, atc.
B	3 Widowed 4 Divorced	ļ								ороспу.	White
	15. DECEDENT'S EDU (Specify only highest grade	CATION	16a. DE0	CEDENT'S U	SUAL OCCUPAT	ION		16b. KIND OF BUS	SINESS/INC	DUSTRY	
ᄪ	Elementery/Secondary (0-12)	College (1-4 or 5+)	life.	Do NOT use	rk done during n retired.)	lost of working	7				
릴	12		Sup	ervi	sor			Air C	craf	t Pro	duction
COMPLETED	17. FATHER'S NAME (First, Middle, Lest)		7/		_	18. MOTH	ER'S NAME (First, Middle, Maiden	_		
0	John Elmer Oake	es.				100				21	
H	19a. INFORMANT'S NAME (Type/Print)		106	MAILING	DDDEEC (Compt	Nan	CY EI	len Mc K: Number, City or Town	IM Ua	ikes	
2	Harold E. Oakes										,
							idran	Head, M		20640	
	20e. METHOD OF DISPOSITION 1 □ Burlal ②【》Cremation 3 □ Ram	ovat from Stata	20b. PLACE A	ND DATE OF	DISPOSITION (A	leme of		DATE 20c. LO	CATION —	City or Town	, Stata
	4 Donation 5 Other (Specify)		Metro	poli	tan C	rem.	11-	21-94	Ale	xandı	ia,VA
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE						S FUNER			
	D + + 1 11 1	NO. l	MOO	945	LaP1	atta M	CHOL	OCLONER	CATP 1	HOPLE,	INC.
$\overline{}$	23. PART i. Enter the disesses, or o	complications that of									
- 1	shock, or heart fallure.	List only one cause	on each lina.	atii. Do no	t antar the m	oda or dyin	ig, auch sa	cardisc or respi	ratory an	rest,	Approximata Intarval Batween
- 1	IMMEDIATE CAUSE (Final			١.			Λ				Onset and Dasth
	disesse or condition reaulting in death)	CERE	BRO-	-VASCULAR ACCIDENT							
İ	Control State	DUE TO (O	R AS A CONSEO	UENCE OF):	ENCE OF):						
2		b.									
CERTIFICATION	Sequantially list conditions, if any, leading to immediate	DUE TO (O	R AS A CONSEO	UENCE OF):							
3	cause. Enter UNDERLYING	c.									
Ē	CAUSE (Disease or Injury that Initiated events	DUE TO (O	R AS A CONSEO	UENCE OF):	IF):						
E	resulting in death) LAST										
2											
A	PART II. Other algolificant condition					ng cause gl	van in Part				ERE AUTOPSY FINDINGS
EDICAL	ATRIAL	FIBA	ILLY	TI	D/V			PERFOR	-	C	AILABLE PRIOR TO OMPLETION OF CAUSE
	•							1 1 123 2	E NO		F DEATH?
Σ	DID TOBACCO USE CONTI	DIDLITE TO CALL	SE OF DEAT	TH VEC		Z UNICE	DTAIN F	٠, ١		'	YES 2 NO
A I	25. WAS CASE REFERRED TO MEDICAL	RIBUTE TO CAU					KIAIN L	<u> </u>			
힐	EXAMINER?	HOSPITAL:			(Check only one						
ΥS	1 TYES 2 NO	1 Inpatient 2 I E					idence 8 🗆	Other (Specify)			
PHYSICIAN:	27. MANNER OF DEATH	28a. DATE OF IN (Month, Day,		28b. TIME (JURY AT ORK?	280	d. DESCRIBE HOW I	NURY OC	CURED	
₽	1 Natural 5 Pending 2 Accident Investigation				M 1 🗆	YES 2	NO				
	3 Suicide 8 Could not be	28a, PLACE OF I building, at	NJURY — At hor	ne, term, str	et, tectory, offi	ca	28t	LOCATION (Street a	nd Number	or Rural Roul	le Number,
COMPLETED	4 Homicide determined		(-p,)					City or Town, State)			
	290. CERTIFIER	CIAN: To the heat of ou	a beautailes, at a						Garanier VIII	177	
물	(Check only one)										
8	2 MEDICAL EXAMINE	n. On the beens of exam	ninimion and/or ir	iveatigation,	in my opinion,	death occure	d at the time	, data and placa, and	d due to th	ia ceuse(a) a	nd manner as atated.
BE	296. SIGNATURE AND TITLE OF CERTIFIES	nman	- 1	la		29c. LICEN	NSE NUMBER		29d, DAT	E SIGNED (M	onth, Day, Year)
@ [1 / 1	-		D-26	064			11-2	1-94		
	V · A		7.6				'			11-	
<u>۵</u>	30. NAME AND ADDRESS OF PERSON WHO			1 27) (Type, P	rint)	-					
۵ ا		O COMPLETED CAUSE		1 27) (Type, P		000	01 -				
Δ	Vidyasagar Anmang	completed cause	OF DEATH (ITEM			282 (Charl	otte Hall	L,Mar	yland	20622
O		completed cause	OF DEATH (ITEM			282 (Charl	otte Hall	L,Mar	yland	20622

the state of the s

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within

TO BE COMPLETED BY FUNERAL DIRECTOR

FOR		STATE OF N	TARYI ANI	n / DEPARTI	MENT (E HEAITH	AND N	ZENTAL	HAGIEN	E		
1 - STATE REGISTRAR		017112 01 11		CERTIFIC				ILITIAL	REG. NO.	_		
1. DECEOENT'S NAME (First,	Middle, Lest)							2. DATE O	F DEATH		YEAR	3. TIME OF DEATH
Emma		Pay	ne					Nov	17.0	7 19		9:50 A M
4. SOCIAL SECURITY NUMBER	ER	5. SEX	6. AGE (In yrs		F UNDER 1 Y	EAR IF UNDER	R 24 HRS.	7. DATE O	F BIRTH Day, Year)		8. BIRTH Countr	PLACE (State or Foreign
099-20-415		1 M 2 F	81	YRS.	OH THO	ATS HOURS				913		ginia
9a. FACILITY NAME (If not ins					b. CITY, TO	WN OR LOCATI	ION OF DE	ATH		9c. COU	INTY OF O	EATH
SALISBURY N		& REHAE	CENT	ER S	SALIS	BURY,	MD.			WIC	OMICO)
10a. STATE	10b. COUNTY			10c, CITY,	TOWN OR L	OCATION						10d, INSIDE CITY
Maryland	Wico	mico		S	alis	bury						LIMITS?
10e. STREET AND NUMBER						10f. ZIP COO	E			10g. CIT	IZEN OF W	VHAT COUNTRY?
30873 Joj	nson	Road				218	801			Π.	S.A	
11. MARITAL STATUS	SCHOOL S	12. WAS DECEDEN FORCES? 1		ARMED	13. WAS	DECENDENT (OF HISPANI	IC ORIGIN?	(Specify Yes		14. RACE	American Indian,
1 Never Married 2 1 1 3 Widowed 4 Divor		IF YES, GIVE W			1 🗆	YES 2 NO	Specify	i, Pulito Hi	zen, esc.)		Speci	ty:
	DENT'S EOU	CATION	1 400	. DECEDENT'S US		DATION						Black
(Specify only	highest grade	completed)		(Give kind of wor	k done durir		ng	166. 1	(INO OF BUS	SINESS/IN	DUSTRY	
Elementary/Secondary (0-	12)	College (1-4 or 5 +		Domest	ic				None	P		
17. FATHER'S NAME (First, Mic	ddle, Last)			ВОЩСВО	10	18. MOT	HER'S NAM	AE (First, Mi	ddle, Malden			
Allen Lew	is					Eve	lyn	Le	wis	(Ur	ıkno	wn)
194. INFORMANT'S NAME (Ty				19b. MAILING A	DDRESS (S		_			_		
Wanda Jo	nes			30870	Joh	nson	Rd.	Sali	sbur	y , Mc	1. 2	1801
20a METHOD OF DISPOSITION	ON n 3 □ Remo	oval from State		CEAND DATE OF		N (Neme of		DATE	20c. LO	CATION	City or To	wn, State
4 Donation 5 Other	(Specify)			en Acr	es			/11	Sa	list	oury	,Md.
21. SIGNATURE OF FUNERAL	. SERVICE LIC	ENSEE		A		Wart			Нот			
Illad	40 T	3, $3t$	wa	st		West					(A 2	1801
23. PART I. Entar the dis	sesses, or c	omplications that	caused the	death. Do not	enter the	mode of dy	ing, such	as cardia	c or reapi	ratory ar	rest,	Approximata
immediate cause (Fine		List only one cau	ae on aach	lina.								intarval Between Onset and Death
disease or condition resulting in death)	→ .	>c	oped	leel	w	v Ser	200	5				3 Mars
readiting in death)		DUE TO	OR AS A CON	NSEQUENCE OF):		Donas	C20					1 2000
Conventality link and did		A	AOVY	ANCED	6	2enan	ha					
Sequentially list condition if any, leading to immed	liate	OUE TO	OR AS A CON	SEQUENCE OF):								
CAUSE (Disease or injur			(00 40 4 604	SEQUENCE OF):								
that initiated events resulting in death) LAST		DOE TO	(OH AS A CON	SECUENCE OF):								
	-											-
PART II. Other algnificar	condition	s contributing to	death but n	ot resulting in	the under	rlying cause	given in F	Part i. 2	4a. WAS AN PERFOR		24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
	800							_	YES 2	A		COMPLETION OF CAUSE OF DEATH?
	HX	mP							•			1 TYES 2 NO
DID TOBACCO US		RIBUTE TO CA	USE OF D	EATH YES		UNC	ERTAIN	IX				
25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	HOSPITAL:	26. P	LACE OF DEATH	(Check only	one)						
1 TES 2 NO		1 Inpatient 2		1 3 DOA 4	Nursing	Home 5 🗆 R						
27. MANNER OF OEATH 1 Natural 5 F	Pending	28a. OATE OF (Month, De		28b. TIME O	Y	E. INJURY AT WORK?		28d. OEŞC	RIBE HOW II	NJURY OC	CURED	
2 Accident	rveatigation	200 01 105 01	T IN ILLIAN .			YES 2	NO					
	could not be etermined	building,	F INJURY — A atc. (Specify)	t home, term, etre	at, factory,	office			Town, State)	nd Numbe	r or Rural R	loute Number,
_												

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated.

32 REGISTRAR'S SIGNATURE
Julia Davilson Randell

of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(s) and manner as stated.

MD. 21801

29c. LICENSE NUMBER

D-39813

31. DATE FILED (Month, Day, Year)

10

2 MEDICAL EXAMINER: On the

MD

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

M.D.,

29b. SIGNATURE AND TITLE OF CERTIFIER

NOV 09 1994

MICHAEL ATKINS

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

29d. DATE SIGNEO (Month, Day, Year)

YEAR

3. TIME OF DEATH

12:55

8. BIRTHPLACE (State or Foreign

BERLIN.

10d. INSIDE CITY

14. RACE — American Indian, Black, White, atc.

BLACK

Approximata

24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE

OF DEATH? 1 YES 2 NO

Philadeldric Ave, Ocean Coly, MD 21842

Onset and Daath

Specify:

1 YES 2 NO

MD.

FOR STATE REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH DAY 26 OWENS FOUNTAINE PURNELL, SR. МОМТН 94 6. AGE (In yrs. last birthday) 4. SOCIAL SECURITY NUMBER 5. SEX IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 4-2-22 Year) 1 M 2 F YRS. 216-14-2855 Pages 1, 2, 3 should Se. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF CEATH WORCESTER ATLANTIC GENERAL HOSPITAL BERLIN DIRECTOR RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION WORCESTER BERLIN MD. permit. 10a. STREET AND NUMBER FUNERAL 101, ZIP COOE 10g. CITIZEN OF WHAT COUNTRY? USA 21811 8833 BALD EAGLE ROAD be detached for use as the burial-transit hospital or attending physician. 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—If yes, specify Cuban, Maxican, Puerto Rican, etc.)

1 YES 2 NO Specify: 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 X YES 2 NO BALTIMORE, MARYLAND 21215-0020 1 Never Married 2 Married
3 Divorced IF YES, GIVE WAR OR DATES BŸ WWII COMPLETED 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. OECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY y/Secondary (0-12) CHICKEN GROWER (PERDUE) LABORER 12th once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) SELBY PARSON urs after death. Page 6 may be retained by ELEANORE PURNELL BE funeral director, page 5 should notified 10a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) 2 ADDRESS SAME AS ABOVE MILDRED C. PURNELL å 20s. METHOD OF DISPOSITION

X □ Burlai 2 □ Cremation 3 □ Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of BERLIN, MD. 10-31 must EVERGREENCO 4 Donation 6 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSE examiner 22. NAME AND ADDRESS OF FACILITY DOLLEY MEMORIAL CHAPEL, 1213 JERSEY ROAD, Dorella and completely filled in by the oburial, cremation, or removal. SALISBURY, MD. 21801 medicai 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart fallure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition the Malnutuchion resulting in death) event. DIVISION OF VITAL RECORDS, P.O. BOX 68760, OUE TO (OR AS A CONSEQUENCE OF): Elwan CERTIFICATION Sequentially list conditions, OUE TO (OR AS A CONSEQUENCE OF): prior to if any, leading to immediate attending physician ntal Hygiene prior to cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST 6 been signed by the attent. of Health and Mental PART ii. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? MEDICAL any 1 - YES 2 000 PHYSICIAN: HOSPITAL OR ATTENDING PHYSICIAN: The law FUNERAL DIRECTOR: After this certificate has bi within 72 hours after death with the State Dept. ATANT: If I item 28 is marked, or item 23 is 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER 1 TES 2 PNO patient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify) 27. MANNER OF OEATH 26a. OATE OF INJURY (Month, Day, Year) 28h TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED INJURY 1 Natural 5 Pending M 1 YES 2 NO BY 2 Accident Investigation 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 281. LOCATION (Street and Number or Flural Route Number, City or Town, State) 3 Suicide 6 Could not be COMPLETED 4 Homicide determined 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(e) and manner as stated. 2 MEDICAL EXAMINER: On the bests of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. TO THE HOSPITA
TO THE FUNERAL
DE filed within 72
IMPORTANT: II 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNEO (Month, Day, Year) BE 444828 1028194 2

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Bruley

D.O.

32. BEGISTRAR'S SIGNATURE Talia Davidear Roydell

1001

Brookellen

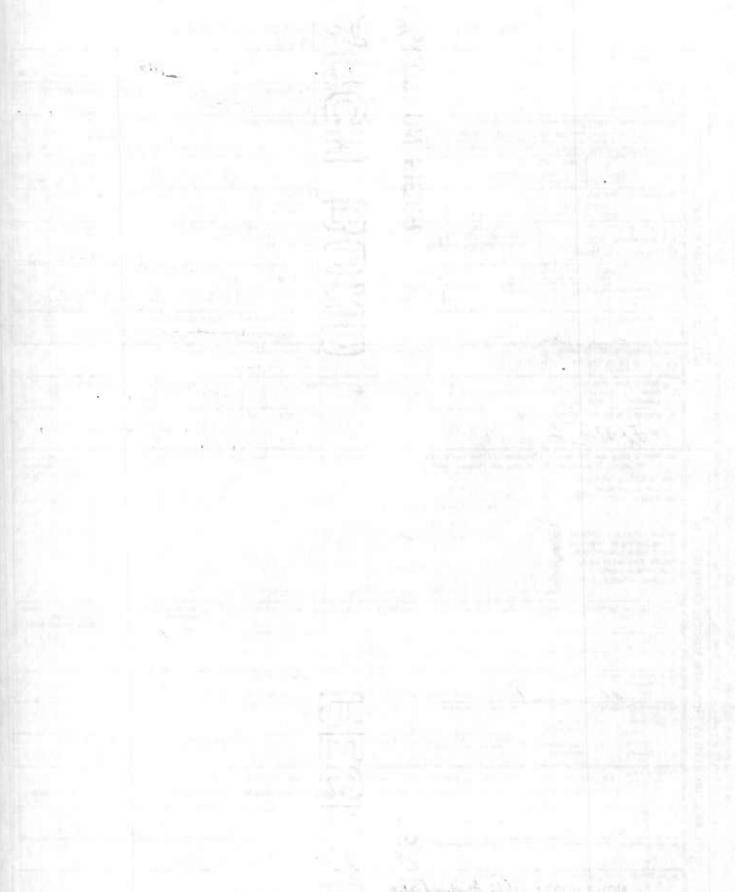
NOV 1 0 1994

31. DATE FILED (Month, Day, Year)

Amended Item #2 WCHD 11/10/94 mpt

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

OHMH-16 Rev 1/89



0	
o	
9	
37	
39	
BOX 68760,	
0	
œ	
-	
0	
ď	
S	
F.	
X	
0	
RECORDS, P.O.	
_	
4	
=	
11	
OF VITAL	
=	
~	
2	
S	
DIVISION	
5	

	(LORENZO Q.	POMETT)				MONTH		ZEAR 3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX 8. AGE	(In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	November 7. DATE OF BIRTH	8.	BIRTHPLACE (State or Foreign
	212-03-1946	1 M 2 D F	79 YRS.	MONTHS DAYS	HOURS MIN.	Aug. 14,		Maryland
oc.	9a. FACILITY NAME (If not institution, give				OR LOCATION OF D	EATH	9c. COUNT	OF DEATH
5	Alice Byrd Tawe	s Nursing Ho	ne	Crist	ield, MD		Some	erset
DIRE	Markel and		10c. CI	TY, TOWN OR LOCA				10d. INSIDE CITY LIMITS?
	Maryland 10e. STREET AND NUMBER	Somerset			ion Stati	Lon	10g. CITIZE	1 TYES 2 1 NO
FUNERAL	28673 L. Q. Powe	ell Rd.			21838			J.S.A.
ВУ	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, DIVE WAR OR D	2 X NO	If yes, s	CENDENT OF HISPAI pecify Cuban, Mexica \$ 2 X ND Specif	NIC ORIGIN? (Specify in, Puerto Rican, etc.) y:		RACE — American Indian, Black, White, atc. Specify: White
ETED	15. DECEDENT'S ED (Specify only highest grad	UCATION fe completed)	18e. DECEDENT'S	USUAL OCCUPAT work done during m se retired.)	ION lost of working	16b, KIND OF I	BUSINESS/INDUS	
COMPLE	Elementary/Secondary (0-12) H. S. Graduate	College (1-4 or 5+)	Tax Ass			Some	erset Co	ountv
00	17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NA	ME (First, Middle, Maid		
BE	Lorenzo Q. Powel	.1	405 40.9 00			onia Esthe		
2	Ella J. Powell (Wife)				Route Number, City or 1 d Maric		
F	20a. METHOD OF DISPOSITION 1 ☑ Burlal 2 ☐ Cremation 3 ☐ Res	20	D. PLACE AND DATE	OF DISPOSITION /A			LOCATION — CIT	
1	4 Donation 5 Other (Specify)	St	Paul's	Cemete.	ry- 11/17		Marion S	Station, MD
	21. SIGNATURE DE FUNERAL SERVICES.	Ackbello	1		shaw & So	our ons Funera	1 Home	
	Robert H. Br 23. PART I. Enter the diseases, or		1	306 1	W. Main S	St Cris	field.	MD 21817
ERTIFICATION	Sequentially flat conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	b. Holvall	A CONSEQUENCE O	Mora	selve	uis		Years
MEDICAL C	PART II. Other algnificant condition	ns contributing to death t	out not resulting	in the underlyin	ng cause given in		AN AUTOPSY ORMED? 2 NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
AN:								
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Out	netlant 2 7004	OTHER:	LACE OF DEATH (Ch			
PHY	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIN	E OF 28c. IN	JURY AT	28d. DESCRIBE HOV	V INJURY OCCUP	DED
2	1 Natural 5 Pending 2 Accident Investigation			M 1 🗆	YES 2 NO			
2	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Spe	city)	street, factory, offic	CO .	281. LOCATION (Stree City or Town, Sta	et and Number or (e)	Aural Route Number,
COMPLE		SICIAN: To the best of my know ER: On the besis of examination						suse(a) and manner as stated.
TO BE	30. NAME AND ADDRESS OF PERSON WI	tu	EATH (ITSM 27) (Type	MO.	29c. LICENSE NUR	114	29d. DATE S	115794
	James A. Sterlin	ng, M.D 32	W. Mai		Crisfiel	d, MD 21	817	/
	NOV17 1994	32. REGISTRAR'S SIGN						

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

FOR STATE REGISTRAR

1

_	
-	
\approx	
2	
8	
200	
68760,	
BOX	
0	
9	
ш	
o	
0	
٠.	
<u>م</u>	
_	
'n	
~	
Œ	
$\overline{}$	
RECORDS,	
O	
ш	
~	
_	
VITAL	
d	
=	
P	
<u></u>	
0	
~	
~	
0	
7.0	
(V)	
/ISI	
<u></u>	
_	

CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH DAY Middle name Nannie Mae 3. TIME OF DEATH RUTH MER 9.05 AM NOV 14 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year, IF UNDER 1 YEAR IF UNDER 24 HRS 8. BIRTHPLACE (State or Foreign 213-09-8256 1 M 2 X F 79 DAYS HOURS YRS 02-67-1915 Mary land Pages 1, 2, 3 should 9e. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Western Maryland Center Hagerstown, MD 21742-3194 Washington RESIDENCE OF DECEDENT 10a, STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Mray land Washington Hagerstown permit. 1 YES 2 1 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? burial-transit 21740 10901 Larch Ave USA within 24 hours after death. Page 6 may be retained by the hospital or attending physician. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or NoIf yes, specify Quben, Mexicen, Puerto Rican, etc.) 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 KNO 11. MARITAL STATUS 14. RACE — American Indian, Black, White, etc. If yes, specify Cuben, Mexican, Puerto Ri 1 YES 2 NO Specify: 1 Never Married 2 Married BY IF YES, GIVE WAR OR DATES 3 Widowed 4 Divorced use as the White COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY during most of working (Give kind of work done life. Do NOT use retired.) detached for Elementary/Secondary (0-12) College (1-4 or 5+) <u>Sewina Machine Operator</u> Sewing Factory once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Sumeme) 2 to Albert BE Lewis Palmer <u>Nannie</u> Moser notified the funeral director, page 5 should 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING AOORESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Catherine Palmer 10901 Larch Ave. Hagerstown, MD 21740 9 20s. METHOD OF DISPOSITION

1 | Burlel 2 | Cremetion 3 | Removal from State
4 | Donation 5 | Other (Specify) 20b. PLACE AND GATE OF DISPOSITION (Name of OATE 20c. LOCATION - City or Town, State must Mt.Zion U.M.Church Cem. Nov.17,1994 Myersville,MD 21773 examiner 21. SIGNATURE OF FUNERAL SERVICE LICEB 22. NAME AND ADDRESS OF FACILITY Ricketts Funeral Home att P.O.Box # 136 Myersville.MD 21773 or removal. the medical THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death cartificate be executed within 24 hours afte THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by to filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to bunal, cremation, or remore 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiac or respiratory strest, shock, or heart feilure. List only one cause on each line. Approximate Intervsi Between IMMEDIATE CAUSE (Final Onset and Death disesse or condition Broncho preumonia event. resulting in death) OUE TO (OR AS A CONSEQUENCE OF) traumatic CERTIFICATION Sequentially list conditione, if any, leading to immediate OUE TO (OR AS A CONSEQUENCE OF): cause. Enter UNDERLYING CAUSE (Disease or Injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in deeth) LAST 10 Injury, PART II. Other significent conditions contributing to deeth but not resulting in the underlying cause given in Part I. MEDICAL 24s. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS Avterioscleratic Cartio vascular disease, Hyperteur AVAILABLE PRIOR TO COMPLETION DF CAUSE 1 X YES 2 | NO CVA with left sided Henri plagia Shows YES 2 NO Insulin de pendent diabetes PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL Item 26. PLACE OF DEATH (Check only one) **EXAMINER?** 1 TES 2 NO OTHER: 10 26e. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28c. INJURY AT N/A 1 YES 2 NO 26b. TIME OF INJURY 28d. DESCRIBE HOW INJURY OCCURED Is marked, 1 Netural
2 Accident N/A M N/K B 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 3 Suicide 8 Could not be COMPLETED 28 4 Homicide N/A item 29e. CERTIFIER (Check only one) 1 X CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and menner as stated.
2 Image: MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and menner as stated. IMPORTANT: If 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and menner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE D34165 N11-15-94 299 2 30, NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) MOHAMMED 5. ALI 31. DATE FILED (Month, Day, Yedir) 32. REGISTRAPIO SIGNATURE 61994 NOV 1

BALTIMORE, MARYLAND 21215-0020	. Page 6 may be retained by the hospital or attending physician.	ral director, page 5 should be detached for use as the burial-transit
	nours after death	ed in by the fune
		aty fills
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within, rours after death, Page 6 may be retained by the hospital or attending physician.	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit
DIVISIC	OR ATTEND	DIRECTOR: A

use as the burial-transit permit. Pages 1, 2, 3 should r attending physician. TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. Jours after death, Page 6 may be retained by the hos TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	FOR 1 - STATE REGISTRAR	STATE OF MARYL		MENT OF HE		MENTAL HYGIEN	_				
	1. DECEDENT'S NAME (First, Middle, Last) Ellen Je.	an Penn				2. DATE OF DEATH MONTH DI	IY YI	3. TIME OF DEATH 2:00 AM			
	4. SOCIAL SECURITY NUMBER		In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		BIRTHPLACE (State or Foreign			
	193-22-2037	2-22-2037 1 □ M 2 □ F 66 YRS. MONTHS DAYS HOURS MIN. (Month, Day, Year) 1-3-28 PA									
	Se. FACILITY NAME (If not institution, give e			9b. CITY, TOWN OF	LOCATION OF D	EATH	9c. COUNTY	OF DEATH			
DIRECTOR	Crofton Convale	scent Center		Cı	cofton		Ann	ne Arundel			
IRE	10e. STATE 10b. COUNTY	nne Arundel	10c. CITY,	Friends				10d. INSIDE CITY LIMITS?			
	10e. STREET AND NUMBER	nie Aturaer			ZIL CODE		100 CITIZEN	1 YES 2 NO			
RA	6736 Old Solomo	ns Island Roa	ad	101.	20758		log. Offizer	U.S.A.			
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVER IN	U.S. ARMED		NDENT OF HISPAI	NIC ORIGIN? (Specify Yes	or No — 14.	RACE — American Indian.			
B	IF YES, GIVE WAR OR DATES 1 □ YES 2 ☑ NO Specify: Specify: White										
ETED	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	16a. DECEDENT'S U	ork done during most	of working	16b. KIND OF BU	BINESS/INDUST	TRY			
19	Elementary/Secondary (0-12)	College (1-4 or 5+)	Iffe. Do NOT use	retired.)							
COMPL	9		Homema.	ker			Iome				
	17. FATHER'S NAME (First, Middle, Last) Carl Victor	Nolder				ME (First, Middle, Maiden	Surname)	MD 11			
8	19a. INFORMANT'S NAME (Type/Print)	vorder.	I dob MAN INC A	DDDDDD (Om at	Ella			MacDowell			
2	Lois Charlene	Jenkins		Old Solo		Route Number, City or Tow Rd. Fri		p, MD 20758			
	20s. METHOD OF DISPOSITION 1 Burlel 2 X Cremation 3 Removal from State 4 Donation 6 Other (Specify) Metropolitan Crematory 11-7-94 Alexandria, VA										
	21. SIGNATURE OF FUNERAL SERVICE LIC				ADDRESS OF FA			200/ 111			
	> Willem	C/c				l Home, PA					
	23. PART I. Enter the diseases, or shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Con	sextice	Heart	e of dying, suc -Falu		ratory arreat	Approximate Interval Between Onset and Deeth			
Z	Sequentially list conditions,	b	ONSEQUENCE OF):					0 1			
ATIC	If any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A	CONSEQUENCE OF):								
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF):	:							
H	Tooland in death, 2.131	d									
MEDICAL (PART II. Other algnificant condition	a contributing to death be	ut not reaulting in	the underlying	cause given in	Part I. 24a. WAS AN PERFOR	MED?	24b, WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?			
×	- Jun	ne I ale	۷			- 1		1 YE\$ 2 NO			
AN	25. WAS CASE REFERRED TO MEDICAL			00 84 0	CE OF BEATU /Ch						
PHYSICIAN:	EXAMINER?	HOSPITAL: 1 Inputient 2 ER/Outpi	etlant 3 DOA	OTHER:	CE OF DEATH (Ch		- 3-5				
H	27. MANNER OF DEATH	26e. DATE OF INJURY	26b, TIME			6 Other (Specify) 28d. DESCRIBE HOW I	NJURY OCCUR	ED			
	1 C Natural 5 Pending M 1 YES 2 NO										
ED BY	2' Accident Investigation 3 Suicide 5 Could not be 4 Homicide determined 28e. PLACE OF INJURY — At home, ferm, street, factory, office City or Town, State) 28f. LOCATION (Street end Number or Rural Route Number. City or Town, State)										
9	29a. CERTIFIER	COLONIA TO AND A STATE OF THE S	UNI MENTE S								
COMPLETED	one)	ICIAN: To the best of my knowless: On the beste of examination						euse(e) end menner as stated.			
BE C	29b. SIGNATURE AND TITLE OF CERTIFIE) (,	^		29c. LICENSE NU	MBER	29d. DATE SI	GNED (Month, Day, Year)			
10 8	Homely	hy m	W)		135	748	- 1	116/94			
	30. NAME AND ANDRESS OF PERSON WH	D COMPLETEL CAUSE OF DE	ATH (ITEM 27) (Type, F	Print)				/			
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN			•						
	NOV 1 4 1994	Silvi Daviden 1	Nardall								

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the countries of the transfer of the standing physician and completely fixed in by the 10 THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely fixed in by the 10 build. Certation, or removal. Building the signed begins of the standard of the property of the pro DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR CERTIFICATE OF DEATH REG. NO.									
	1. DECEDENT'S NAME (18/5), Middle, Last)		Po	well	2. DATE OF PEATN MONTH	1/199	S. TIME OF DEATH 3. TIME OF DEATH 730 P M			
	220 90 3268	1 1 2 F 7	YRS.	F UNDER 1 YEAR IF UNDER 24 HRS ONTHS DAYS HOURS MIN	(Month Day, Year)		BIRTNPLACE (State or Foreign Country) Maryland			
OR	9a. FACILITY NAME (If not institution, give st Pleasant Living			Edgewate		Anne	Arundel			
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY	,	10c. CITY,	TOWN OR LOCATION			10d. INSIDE CITY LIMITS?			
	Maryland Anne 100. STREET AND NUMBER	Arundel		Churchton 10f. ZIP CODE		1 TYES 2 TO NO 10g. CITIZEN OF WHAT COUNTRY?				
FUNERAL	5656 Churchton	Road 12. WAS DECEDENT EVER IN	U.S. ARMED	20733	PANIC ORIGIN? (Specify Ve	USA				
B	1 Never-Merried 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES	2 NO	If yee, specify Cuben, Men 1 YES 2 NO Spe	dcan, Puerto Rican, etc.)		Black, White, etc.			
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondery (0-12) College (1-4 or 5+) 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use refired.)									
MPL	0-3		Fai	rmer						
	17. FATHER'S NAME (First, Middle, Last) George Powell				NAME (First, Middle, Meider ie Neal	Sumame)				
) BE	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING A	DDRESS (Street and Number or Ru		vn, State, Zip Co	ode)			
10	Hester Mackall			cKendrel Road		Maryla	nd 20754			
100	20e. METNOD OF DISPOSITION 1 Burlel 2 Cremetion 3 Rem 4 Donation 5 Other (Specify)	oval from State	other place)	oh Como trossy			y or Town, State Maryland			
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE Union Church Cemetery Lothian, Maryland									
CAG	Steencer & Sewell 1451 Dares Beach Rd. Prince Frederick, Md									
	23. PART I. Enter the diseases, or cahock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	e. Color coues on se	CONSEQUENCE OF:	lung	discourse or reap	agno	t, Approximate interval Between Onset and Deeth			
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST	c	CONSEQUENCE OF):							
MEDICAL C	PART II. Other algolificant condition	e contributing to deeth be	ut not resulting in	the undarlying ceuse given		RMED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?			
¥.							1 TYES 2 NO			
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PLACE OF DEATH	(Check only one)					
IYSI	1 YES 2 NO	1 Inpatient 2 ER/Outp	etient 3 DOA 4	OTHER: Nursing Home 5 - Reelden						
	1 Natural 5 Pending	26e. DATE OF INJURY (Month, Day, Year)	26b. TIME INJUI	OF 28c. INJURY AT WORK? M 1 YES 2 NO	28d. DESCRIBE HOW	WC/	rident			
TED BY	2 Quiette 200, PLACE OF INJURY — At home, farm, street, factory, office 281 1 OCATION (Street and Number or Burel South Number									
COMPLETED	one)			at the time, date end place, and in my opinion, death occured at						
8 8	29b. SIGNATURE AND TITLE OF CENTIFIER	th m	>	29g LICENSE	2512	29d. DATE S	IGNED (Month, Day, Year) 11 8 94			
TO_	Charles H. W.	nth Mo	ATN (ITEM 27) (Type, F	om on Isla	ndRd 1	Lothin	in md			
	31. DATE FILED (Month, Day, Year) NOV 15 1994	32. REGISTRAP'S SIGN.)					

Amended	#	1,	#17	11/9/9	y MR
FOR				E MADVIAND /	DEDADTMENT O

Montgomery Cd.

OF HEALTH AND MENTAPHYGIENE

94, 35531

	1 - STATE REGISTRAR	OHALE OF I	CE	RTIF	ICATE	OF D	DEATH	MENTAG	REG. NO	L/			
	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE O	F DEATH			3. TIME OF DE	ATH
		David	Lauren	Powe	11			Nove	nher °	5, 19	994	11:50	Р
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. las		IF UNDER 1 Y	/EAR	IF UNDER 24 HRS.						Formion
	577-74-9515	1 X M 2 □ F	39	YRS.		_	HOURS MIN.	(Month,	ATE OF BIRTH 1954 8. BIRTHPLACE (State or Foreign Country) V. 30, 1994 Washington, DC				
	9a. FACILITY NAME (If not institution, give str	/ -		_	Oh CITY TO	OWN OR	LOCATION OF D		30, =		Wasi		DC
DIRECTOR	14 Maryland Park						Height			1		George'	s
EC	10a, STATE 10b. COUNTY			10c. CIT	Y, TOWN OR	LOCATIO	DN .			_		10d. INSIDE CIT	v
띰	Maryland princ	e George	215	Car	oitol	Hei	ahts					LIMITS?	d wo
	10e. STREET AND NUMBER	000130	-	- Ou	32002	_	IP CODE			10a, CI	TIZEN OF	WHAT COUNTRY?	1.10
FUNERAL	14 Maryland Park	Drive					20743					States	
BY FUI	11. MARITAL STATUS 1 (X) Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	IT EVER IN U.S. AR YES 2' VA WAR OR DATES	MED 10	H y	es, speci	NDENT OF HISPA Ify Cuban, Maxic NO Speci	an, Puarto Ric		s or No—	Spec	E — American Ind ik, Whita, alc. city: Black	llan,
8	15. DECEDENT'S EDUC	ATION	16a. DE	CEDENT'S	USUAL OCCI	UPATION		16b. I	(IND OF BU	SINESS/IN	_	DIGCK	
COMPLETED	(Specify only highest grade completed) (Give kind of work done during most of working life. Do NOT use retired.) (Give kind of working most of working life. Do NOT use retired.)												
P.	10			serv	ation	Cle	rk	M	ayflo	wer	Hote:	1	
ő	17, FATHER'S NAME (First, Middle, Last)	-				$\overline{}$	18. MOTHER'S NA						
BE (oewll /					Doroth			Brow			
5	19a. INFORMANT'S NAME (Type/Print)		191	_	_	_	Number or Rural	Route Numbe	r, City or Tow	vn, State, Z	ip Code)		
	Dorothy B. Powell				e as l								
	20a. METHOD OF DISPOSITION 1 Burlal 2 Cremation 3 Ramo	val from Stata	20b. PLACE / cemetery, cre	matory or o	OF DISPOSITION (Der place)	ON (Name	e of	OATE		CATION -			1
	4 Donation 5 Other (Specify)	ENCEE	Subur	ban (remat			11-7	511	ver S	Sprin	ng, Mary	land
	22. HAME AND ADDRESS OF PACELLY												
	> Ellen		app		933	Gi	st Aven	ue, S	ilver	Spr	ing,	MD 2093	LO
	23. PART I. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, ehock, or heart fellure. List only one cause on each line. Approximate interval Between Onset and Death disease or condition resulting in death) OUE TO (OR AS A CONSEQUENCE OF):								Between				
CERTIFICATION	Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST b. ACQUIRED INTUVU DIFFICIENCE SYNDROTTE 12 upper consequence of the consequence of t								2 urçı				
٦	PART II. Other significent conditions	contributing to	deeth but not r	eeuiting	in the unde	rlying	ceuse given in	Part i.	4a. WAS AN		241	. WERE AUTOPSY	
DICAL									PERFOI			AVAILABLE PRIOR COMPLETION DE	
MED								_		- CM/40		DF DEATH?	NO
	DID TOBACCO USE CONTR	IBUTE TO CA	USE OF DEA	TH Y	S 🗆 NO	о П	UNCERTAI	ΝП					
Ä	25. WAS CASE REFERRED TO MEDICAL				TH (Check onl)		3					_	
SIC	EXAMINER?	HOSPITAL: 1 Inpatient 2	ER/Outpatient 3	□ DOA	OTHER:	a Home	5 X Rasidence	8 Other /	Specifyl				
PHYSICIAN:	27. MANNER OF DEATH 1 🔀 Natural 5 Pending Investigation	28s. DATE OF (Month, D	INJURY ay, Year)	28b, TIM	E OF 28	c. INJUR	TY AT		RIBE HOW	INJURY O	CCURED		
TED BY													
9	29a. CERTIFIER . M CERTIFYING PHYCIC	AAI. To the best of	w		.67.1		Here with	ATT IN COLUMN					-
COMPLETED	29a. CERTIFIER (Check only one) 1 X CERTIFYING PHYSIC DESCRIPTION 2 MEDICAL EXAMINER											s) and manner as	stated.
BE	296. SIGNATURE AND TITLE OF CERTIFIER	ihal	ite			2	29c. LICENSE NU	MBER 7 7 3	39			O (Month. Day, Year Der 7,	
인	30. NAME AND ADDRESS OF PERSON WHO Vijaya Keerikatte					ia A	Avenue	NM I	Mashi	nato	n Dí	20037	
	31. DATE FILED (Month, Day, Year) NOV 0 9 1994	32. REGISTRA	B'S SIGNATURE	ande 20	- y = v all	<u> </u>	1,40,100,	14119	100111	i ig col	, 00		
	1107 0 9 1994	June	motoron and	. [

94-65 CIP	80	ITEMS: 23 PART	I, 27, 28a-f, PER					91	355,32	
	7	Amended #/, FOR 1 - STATE REGISTRAR	STATE OF MARYLAND /	DEPARTI	MENT OF H	MONTO ME	NTAL HYGIEN	* Ct	y 11/22/94	
•		1, DECEDENT'S NAME (First, Middle, Last) DAVID 4. SOCIAL SECURITY NUMBER 5.	13.	3. TIME OF DEATH 1994 10:31 PM BIRTHPLACE (State or Foreign Country)						
2, 3 should	TOR	9a. FACILITY NAME (If not institution, give street 21814 WHITE OAR		YRS.		PR LOCATION OF DEATH	(Month, Day, Year) ug. 10, 1	981 1	Maryland OF DEATH INGTON	
020 physician. burial-transit permit. Pages 1,	AL DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY Maryland Washing 10a. STREET AND NUMBER	;ton		erstown	1.52%		10a CITIZE	10d. INSIDE CITY LIMITS? 1 □ YES 2 🛣 NO N OF WHAT COUNTRY?	
215-0020 attending physician. se as the burial-transit p	FUNER	1 Never Married 2 Married	O ad WAS DECEDENT EVER IN U.S. ARN FORCES? 1 YES 2 N IF YES, GIVE WAR OR DATES		13. WAS DEC	21740 ENDENT OF HISPANIC (ecify Cuban, Mexican, P	ORIGIN? (Specify Yes	Unit	ed States RACE — American Indian, Black, White, etc.	
21 bal or for u	LETED BY	15. DECEDENT'S EDUCATI (Specify only highest grade continued to the contin	Wildowed 4 Divorced IF YES, GIVE WAR OR DATES 1 YES 2 NO Specify: Specify 15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working							
RYLAND 2 ed by the hospital ould be detached to ed at once.	BE COMPL	8 Student Middle School 17. FATHER'S NAME (First, Middle, Last) Daniel David Puffenbarger Sheila Ferguson								
MA retain 5 sho	TO	196. INFORMANT'S NAME (Type/Print) Sheila Ferguson 206. METHOD OF DISPOSITION 18 Burfel 2 Cremetion 3 Removal from State 4 Donation 5 Other (Specify) 196. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 254 Fallston Road, Halthrope, MD 21227 206. PLACE AND DATE OF DISPOSITION (Name) cemetery, cremetory or other place) Parklawn Memorial Oark 11/19 Rockville, Maryla								
SALTIN r death. Pag re funeral dia al.		4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENS		iwn Me	22. NAME AN	oark = 	DeVol ark Drive	Funera	e, Maryland al Home	
within 24 hours aft within 24 hours aft pletely filled in by cremation, or remorement, the medical cent, the medical cent.		23. PART I. Ental the diseases, or com- shock, or heart failure. List IMMEDIATE CAUSE (Final disease or condition resulting in death)	plications that caused the dea only one cause on each line. SMOKE INHALATION DUE TO (OR AS A CONSEO		antar tha mo	da of dying, such a	n cardiac or reaple	atory arrea	Approximata interval Between Onset and Death	
EOX 68: ficate be execute physician and c ne prior to bunia	CERTIFICATION	Sequentially list conditions, if any, laading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in dasth) LAST DUE TO (OR AS A CONSEQUENCE OF):								
ORDS, I that the deatled by the atte th and Merital any injury,	MEDICAL CE	PART II. Other algnificant conditions co	oniributing to death but not re	aulting in	the undarlying	g cauaa givan in Par	t I. 24s, WAS AN / PERFORI	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
TAL The law the has the dept ate Dept	PHYSICIAN: M	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 25. WAS CASE REFERRED TO MEDICAL EXAMINER? XXYES 2 NO OTHER: 1 Input lent 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Rasidenca 6 Other (Specify)								
OF PHYSIC this cer with th	р ву рну	27. MANNER OF DEATH 1 Natural 5 Pending 2 XX Accident Investigation	5 Pending (Month, Day, Year) App (Mark) App (Month, Day, Year)							
AL OR	COMPLETE	4 Homicide determined 29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN (Check only 1	HON To the best of my knowledge, dearn the best of memination end/or in	th occurred		and place, and due to t	GERSTOWN, N	1D . ner as stated.		
TO THE HOSPIT TO THE FUNER De filed within 7	TO BE CC	290. NAME AND ADDRESS OF PERSON WHO CO	AI			O, C, M.	3		IGNED (Month, Day, Year)	
		MARIO E GOLUE 31. DATE FILM ON 20 127 1994	JR MD111 32 REGISTRANTS SIGNATURED JUNE DAMAGEN PR	Penn		et. Balt	imore. M	Maryl	and 21201	

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Z4 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO BE COMPLETED BY FUNERAL DIRECTOR

FOR STATE REGISTRAR		STATE OF MARY				HEALTH AND	MENTA	AL HYGIEN	E			
1. DECEDENT'S NAME (First	Middle, Last)					DEATH		E OF DEATH		3	. TIME OF DEATH	н —
MAR	Y E.	PEIFER					MON	OV. 13		EAR DL	12:25	Ам
4. SOCIAL SECURITY NUME	SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) If UNDER 1 YEA					IF UNDER 24 HRS.	7. DAT	E OF BIRTH oth, Day, Year)	8.	BIRTHPL Country)	ACE (State or For	ə/gn
326-07-35			93	YRS.		JAN.11,1901 ILL.						
		URSING C	ENTE:			CKVILLE	EAIH		9c. COUNTY		MERY	
RESIDENCE OF DEC	10b, COUNTY			100 CITY	TOWN OR LOCA	TION						
MD.		GOMERY		100. 0111,						Od. INSIDE CITY LIMITS? VES 2 1		
10e. STREET AND NUMBER	110111	COLIMICI				I. ZIP CODE			10g. CITIZEI		AT COUNTRY?	10
8411 V	ICTORY	LA.				20854 U.S.A.					. A .	
11. MARITAL STATUS		2. WAS DECEDENT EVER FORCES? 1 YE	IN U.S. ARK	MED	13. WAS DE	CENDENT OF HISPA	NIC ORIG	IN? (Specify Yee	or No- 14	. RACE -	- American Indie	n,
1 Never Merried 2 3 Widowed 4 Divo		IF YES, GIVE WAR OR		0	1 - YE	pecify Cuban, Mexic S 2 X NO Speci	en, Puerto fy:	Hicen, etc.)		Specify:	WHITE	
15. DEC	EDENT'S EDUCAT	TION	16a, OEC	EDENT'S U	SUAL OCCUPAT	ON	10	b. KIND OF BUS	INESS/INOUS	TDV	MUTIE	
(Specify ont	y highest grade co	mpleted) College (1-4 or 5 +)	(Giv	e kind of wo Do NOT use	rk done during m	ost of working	1 "					
12				SECR	ETaRY			SE	CRETA	RIA	L	
17. FATHER'S NAME (First, M	-12					18. MOTHER'S NA	AME (First,	Middle, Maiden	Surname)			
	HOMAS	L.	PEIF:					ABETH		SEY		
19e. INFORMANT'S NAME (7		37	19b.			and Number or Rurel		_	n, Stete, Zip Co	ide)		
LOIS	CUDD		05 81 405 41	SA			#1			-		
1 Burlet 2 X Cremation 3 Ramoval from State Cemelery, crematory or other blacks												
21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY												
SILVER SPRING, MD. W. W. CHAMBERS CO. INC. 20910												
23. PART I. Enter the di	seasea, or con	nplications that caus	ed the dea	ith. Do no						t,	Approxima	ta
ahock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF):												
disease or condition resulting in death)	→	Cardi	6 P)/M	mary	HLL	es-	7	_			
					•							
Sequentially list conditi		PREUM (OR AS	A CONSEC	UENCE OF):							-	
cause, Entar UNDERLY	NG	strok										
CAUSE (Disease or Inju	ly .	OUE TO (OR AS		UENCE OF):								
resulting in death) LAS	d				-							
PART II. Other algolifica	nt conditions	contributing to death	but not ra	aulting in	tha undarlylr	g causa given in	Part I.	24s. WAS AN		24b. W	ERE AUTOPSY FIN	IDINGS
								PERFOR		C	MILABLE PRIOR TO	
								1 1 163 2	740		F DEATH?	
DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO 🗵 UNCERTAIN 🗆												
25. WAS CASE REFERRED TO EXAMINER?		IOSPITAL:	26. PLACE		(Check only one							
1 TES 2 NO		☐ Inpatient 2 ☐ ER/O		DOA 4	Nursing Hor	ne 5 🗆 Residenca	8 🗆 Oth	er (Specify)				
27. MANNER OF DEATH 1 Natural 5	Pending	(Month, Day, Year,		28b. TIME (RY W	JURY AT ORK?	28d. DE	SCRIBE HOW IN	JURY OCCUR	EO		
2 Accident Investigation 3 Suicide 8 Could not be 28a. PLACE OF INJURY — At home, larm, street, lactory, office 28i. LOCATION (Street and Number or Rural Route Number,							-					
4 Homicide Sculd not be building, etc. (Specify) 4 Homicide Surface Specify 5 City or Town, State)												
29a. CERTIFIER CERT	IFYING PHYSICIA	N: To the best of my kno	wledge, des	th occurred	at the time, dat	and place, and due	to the co	nem has (s)esus	ner ee stated			
		On the basis of exeminat								nuse(e) e	nd menner ee sta	nted.
29b. SIGNATURE AND TITLE	OF CENTIFIER	4.4	_			29c. LICENSE NU			29d. DATE S	IGNED (M	onth, Day, Year)	
Lase	XV	aus Ma	0			0293	35	3	▶ //,	114	194	
30. NAME AND ADDRESS OF GEORGE			5530			IN AVE.	C	HEWV /	יוט עור	M	n	\Box
31. OATE FILED (Month, Day,	Year)	32) REGISTRAR'S SIG	NATURE		-DCOMB	THE PARTY	, .	TITAL (Trwp	, IAT		-
NOV1 6	1994	Juna Davidse	n-Hano	tell								Į

and grant the expects. The sales of the sale

~
\approx
260
~
89
BOX
~
\circ
m
_
o.
O
نے
_
4.0
S
DS
~
5
0
Ö
RECORI
ш
œ
_
_
VITAL
_
>
Щ.
OF
_
7
0
-
S
Š
\overline{a}

/	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within and hours after death. Page 6 may be retained by the hospital or attending physician.
1	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.
	IMDODABLY 16 flow 20 is marked as item 23 shows any letters as the market the markings miss he marked as marked as any flow 20 is marked as the market he ma

1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last)... 2. DATE OF OEATH 3. TIME OF DEATH 0544 Pm JAME S 6REIDER ARTLOW NOVEMBE 4. SOCIAL SECURITY NUMBER 5. SEX 7. DATE OF BIRTH 6. AGE (In yrs. lest birthday) 8. BIRTHPLACE (State or Foreign IF UNDER 1 YEAR IF UNDER 24 HRS. 1 🖾 M 2 🗌 F 267-44-4308 NOV. 22,1934 59 OHIO 98. FACILITY NAME (If not institution, give street and number)
SHADY GROVE ADVENTIST HOSPITAL 9b. CITY, TOWN OR LOCATION OF OEATH 9c. COUNTY OF OEATH ROCKVILLE MONTGOMERY DIRECTOR RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10a. STATE 10d. INSIDE CITY MD. MONTGOMERY GAITHERSBURG 1 TYES 2 NO FUNERAL 10e. STREET AND NUMBER 101, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 22408 ROBIN COURT 20882 UNITED STATES 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ▼ YES 2 □ NO 19 YES, SWEAWIN OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-if yes, specify Cuban, Maxican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Married 1 TES 2 NO Specify: Specify: WHITE BY 3 Widowed 4 Divorced COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) CONSULTANT NUCLEAR POWER 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname JAMES R. PARTLOW MARGARET GREIDER BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 5 22408 ROBIN COURT GAITHERSBURG, MD. JUDITH S. PARTLOW 20882 20a. METHOD OF DISPOSITION
1. Burial 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION -- City or Town, State DATE SALTEM CEMETERY 11/15 BROOKEVILLE, MD. 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY MURIEL H. BARBER FUNERAL HOME 20882 P.O.BOX 5038 LAYTONSVILLE MARYLAND 23. PART i. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiac or respiratory errest, Approximate shock, or heert failure. List only one ceuse on each line interval Between Onset and Death **IMMEDIATE CAUSE (Finei** disease or condition FIBRILATION . UGUTRICULAR TACHICAPONA VENTRICULAR 1J WIND resulting in death) DUE TO (OR AS A CONSEQUENCE OF): ISCHEMIC Leaus CARDIO MU PAPETY CERTIFICATION Sequentially ilst conditions DUE TO (OR AS A CONSEQUENCE OF) if any, leeding to immediate PERT FIMION cause. Enter UNDERLYING CAUSE (Diseese or injury that initieted events 2120 JU 1091 resulting in deeth) LAST PART ii. Other significent conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE 24s. WAS AN AUTOPSY PERFORMED? MEDICAL COHONAM MATERI VAY 1 YES 2 NO OF DEATH? 1 TES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES \(\precedent \) NO \(\precedent PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) **EXAMINER?** HOSPITAL: OTHER: 1 YES 2 NO 1 ☐ Inpetiant 2 S ER/Outpetiant 3 ☐ DOA ng Home 5 Rasidenca 6 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY 26b. TIME OF 26c, INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED INJURY 1 🔀 Natural 5 Pending М 1 YES 2 NO BY Investigation 2 Accident 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 28s. PLACE OF INJURY — At home, farm, streat, factory, offica building, atc. (Specify) 8 Could not be COMPLETED 4 Homicide 29s, CERTIFIER 1 🔀 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and menner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER BE

29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) D16141 -NOW 12 94 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) POCKUI UE 6PPGORIO KOSP 12372 3 ALMAN GLOVE 10850 RO ND 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE

Lulia Savidson-Randall

1994



THE STATE OF THE COURT, TO SO
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hos
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach
be filed within 72 hours after death with the State Oept, of Health and Mental Hygiene prior to burial, cremation, or removal.
IMPORTANT: II liem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

A	me 1 1 #/	11/1	hu			_	m		1		91	+ 6	3553	5	
,,	mended #/ FOR 1. STATE REGISTRAR	STATE OF M	IARYLAND /	DEPART DEPART	TMENT CATE	OF H	/ / / EALTH / DEAT	AND N	VENTAL	HYGIEN REG. NO	EZ		ount	8	
	1. DECEDENT'S NAME (First, Middle, Last)				-			· 1	2. DATE (OF DEATH			3. TIME OF DE	ATH	
	SARAH Sara	PAT	ENT						NOVE	MBER D	Ĭ3,19	994ª	1:20	Рм	
	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. les	l birthday)	IF UNDER	1 YEAR	IF UNDER 2	4 HRS.	7. DATE C	OF BIRTH		8. BIRTI	PLACE (State or	Foreign	
	118-09-5112	1 🗌 M 2 🔀 F	95	YRS.	MONTHS	DAYS	HOURS	MIN.	SEPT	Day, Your) . 18,	189	Country)			
	9e. FACILITY NAME (If not institution, give s	street and number)			9b. CITY,	TOWN (OR LOCATION	N OF DE			NTY OF D				
DIRECTOR	HEBREW HOME OF GREATER WASHINGTON ROCKVILLE MONTGOME											MERY			
HE I	10a. STATE 10b. COUNT	Υ	10c. CITY, TOWN OR LOCATION								10d, INSIDE CITY LIMITS?				
	MARYLAND MONT	GOMERY		F	ROCKY	VILL	E						1 X YES 2	□ NO	
IAL	10e. STREET AND NUMBER					101	ZIP CODE				10g. CIT	WHAT COUNTRY?	?		
FUNERAL	6121 MONTROSE ROA	D					20852	2			UNI	TED	STATES		
E I	11. MARITAL STATUS	12. WAS DECEDENT FORCES? 1	EVER IN U.S. AR	MED	13. V	MAS DEC	ENDENT OF	NISPAN	C ORIGINA	(Specify Ver	or No-	14. RACI	E — American Inc k, White, atc.	dlan,	
BY	1 Never Merried 2 Married 3 Widowed 4 Divorced	IF YES, GIVE W			1	YES	2 X NO	Specify:	i, ruello n	icen, etc.)		Spec	lty:		
	15. DECEDENT'S EDU	I CATION	46 DE	CEDENTIA		DO IDATI							WHITE		
	(Specify only highest grade	completed)	(G	CEDENT'S U	ork done of retired.)	during mo	ON ist of working	,	16b.	KIND OF BU	SINESS/INI	DUSTRY			
COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5+		SALES						REAL ESTATE					
BE CO	17. FATHER'S NAME (First, Middle, Last) SAMUEL SHOSTA	K						ER'S NAM		iddle, Maiden UNKNO					
	19e. INFORMANT'S NAME (Type/Print)		19	b. MAILING	ADDRESS	(Street a	ind Number o	or Rural A	loute Numbe	or, City or Tow	n, State, Zij	Code)			
2	MERVIN DIZENFELD	(SON-IN-	LAW) 4	917	LTHI	EA D	RIVE.	AN	NANDA	ALE, V	/A 22	003-	4140		
	20a. METNOD OF DISPOSITION		20b. PLACE	AND DATE O	F DISPOSI	ITION (Na	ime of		DATE			City or Town, Stata			
	1 № Burial 2 □ Cremation 3 № Rem 4 □ Donetion 5 □ Other (Specify)	Oval from State	PLISK	OVER	CEMI	ETER	RY 1	1/1.	5/199	94 CC	RAOP	OLIS	IS, PA		
	21. SIGNATURE OF FUNERAL SERVICE LIN	CEMBEE			22. P	NAME AN	ND ADDRESS	S OF FAC	ZILITY	MEMOT) T A T	OTT A TO	DIO IN	7.0	
H	1Kolo A	\$.,										ELS, IN		
\neg	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate														
	ahock, or heart failura. List only one cause on each lina.													Between	
1 1	IMMEDIATE CAUSE (Final disease or condition	SE	SEPSIS										1 WE		
	resulting in desth)	8	DUE TO (OR AS A CONSEQUENCE OF):										1 112		
-		IIN	UNDETERMINED CAUSE										j		
TIFICATION	Sequentially list conditions, if sny, lasding to immediate	equentially list conditions,										-			
A	cause. Entar UNDERLYING														
	CAUSE (Disease or injury that initiated events Due TO (OR AS A CONSEQUENCE OF):														
l bc l	resulting in death) LAST	d											1		
E	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS														
MEDICAL							g cadac gr			PERFOR	MED?	240	AVAILABLE PRIOR	R TO	
									- 1	1 YES 2	₽ NO		DF DEATH?	CAUSE	
Σ :	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES ☐ NO 🖺 UNCERTAIN ☐												NO NO		
HYSICIAN:	25. WAS CASE REFERRED TO MEDICAL			E OF DEATI			01102								
SS	EXAMINER? 1 YES 2 X NO HOSPITAL: 1 Inpatiant 2 ER/Outpatient 3 DOA 4 Norsing Nome 5 Realdence 8 Other (Specify)														
}	27. MANNER OF DEATH	28a. DATE OF	INJURY	TURY 28b. TIME OF 28c. INJURY AT					28d. DESCRIBE NOW INJURY OCCURED						
ВУ Р	1 Natural 5 Pending 2 Accident Investigation	(Month, Da	y, rear)		PRK?	NO									
	3 Suicide 8 Could not be	28a, PLACE OF	F INJURY — At home, ferm, atreet, factory, office						28f. LOCATION (Street and Number or Rural Route Number,						
i iii ii	4 Nomicide determined building, etc. (Specify)														
OMPLET	29s. CERTIFIER (Check only Check only CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date and place, end due to the cause(s) and menner as stated.														
M	one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the ceuse(a) end manner as stated.														
		10					-Mary-Wil								
Ü	29b. SIGNATURE AND TITLE OF CERTIFIED	BV / /	,9				200 11054	ICE MILES	959		204 00-	E 01011FF	Advent O	-1	
BE C	296. SIGNATURE AND TITLE OF CERTIFIE	1/160	zel.				29c, LICEN	18E NUM 1084	BER				(Month, Day, Year ER 13,		

20852

6121 MONTROSE ROAD, ROCKVILLE, MD

32. REGISTAR'S SIGNATURE Andelle

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

M.D.,

PATEL,

D.

Amended #4 11/14/94 MRT Montgomery	1 - STATE	/ / STATE (DF MARYLAND /	DEPARTMENT	OF HEALTH AND	MENTAL HYGIE
	Amended 1	£4 11	114/94	MRT	Monta	Omery

84 35536 ENE 10.

	1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH													
	Clarence L. Poole November 4, 1994										94	7:05 A. M		
	4. SOCIAL SECURITY NUME 239-06-4068	SOCIAL SECURITY NUMBER 5. SEX 1 🖾 M 2 🗆 F		6. AGE (In yrs. lest birthday) 85 YRS.		IF UNDER	DAYS	EAR IF UNDER 24 HRS. AYS HOURS MIN.		7. DATE O	7. DATE OF BIRTH June 27, 1909		8. BIRTHPLACE (State or Foreign Worth Carolina	
	9s. FACILITY NAME (If not in	stitution, give st	reet and number)			96. CITY	, TOWN	OR LOCATI	ON OF D	EATH		9c. COU	INTY OF D	EATH
OR		Holy Cross Hospital						Silver Spring					tgome	ery
EC	RESIDENCE OF DEC	10b. COUNTY			10c. CI1	ry, TOWN (OR LOCA	TION						10d. INSIDE CITY
DIR	Maryland	aton	LIMITS?											
AL	100. STREET AND NUMBER				10	101. ZIP CODE 10g. CITIZEN OF WHAT								
BY FUNERAL DIRECTOR	12307 Judson Rd. 20906 U.S.A.											A.		
	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 TO PO IF YES, GIVE WAR OR DATES						If yes, specify Cuban, Maxican, Puerto Rican, etc.) Black, White 1 □ YES 2 ☑ NO Specify: Specify:						- American Indian, t, White, atc.	
ED		EDENT'S EDUC		18a, DE	CEDENT'S	USUAL O	CCUPATIO	ON of working	207	16b.	KIND OF BUS	SINESS/IN	DUSTRY	
COMPLETED	Elementary/Secondary (0		College (1-4 or 5			work done during most of working use retired.) nce worker Suburban						n Ho	spita	al
BE CO	17. FATHER'S NAME (First, M Wil Worth		9					18. MOT	HER'S NA UNOb	ME (First, Mi otaina	ddle Maiden	Surname)		
TO B	19a. INFORMANT'S NAME (T Katherine Me			191	2307	Jud	s (Street a	Rd.	or Rumi Whea	Route Number	MD 20	n, State, Zij 906	p Code)	
	20a. METHOD OF DISPOSIT 1 X Burlat 2 Crematic 4 Donation 5 Other	n 3 🗆 Remo	val from State	20b. PLACE					Nov	.8/94	20c. LO	cation – kvil	City or To	wn, Stata
_	21 SIGNATURE OF FUNERA	L SERVICE LIC	ENSEE		-	22.	NAME A	ND ADDRE						Home, Inc.
	Du	Mu /	47	ulay	_	2.	54 C	arro	11 8	t. NW	Wash	ingt	on, I	D.C. 20012
	23. PART I. Enter the diseases, o complications that coused the deeth. Do not enter the mode of dying, such as cerdisc or respiratory arrest, above, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Ventricular Fibrillation Ventricular Fibrillation 25 Min													
	DUE TO (OR AS A CONSEQUENCE OF):												Vrc	
Į.	Sequentially list conditions, If any, leading to immediate Coronary Artery Disease Une to (or As a consequence of):													
S	cause. Enter UNDERLYING													
CERTIFICATION	that initiated events DUE TO (OR AS A CONSEQUENCE OF): reaulting in death) LAST													
	PART II. Other eignifice	nt conditions	contributing to	death but not r	eeuiting	In the ur	nderlyln	a ceuse o	olven in	Part I.	24a. WAS AN	AUTOPSY	24h	WERE AUTOPSY FINDINGS
EDICAL	Congestive Heart Failure									1 T VES ANTI NO			AVAILABLE PRIOR TO COMPLETION OF CAUSE	
MED	Chronic Obstructive Lung Disease									X. no	OF DEATH?			
	Acute Renal Failure, Gastrointestinal Bleeding													
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 46. PLACE OF DEATH (Check only one) OTHER:													
IYS	1 YES 2 NO		XXInpatient 2	ER/Outpetlant 3		4 🗆 Nur	alng Hon		aldence	6 Other				
ВУ РР	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY AT WORK? 1 YES 2 NO 28d. DEŞCRIBE HOW INJURY OCCURED													
	3 Suicide 8 Could not be determined 28e. PLACE OF INJURY — At home, ferm, strest, fectory, office building, stc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)										loute Number,			
COMPLETE	29a. CERTIFIER (Check only) CERTIFYING PHYSICIAN: To the best of my knowledge, desth occurred at the time, data and piece, and due to the cause(a) and manner as stated. Discretely in the basis of examination and/or investigation, in my opinion, desth occurred at the time, date and piece, end due to the cause(a) and manner as stated.													
H	210. SIGNATURE AND TITLE OF CENTIFIER							29c. LICENSE NUMBER D557				29d. DATE SIGNED (Month, Day, Year) 11/4/94		
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)													
	R. T. Benack M.D. 4115 Colie Dr. Wheaton, MD 20906													
	31. DATE FILED (Month, Day, NOV 1	0 1994	32. REGISTRA	AB'S SIGNATURE	ndell									

BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 687604

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within an intermediate of may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or tem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	STATE OF MARYL		TMENT OF H		MEN	ITAL HYGIEN	E		
	1. DECEDENT'S NAME (First, Middle, Last)						DATE OF OEATH	·		3. TIME OF DEATH
	DONALD	PAILEN, JR				1	OV 08.1		YEAR	00:30 AM
	4. SOCIAL SECURITY NUMBER		in yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. [Month, Day, Year)		B. BIRTHP Country	PLACE (State or Foreign
	214-08-5523		5 YRS.	10 22	11.00	Ма	y 5, 196	9	Was	sh., DC
œ	9a. FACILITY NAME (If not institution, give s	,		96. CITY, TOWN C	R LOCATION OF E	PEATH		9c. COUHT	TY OF DE	ATH
101	4231 KENNEDY S	3T.		HY	ATTSVI	LL]	2	PRI	NCE	GEORGES
DIRECTOR	10a. STATE 10b. COUNT	(t0c. CIT	, TOWN OR LOCAT	ЮН				1	10d. IHSIOE CITY
		ntgomery	S	ilver Sp	ring				1	XXYES 2 NO
3AL	100. STREET AND NUMBER	D .		101	ZIP CODE					HAT COUHTRY?
FUNERAL	1024 Cresthaver		With the second		20903					States
ВУ	1) Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 TYES IF YES, GIVE WAR OR D	2 VNO		city Cuben, Mexic	en, Pu	RIGIN? (Specify Yes erto Ricen, atc.)	or Ho—	Black,	– American Indian, White, etc. Black
ED	15. OECEDENT'S EDU (Specify only highest grade	CATIOH completed)		USUAL OCCUPATIO			16b. KIND OF BUS	IHESS/IHDU	STRY	
LET	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT us	e retired.)	st or working		201			
COMPLETED		+2	Act	or			Thea			
	17. FATHER'S NAME (First, Middle, Last) Donald Pailen, S	1-0					ody Pail	,		
BE	19e. INFORMANT'S HAME (Type/Print)		195. MAILING	AODRESS (Street a			Number, City or Town		Page)	
5	Donald Pailen, Sr.	& Pailen					Silver S			20903
	20e. METHOD OF DISPOSITIOH	over from State Cor.	PLACE AND DATE O	F DISPOSITION /Na	me of		OATE 20c. LOC	ATIOH - CI	ty or Tow	rn. State
	21. SIGNATURE OF UNIFIAL SERVICE LIC		etery, crematory or of incoln M		Park 11			tland	, MI)
	· 4:11	Tout-VA	Man	1//			uneral H	omo		
	There I	unce 140	xeanic	11800	New Har	mns	hire Ave	Silv	er S	Spring MD
		List only one cause on e	och iine.	ot enter the mo-	de of dying, au	ch aa	cerdiac or reaple	atory erre	st,	Approximata Intervei Batween
	IMMEDIATE CAUSE (Finel disease or condition resulting in death)	e. GUNSHOT	worms	OF H	EAO.	Cen	UTACT			Onset and Death
		DUE TO (OR AS A	CONSEQUENCE OF):			9100			
NO.	Sequentielly list conditione,	b. OUE TO (OR AS A	COHSEQUENCE OF):			7-63			1
CAT	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	с								
CERTIFICATION	that initiated evente	OUE TO (OR AS A	COHSEQUENCE OF):					_	
띩		d								
	PART II. Other eignificent condition	e contributing to deeth b	ut not reeuiting i	n the underlying	cause given in	Part	i. 24a. WAS AN A PERFOR			WERE AUTOPSY FIHOINGS MAILABLE PRIOR TO
PHYSICIAN: MEDICAL							1 X YES 2	□ но		COMPLETIOH OF CAUSE OF DEATH?
Σ	DID TODA CCO LICE CONTE	NIN ITE TO 641165 0					_ /			1 TES 2 HO
AN	DID TOBACCO USE CONTI		F DEATH YE 26. PLACE OF DEAT		UNCERTAI	N L]]			
S	EXAMINER?	HOSPITAL: 1 Inpetient 2 ER/Outp		OTHER:						
¥	27. MAHHER OF DEATH	28e. DATE OF IHJURY	28b. TIME	4 Hursing Home			Other (Specify) DESCRIBE HOW IN	JURY OCCU	IRED	
	1 Hatural 5 Pending	(Month, Day, Year)	7:10	JRY WOI	RK?	S	USTEUR	SHOT	SE	T.F
D BY	2 Accident Investigation 3 Suicide 6 Could not be	26e. PLACE OF IHJURY building, etc. (Spec	— At home, larm, s	freet, factory, office		261.	LOCATION (Street a	nd Number of	r Aurai Ao	oute Number, MD
E	4 Homicide determined	Sunarry, etc. (Spec	HOME			42	City or Town, State)	DY 37	HY	ATTISYILLE.
P	29a. CERTIFIER t CERTIFYING PHYSIC	CIAH: To the best of my knowl	edge, death occurre	d at the time, date	end place, and du	a to the	cause(s) end man	ner as stated	l.	/
COMPLETED	One) XX MEDICAL EXAMINE	R: On the beals of examination	end/or investigation	n, in my opinion, de	eath occurad at the	time,	data end place, end	due to the	ceuse(s)	end mannar es stated.
BE	896. SIGNATURE AND TITLE OF CENTIFIES	$M \setminus M$			29c. LICENSE HU	MBER		29d. DATE	SIGNED (Month, Day, Year)
5	30. HAME AHD ADDRESS OF PURSON WH	O COMPLETED CAUSE OF DE	ATH (ITEM 27) Chose	Printi	OCM	E		NO	V.0	8.1994
	MARIO & CON	E. JR YWD			eet D	al-	timoro	Mar	·• 1	nd 21201
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGH	NONE	JUL DUL	CCL, D	ul	CTHOLE.	Mar	y La	100 / 1/01
	NOV 1 6 1994	Julia Davidson	- Mandell							

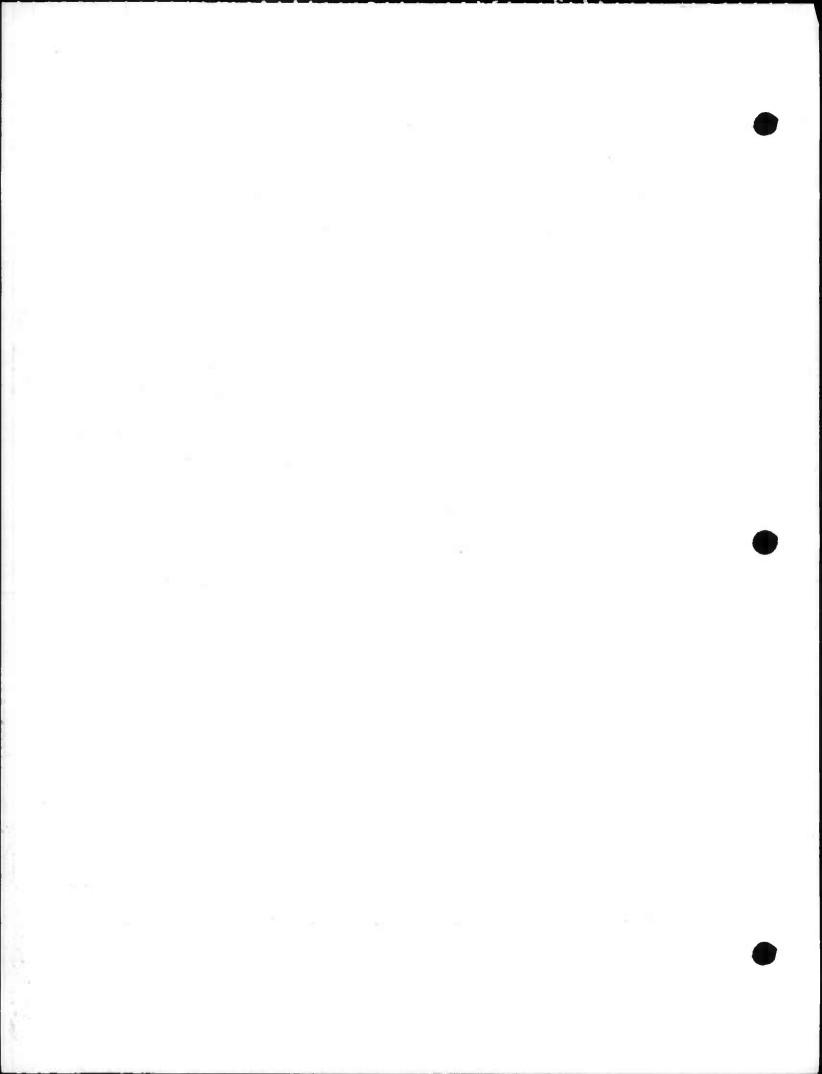
DHMH-16 Rev 1/89

3x.1* 0 5x.1*

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	_	
	ges	
	Z.	
	THE STATE OF	
	e burial-transit permi	
	risit	
cian	-tra	
JySi(urial	
d	D a	
din	\$	
tten	89	
Dr 3	US	
123	Q	
Spi	hed	
2	etac	
=	e d	
5	Q P	
ine	Dog	
ret	S	
2	96	
nay	ctor, page 5 should be detached for use as the b	
9	cto	
306	dire	
۳.	filled in by the funeral director on, or removal.	
eath	fun	
er d	the val	
aff	n by the removal	
Sinc	5 5	
7	illed n, c	
tificate be executed within 24 hours after death. Page 6	an and completely fille r to burial, cremation,	
VIII	plete	
P	I, c	
ecuted	d o	
8	to b	
2	the attending physician Mental Hygiene prior 1	
cate	ng physicial giene prior	
1	g b	
the death certif	P P	
eath	atte	
e d	Me	
# #	20	
=	th ed	
Ires	Sign	
requ.	of of	
MP	s be	
e	E 0	
-	Cafe	
SIA	the the	
128	is cer	
Æ	E ×	
NG	eath	
N	OR: After thi	
Ë	E #	
RA	DIRE(hours	
0 7	200	
PITA	TO THE FUNERAL DIRECTOR: After this certificate has been sign be filed within 72 hours after death with the State Dept. of Heal	
DSI	E SE	
H H	G F ¥	
T 01	TO THE be filed	
2	23	

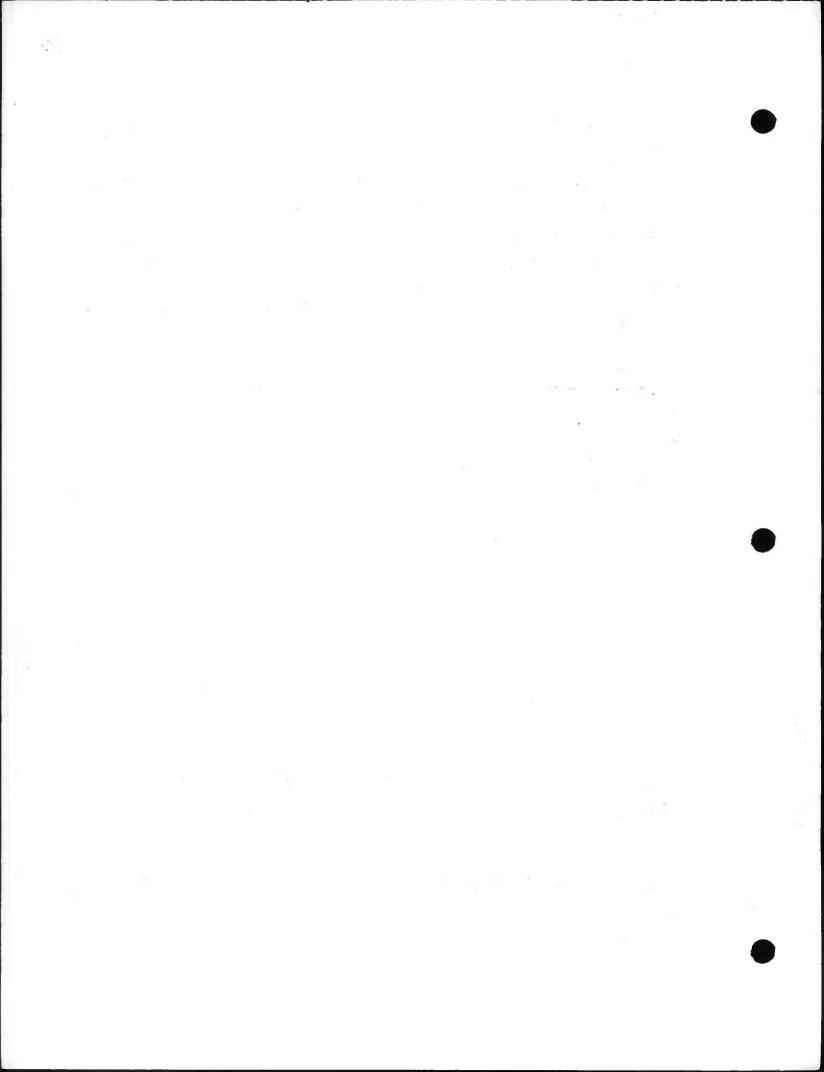
	1 - STATE OF MA	RYLAND / DEPARTMENT OF HEALT CERTIFICATE OF DE	TH AND MENTAL HYGIENE ATH REG. NO.							
	1. DECEDENT'S NAME (First, Middle, Last) MARY LILLIAN	POWERS	2. DATE OF DEATH MONTH 11 16 1994 3. TIME OF DEATH 02:45							
	215-20-5477 1 □ M 2½ F	91 YRS. MONTHS DAYS HOUF	IDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign							
стов	9a. FACILITY NAME (If not institution, give street and number) SACRED HEART HOSPITAL RESIDENCE OF DECEDENT	9b. CITY, TOWN OR LOC CUMBERLAN								
DIREC	10e. STATE 10b. COUNTY MD Allegany	10d. INSIDE CITY LIMITS? X YES 2 NO								
FUNERAL	100. STREET AND NUMBER	10r. ZIP C 2150	ODE 10g. CITIZEN OF WHAT COUNTRY?							
BY FUNI	11. MARITAL STATUS 1 Never Married 2 Married 3. Widowed 4 Divorced 12. WAS DECEDENT E FORCES? 1 IF YES, GIVE WAR	VER IN U.S. ARMED 13. WAS DECENDED	14. RACE — American Indian, Black, White, atc. NO Specify: Specify: Specify:							
LETED	15. DECEDENT'S EOUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+)	18e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of we	16b. KINO OF BUSINESS/INDUSTRY							
COMPL	12 17. FATHER'S NAME (First, Middle, Last)	Homemaker 18. M	Own Home OTHER'S NAME (First, Middle, Maiden Surname)							
TO BE	John Albright 19a. INFORMANT'S NAME (Type/Print)	19b. MAILINO ADDRESS (Street and Nun	Mary Margaret (Smith) nber or Rurel Route Number, City or Town, State, Zip Code)							
must be n	Mary E. Powers 20a. METHOD OF OISPOSITION M. Burlel 2 Cremetion 3 Removal from State 4 Donation 5 Other (Specify)	20b. PLACE AND DATE OF DISPOSITION (Name of cemetery, cremetory or other place)	t: Cumberland, MD 21502 DATE 20c. LOCATION — City or Town, State 11/18 Mount Savage, MD							
examiner	St. Patrick's Cemetery 11/18 Mount Savage, MD 21. SIGNATURE OF FUNERAL SERVICE LICENSEE **Scarpelli Funeral Home Cumberland, MD 21502**									
event, the medical	23. PART I, enter the diseases, or complications that c shock, or heart fellure. List only one ceuse IMMEDIATE CAUSE (Final disease or condition resulting in deeth)									
r other traumatic	iMMEDIATE CAUSE (Final disease or condition resulting in deeth) Due to (or as a consequence of): Sequentielly liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST Due to (or as a consequence of):									
shows any injury, : MEDICAL CE	PART II Other significant conditions contributing to de RT Hemps asperation DID TOBACCO USE CONTRIBUTE TO CAUSE	yne meum	PERFORMEO? 1 YES 2 NO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO							
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:	26. PLACE OF OEATH (Check only one) OTHER:	Residence 8 Other (Specify)							
marked, or BY PHY:	27. MANNER OF DEATH 28e. OATE OF IN. (Month, Dey. 2	JURY 28b. TIME OF 28c. INJURY AT	28d. OESCRIBE HOW INJURY OCCUREO							
Z8 IS	3 Suicide 8 Could not be determined 28a. PLACE OF INJURY — At home, ferm, atreet, tectory, office building, etc. (Specify) 28t. LOCATION (Street and Number or Rural Poute Number, City or Yown, State)									
MPL		knowledge, death occurred at the time, data and pl Ination and/or investigation, in my opinion, death oc	eca, and dua to the cause(a) and manner as atated, coured at the time, date end place, and dua to the cause(a) end manner as stated.							
IMPORTANT:	29b. SIGNATURE AND TITLE OF CERTIFIER	w m	29d. DATE SIGNEO (Month, Day, Year) 11/16/94							
	DR. VICTOR E. MAZZOCCO, N. 31. DATE FILED (Month, Day, Year) NOV 1 7 1994	I.D., 912 SETON DRIVE,	CUMBERLAND, MD 21502							



BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760.

DING PHYSICIAN: The law requires that the death certificate be executed within the contract of	After this certificate has been signed by the attending physician and completely filled in by the funeral direction, page 5 should be detached for use as the burtal-transit permit. Pages 1, 2, 3 should death with the State Dept, of Health and Memai Hygiene prior to burial, cremation, or removal.	MPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be netflied at once.
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law	TO THE FUNERAL DIRECTOR: After this certificate has be filed within 72 hours after death with the State Dep	IMPORTANT: If item 28 is marked, or item 23

1. DECEDENT'S NAME	(First, Mickille, Land)	12							2. DATE O	F DEATH	WY:	YEAR	3. TIME OF DEATH
JORGE	PAREJ								NOV	. 0°	5	94	0630
4. SOCIAL SECURITY N	NUMBER	1 M 2 F	6. AGE (In yo	rs. (est birthday) YRS.	#F UNDER 1 1	****	F UNDER	MIN.	7, DATE O	P BURTH Day: Year)		B. BIFITH	HPLACE (fitate or Foreigny)
NONE	cat leasting at a rever	1.1998 1-1-1.7999 2	39	THS.					June	9, 1	1955	307.00	uador
48 WEST											NTG	OMERY	
10e. STATE	RESIDENCE OF DECEDENT 10c. STATE 10c. CITY, TOWN OR LOCATION								_			10d. INSIDE CITY	
Marylan	Maryland Montgomery County Rockville, Maryl					ry1a	nd				LIMITS?		
	STREET AND NUMBER IDE. ZIP CODE								10g. C/1	IZEN OF V	WHAT COUNTRY?		
14104 Car	nterbury	Lane				20	085	3			Ecu	ador	
11. MARITAL STATUS	and the same	12, WAS DECEDED FORCES?			13. 994	S DECENO	DENT OF	F HISPAN	nc ORIGINY n. Pwerto Ric	(Specify Ye	s or No-	14. RACI	E — American Indian, k, White, etc.
3 Widowed 4		IF YES, GIVE Y	MAR OR DATE	S S		XES 2				ant, ent.)		dinas	
15.	DECEDENT'S EDU	CATION	Two	n. DECEDENT'S		-	ppai	11311		IND OF BU	Day Colo		шып
(Specification)	y only highest grade	Coffege (1-4 or 5	1 010	(Give Aind of Min. Do MOT u	work done dun	ng most a	of working	9	100.	MAD OF ING	SIME SISTING	DUSTRY	
12th grad		Consider (1-4 or 5		onstru	ction	Work	ker		P	rivat	e In	dust	rv
17. FATHER'S NAME (Fin								ER'S NA	ME (First, Mil				
Fernando	Pareia						Aec	la P	alaci	os			
19s. INFORMANT'S NAM				19b. MAILING	ADDRESS (5	treef and I				-	rn, Statu, Zi	p Code)	
Sara M. I	Pareja.	Sister		170 T	albott	Str	reet	. #	201,	Rocky	rille	, Md	. 20852
20e METHOD OF DISPO	DSITION A Perm	oval from State		ACE AND DATE	OF DISPOSITION		_		DATE		CATION -		
4 Donetion 5 Pro	26.26											And the State of t	W. C. C. C.
	mind Enthrospity		Qui	to (Fa	mily (Cemet	tery	7)	1		to,		
21. SIGNATURE OF FUN	mind Enthrospity		Qui	to (Fa	mily (Cemet			TO				
21. SIGNATURE OF FUN 23. PART 1. Epper 11	disease, or or heert feilure.	complications the	Qui	to (Fa	mily (ME AND A	nnec	ly S	treet	HNSON	V *&	JENK Wash	INS INC. ington, DC Approximate intervel Betwo
23. PART I. Epid the Hock, of HMMEDIATE CAUSE disease or condition	disease, or or heert feilure. (Finel n haditions, nmediate RLYING injury	complications the List only one can bue to be to	Qui at ceused th use on eech (OR AS A CO	to (Fa	mily (ME AND A	nnec	ly S	treet	HNSON	V *&	JENK Wash	INS INC. ington, DC Approximate intervei Betw
23. PART I. End the Model, control of the Mediate Cause disease or condition resulting in death) Sequentielly list conif any, leading to imcause. Enter UNDEL CAUSE (Disease or that initiated events resulting in death) in the Mediate Cause. Part ii. Other significant in the Mediate Cause of the Initiated events resulting in death) in the Mediate Cause of the Initiated events resulting in death) in the Mediate Cause of the Initiated events resulting in death) in the Mediate Cause of the Initiate Cause	diseeses, or or heert feilure. (Finel n haditions, meditions, injury LAST	EMBEE Complications the List only one can a. DUE TO b. DUE TO c. DUE TO d	Oui at ceused th use on eech (OR AS A CO (OR AS A CO	e deeth. Do in line. INSEQUENCE OF INSEQUEN	mily (716 not anter th F): In the unde	Ker e mode	nne confidence of dylar	ly S	Pert i. 2	HNSON, N.	W., iratory er	JENK Wash rest,	INS INC. ington, DC Approximate intervei Betw
23. PART I. Epri the Mock, of MMEDIATE CAUSE disease or condition resulting in death) Sequentielly list conif any, leading to imcause. Enter UNDEL CAUSE (Disease or thet initiated events resulting in death) I. PART II. Other signi	diseeses, or or heert feiture. (Finel n hinditions, mediate RLYING injury LAST USE CONTINUED TO MEDICAL	a. DUE TO b. DUE TO c. DUE TO d. HOSPITAL:	Oui At ceused the ceu	to (Fa	mily (716 not anter the second of the under the content of the con	Ker e mode	nne confidence of dylar	dy S ng, auch	Pert i. 2	HNSON, N.	W., iratory er	JENK Wash rest,	Approximate intervel Betwoonset and De onset and De
23. PART L. Eggl: the Mock, of IMMEDIATE CAUSE disease or condition resulting in death) Sequentielly list confirm, leading to improve the cause. Enter UNDEL CAUSE (Disease or the initiated events resulting in death) IMMEDIATE II. Other significant in the confirmation of the cause. Examiner? 1 XYES 2 NO	diseeses, or or heert feiture. (Finel n hinditions, mediate RLYING injury LAST USE CONTINUED TO MEDICAL	ENSEE complications the List only one case a. DUE TO b. DUE TO c. DUE TO d	Oui At ceused th use on eech (OR AS A CO (OR AS A CO (OR AS A CO (OR AS A CO ER/Outpatie	ine deeth. Do in tine. In the deeth. Do in tine	mily (716 not anter the first in the under the under the first in the under the first in the under the first in the under	Ker e mode	nnecoord dyler	ly S ng, auch	Pert I. 2	HNSON, N. IC OF reap PERFORM Specify)	U *& W., iratory er AUTOPSY RMED? □ NO	JENK Wash rest,	Approximate intervel Betwoonset and De onset and De
23. PART L. Esset the Mock, of IMMEDIATE CAUSE disease or condition resulting in death) Sequentielly list confirm, leading to improve the course. Enter UNDEL CAUSE (Disease or the initiated events resulting in death) IMMEDIATE INTERPRETATION TO THE CAUSE (Disease or the initiated events resulting in death) IMMEDIATE INTERPRETATION TO THE CAUSE (DISEASE OF THE CAUSE	diseeses, or or heert feiture. (Finel n hinditions, mediate RLYING injury LAST USE CONTINUED TO MEDICAL	DUE TO BE CONTRIBUTE TO CA RIBUTE TO CA R	Out at ceused the use on each (OR AS A CO) (e deeth. Do in tine. In the least to the le	mily (716 not anter the not an	Ker e mode	nnecond of dylin	dy S ng, auch	Pert I. 2	HNSON, N.	U *& W., iratory er AUTOPSY RMED? □ NO	JENK Wash rest,	Approximate intervel Betwoonset and De onset and De
23. PART I. Eggs the flock, 4 IMMEDIATE CAUSE disease or condition resulting in death) Sequentielly list conif any, leading to impressed to the flow of the initiated events resulting in death). PART II. Other signification of the initiated events resulting in death). DID TOBACCO 25. WAS CASE REFERRE EXAMINER? 1 XYES 2 NO 27. MANNER OF DEATH 1 Natural 5 2 Accident	disease, or or heert feiture. (Finel n	DUE TO BE CONTributing to RIBUTE TO CA RIBUTE TO CA BE CONTRIBUTE TO CA C. DUE TO CA BE CONTRIBUTE TO CA C. DUE TO C. DUE TO CA C. DU	Out of the second of the secon	e deeth. Do in tine. In the least to the le	mily (716 not anter the state of the state o	Flying Co	nnecond of dylin	ly S ng, auch	Pert I. : 8 Other (28d, DESC	HNSON, N. IC OF reap PERFORM Specify) RIBE HOW I	AUTOPSY RMED?	JENK Wash rest,	Approximate intervel Betwoon on the intervel Betwoon of the intervel Betwoon o
23. PART I. Eggs the flock, 4 IMMEDIATE CAUSE disease or condition resulting in death) Sequentielly list conif any, leading to impressed to the flow of the initiated events resulting in death). PART II. Other signification of the initiated events resulting in death). DID TOBACCO 25. WAS CASE REFERRE EXAMINER? 1 XYES 2 NO 27. MANNER OF DEATH 1 Natural 5 2 Accident	diseeses, or or heert feilure. (Finel n hemiditions, meditions, injury LAST DUSE CONTI	EMBEE Complications the List only one cau a. DUE TO b. DUE TO c. DUE TO d	Out of the second of the secon	DEATH YE PLACE OF DEA	mily (716 not anter the state of the state o	Flying Co	nnecond of dylin	dy S ng, auch	Pert i. : 2 S Other (Carlot Colly or C	HNSON, N. IC OF reap PAR. WAS AN PERFOR INVES Specify) RIBE HOW I	AUTOPSY AMED? I AUTOPSY AMED? I NO	JENK Wash rest,	INS INC. ington, DC Approximate intervel Betwoonset and De were autopsy findin AMALABLE PRIOR TO COMPLETION OF CAUS OF DEATH? Tyes 2 \sum No
23. PART I. Epri th Mock, of MMEDIATE CAUSE disease or condition resulting in death) Sequentielly list conif any, leading to imcause. Enter UNDEL CAUSE (Disease or thet initiated events resulting in death) PART II. Other signification of the control of the co	diseeses, or or heert feiture. (Finel n	EMBEE Complications the List only one can a. DUE TO b. DUE TO c. DUE TO d	OUI at ceused the ceu	TO (Fall to	mily (716 not anter th 716 F): In the unde TH (Check only OTHER: 4 Nursing E OF URY H States, factory	Fiying co	UNCE	end due	Pert I. 2 B Other (28d. DESC Sul Car City or #8Wes	HNSON, N. IC OF reap PERFORM Specify) RIBE HOW I TON (Street Rown, State) There	AUTOPSY AMED?	JENK Wash rest, 24b	Approximate intervel Betwoonset and De Onset
23. PART I. End the Hock, of MMEDIATE CAUSE disease or condition resulting in death) Sequentielly list conif any, leading to im cause. Enter UNDE/ CAUSE (Disease or thet initiated events resulting in death) in the initiated events resulting in death) in the initiated events resulting in death) in the initiated events resulting in death) in the initiated events resulting in death) in the initiated events resulting in death) in the initiated events resulting in death) in the initiated events resulting in death) in the initiated events resulting in death) in the initiated events resulting in death) in the initiated events resulting in death) in the initiated events resulting in the initiated events resulting in the initiated events resulting in death) in the initiated events resulting in the initiated events resu	disease, or or heert feilure. (Finei n	DUE TO B. DUE TO B. DUE TO C.	OUI at ceused the ceu	TO (Fall to	mily (716 not anter th 716 F): In the unde TH (Check only OTHER: 4 Nursing E OF URY H States, factory	Ker e mode Fiying ce Finding ce	euse gi	end due	Pert i. : 28d. DESC. Sul. LOCAT CON CONTROL SUL CONTRO	HNSON, N. IC OF reap PERFORM Specify) RIBE HOW I TON (Street Rown, State) There	AUTOPSY MED? Indian Number Autopsy Med Number Autopsy JENK Wash rest, 24b	WERE AUTOPSY FINDIN AMALABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 TYES 2 No	
23. PART I. Epri th Mock, of MMEDIATE CAUSE disease or condition resulting in death) Sequentielly list conif any, leading to imcause. Enter UNDEL CAUSE (Disease or thet initiated events resulting in death) PART II. Other signification of the control of the co	disease, or or heert feilure. (Finei n	DUE TO B. DUE TO B. DUE TO C.	OUI at ceused the ceu	TO (Fall to	mily (716 not anter th 716 F): In the unde TH (Check only OTHER: 4 Nursing E OF URY H States, factory	Ker e mode Fiying ce Finding ce	Of dylir UNCL TAT A place, h occure	end due end du the NSE NUM	Pert i. 28 Other (28d. Descriptor 48 Westime, date all BEER	HNSON, N. IC OF reap PERFORM Specify) RIBE HOW I TON (Street Rown, State) There	AUTOPSY AMED? In NO NJURY OC AND A Standard Aumber And Aumber	JENK Wash rest, 24b	WERE AUTOPSY FINDIN AMALABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO
23. PART I. Epist the flock, of IMMEDIATE CAUSE disease or condition resulting in death) Sequentielly list configures, leading to impresse enter UNDE/CAUSE (Disease or their initiated events resulting in death) II PART II. Other signification of the initiated events resulting in death) II PART II. Other signification of the initiated events resulting in death) II 21. WAS CASE REFERRE EXAMINER? 11. Yes 2 NO 27. MANNER OF DEATH 1 Netural 5 Other signification of the initiated events resulting in death) II. Other significance in the initiated events resulting in death) II. Other significance in the initiated events resulting in death) II. Other significance in the initiated events resulting in the initiated events resulting in the initiated events resulting in the initiated events resulting in the initiated events resulting in the initiated events resulting in the initiated events resulting in the initiated events resulting in the initiated events resulting in the initiated events resulting in the initiated events resulting in death) II. Other significance in the initiated events resulting in death) II. Other significance in the initiated events resulting in death) II. Other significance in the initiated events resulting in death) II. Other significance in the initiated events resulting in death) II. Other significance in the initiated events resulting in death) II. Other significance in the initiated events resulting in death) II. Other significance in the initiated events resulting in death) II. Other significance in the initiated events resulting in the initiated events resulting in the initiated events resulting in the initiated events resulting in the initiated events resulting in the initiated events resulting in the initiated events resulting in the initiated events resulting in the initiated events resulting in the initiated events resulting in the initiated events resulting in the initiated events resulting in the initiated events resulting in the initiated events resulting in the initiated ev	diseesss, or or heert feiture. (Finel n	EMBEE Complications the List only one can a. DUE TO b. DUE TO c. DUE TO d. BE CONTributing to RIBUTE TO CA HOSPITAL: 1 Inpetient 2 280. DATE OF (Month, D) 280. PLACE OF building, CIAN: To the best of a	OUI At ceused the ceu	DEATH YE PLACE OF DEA IN 1 DOA 28b. TIM 1N. 262.5 At home, term, d/or investigation	mily (716 not anter the not anter the not anter the not anter the not anter the not anter the not anter the not anter the not anter the not anter the not not not not not not not not not not	Ker e mode Fiying ce Finding ce	Of dylir UNCL TAT A place, h occure	end due	Pert i. 28 Other (28d. Descriptor 48 Westime, date all BEER	HNSON, N. IC OF reap PERFORM Specify) RIBE HOW I TON (Street Rown, State) There	AUTOPSY AMED? In NO NJURY OC AND A Standard Aumber And Aumber	JENK Wash Test, 24b CURED COURSE FOR PROPERTY OF P	WERE AUTOPSY FINDIN AMALABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 TYES 2 No



21215-0020	
MARYLAND	
BALTIMORE,	
58760	
XO	

DIVISION OF VITAL RECORDS, P.O. B(

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	TE OF MARYLAND / I	DEPARTM RTIFICA	ENT OF H	EALTH AND I	MENTAL HYGIE			
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH	DAY	YEAR 3	. TIME OF OEATH
	Rena I.	Pugh				Nov. 7	1994		:10A.M. M
	4. SOCIAL SECURITY NUMBER 5. SEX	6. AGE (In yrs. lest i	MON	THE DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		Country)	ACE (State or Foreign
	578 20 6112 1 M	12 XX 73	YRS.		R LOCATION OF DE	April 2			h Carolina
æ	1548 Farlow Ave.	шпын	90.	Croft		AIH		NTY OF DEA	
5	RESIDENCE OF DECEDENT						Allin	e Aru	
J. I.	Maryland Anne Arun	dol		wn or locati Eton	ION				0d, INSIDE CITY LIMITS?
AL C	10e. STREET AND NUMBER	del	CIO		ZIP CODE		10g. CITI		☐ YES 2 XNO AT COUNTRY?
FUNERAL DIRECTOR	1548 Farlow Ave.				21114				States
F.	11, MARITAL STATUS 12. WAS 1 Never Married 2 Merried FOR	DECEOENT EVER IN U.S. ARM	IED D	13. WAS DECE	ENDENT OF HISPAN	IIC ORIGIN? (Specity)	_	14. RACE -	- American Indien, White, etc.
BY	3 🔀 Widowed 4 Divorced	ES, GIVE WAR OR DATES	No		2 KNO Specify			Specify:	White
	15. DECEDENT'S EQUCATION (Specify only highest grade completed	18e. DEC	EDENT'S USU	AL OCCUPATIO	N	16b. KINO OF B	USINESS/IND	USTRY	WIIICC
COMPLETED	Elementary/Secondary (0-12) College	e (1-4 or 5 +)	Do NOT use reti	red.)	at or working				
MP	12 17. FATHER'S NAME (First, Middle, Last)	пал	LI Dies	sser			Emp1	oyed	
	James D. Hildreth					ME (First, Middle, Meide Harringto			
) BE	19a. INFORMANT'S NAME (Type/Print)	19b.	MAILING ADD	RESS (Street at		Coute Number, City or To		Code)	
2	Rena Fogleman (Daugh	ter) 1	1548	Farlow	Ave. C	rofton Ma	ryland	1 211	14
	20e. METHOD OF DISPOSITION XXBuriel 2 ☐ Cremetton 3 ☐ Ramovat from	20b. PLACE AN cemetery, crem	ND DATE OF DIS	SPOSITION (Nar	Gardens	1	OCATION —		
	4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE	Lakemo	ont Mer		Gardens O ADDRESS OF FAC		avidso	onvil.	le Md.
- 5	Redort E. C	IMAG 1 / 1	200.	Beal1	-Evans F	uneral Ho			
\dashv	23. PART I, Enter the diseeses, or complica	itione that caused the dea	th. Do not e	16000	Annapol	is Rd. Bo	wie M	d. 20	715 Approximate
	ehock, or heart failure. List only IMMEDIATE CAUSE (Final	one ceuse on each line.	0				piratory arr	000,	Interval Between Onset and Death
	disease or condition resulting in deeth)	Lisma	Cur	un					
	personal control of the control of t	OUE TO (OR AS A CONSEQU	JENCE OF):						
ON	Sequentielly list conditions, b.	DUE TO (OR AS A CONSEQU	JENCE OF:						
CERTIFICATION	if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or Injury								
Ē	that initiated events resulting in deeth) LAST	DUE TO (OR AS A CONSEQU	JENCE OF):						
EH	d.								-
AL	PART II. Other significent conditione contril			e underlying	ceuse given in	Part I. 24a. WAS A	N AUTOPSY ORMED?		ERE AUTOPSY FINDINGS
PHYSICIAN: MEDIC	Topuer une	- Cigenette	e as	whin	9	1 TYES		0	OMPLETION OF CAUSE F DEATH?
M	DID TOBACCO USE CONTRIBUTE	TO CALIFE OF DEAT	U VEC I	7 110	LINICEDTAIN			1	YES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL		OF DEATH (C		UNCERTAIN	4 LJ			
Sic	EXAMINER? 1 YES 2 NO 1 Inp	PITAL: atlent 2 ER/Outpatient 3 E		HER: Nursing Home	5 Residence	8 Other (Specify)			
E	_ /	Month, Day, Year)	28b. TIME OF INJURY	26c. tNJU WOF	JRY AT	28d. DESCRIBE HOW	INJURY OCC	URED	
B	1 Mitural 5 Pending 2 Accident tovertigation	DI ACE OF IN HIRV			ES 2 NO				
	3 Suicide 6 Could not be 4 Homicide determined	 PLACE OF INJURY — At home building, etc. (Specify) 	e, term, street	tectory, office		261. LOCATION (Stree City or Town, State	t and Number e)	or Rural Rou	ita Number,
COMPLETED	290. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To 1	the heat of my knowledge, deal	th occurred at	the time date	and place and due	to the source(s) and =			
NO N	(Check only one) 2 MEDICAL EXAMINER: On the	besis of exemination and/or im	vesignation, in	my opinion, de	ath occured at the	time, date and place,	anner es atat	e ceuse(s) e	nd menner es stated.
BEC	290. SIGNATURE AND TITLE OF CERTIFIER	19 //			29c. LtCENSE NUM	BER	29d. OATE	SIGNED (N	fontly, Day, Year)
10 B	News	all				602	1	1/7/	199
٦	30. NAME AND ADDRESS OF PERSON WHO COMPLI	ETED CAUSE OF DEATH (ITEM	27) (Spe, Print)	41	Blud	1	4	1 1	10 111
	31. DATE FILED (Month, Day, Mari) 32.	PLOISTRAR'S SIGNATURE	36/0	7101	wod	Coo	Ton	, uf	X21114
	NOV U 9 1994 Gular	plaistran's superiore Devideon-Hondelle							

A .	
LO.	
_	
\sim	
9 9	
_	
CAL	
-	
7	
1.	
Z	
-	
-	
1	
200	
>	
CC"	
lide .	
4	
100	
5	
-	
- 01	
110	
-	
All and	
_	
U	
MOR	
-	
-	
$\overline{}$	
-	
_	
_	
-40	
•	
BAL	
m	
4	
-	
09	
_	
(6)	

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

3

31. DATE FILED MONTH. PON

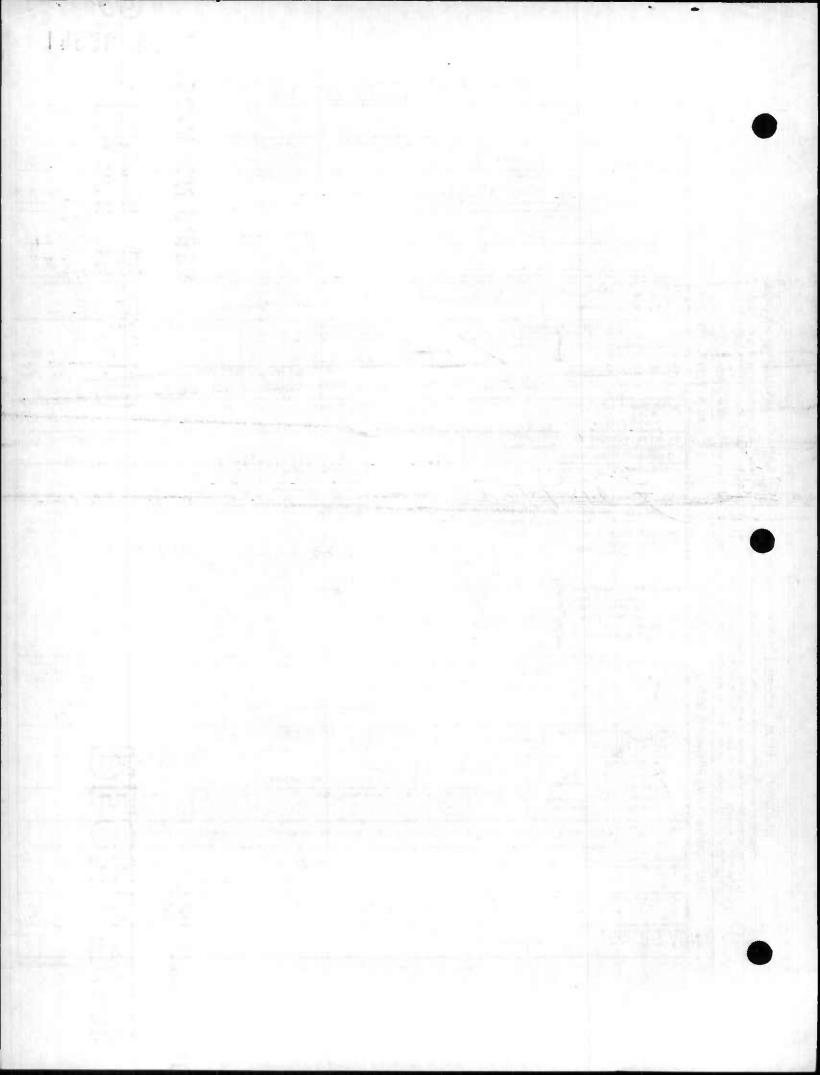
funa waydon-mana

1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 3:30 P Woch ATIE 04 8. BIRTHPLACE (State or Foreign Country) 4. SOCIAL SECURITY NUMBER 5. SEX 7. DATE OF BIRTH (Morith, Day, Year) 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 1 - H 2 80 F 83 SOUTH CAROLINA 577-38-1125 Pages 1, 2, 3 should 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH **ADELPHI** PRESIDENTIAL WOODS NURSING HOME DIRECTOR PRINCE GEORGES RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10e. STATE 10b. COUNTY N/A WASHINGTON. D.C. N/A 1XX YES 2 □ NO permit. FUNERAL 10e. STREET AND NUMBER 101, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 20011 402 9TH ST. N.W. burial-transit UNITED STATES hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2XX40
IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-1 Never Married 2 Married 3 Wildowed 4 Divorced If yes, specify Cuben, Maxican, Puerto Rican, etc.)

1 YES 2 X 100 Specify: BY **BLACK** detached for use as the COMPLETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16b. KIND OF BUSINESS/INDUSTRY ntary/Secondary (0-12) FOOD SERVICES once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) the 5 should be d W BE N/A
19a. INFORMANT'S NAME (Type/Print) funeral director, page 5 should notified 2 515 E. INDIAN SPRING DRIVE, SILVER SPRING, MD 20901 AZALEE P. HARRISON Page 6 may be 9 20a. METHOD OF DISPOSITION

1 M Burlal 2 Cremation 3 F

4 Donation 5 Other (Specify) METHOD OF DISPOSITION
Burlel 2 Cremetion 3 Removel from State 20b. PLACE AND DATE OF DISPOSITION (Name of 29c. LOCATION — City or Town, State DATE must LINCOLN CEMETERY 11-11-94 BRENTWOOD, MD examiner 21. SIGNATURE OF TUNERAL BERVICE CICENSEE E.M. DUDLEY FUNERAL HOME ours after death. 3200 RHODE ISLAND AVE., MT. RAINIER, MD filled in by the fi medical 23. BART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between completely filled In rial, cremation, or IMMEDIATE CAUSE (Final **Onset and Death** the STAGE CARCINOMA OF BREAST disease or condition resulting in death) event, DUE TO (OR AS A CONSEQUENCE OF): requires that the death certificate be executed prior to burial, traumatic CERTIFICATION attending physician and rital Hygiene prior to bur Sequentially list conditions. DUE TO (OR AS A CONSEQUENCE OF) if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST ò signed by the atte Injury, PART II. Other algnificent conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24s. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO MEDICAL Wal ашу COMPLETION OF CAUSE 1 YES 2 NO Shows 1 _ YE\$ NO has been s Dept. of H PHYSICIAN: THE HOSPITAL OR ATTENDING PHYSICIAN: The law THE FUNERAL DIRECTOR: After this certificate has by filed within 72 hours after death with the State Dept. PORTANT: If Item 28 is marked, or Item 23 is 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: 1 YES 2 NO OTHER:
4 Nursing Home 5 Residence 6 Other (Specify) 1 Inpatient 2 ER/Outpatient 3 DOA 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c, INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Antural M 1 YES NO 8 2 Accident
3 Suicide 28e. PLACE OF INJURY — 44 home, farm, street, factory, building, etc. (Special) 261 COCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be determined COMPLETED 4 Homicide 29a. CERTIFIER 1 DERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. TO THE HOSPITA
TO THE FUNERA
De filed within 72
IMPORTANT; II 2 🗍 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and menner as stated. 29b. SIGNATURE AND TITLE OF CENTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED/CAUSE OF DEATH (ITEM 27, 7/pp. Paint)



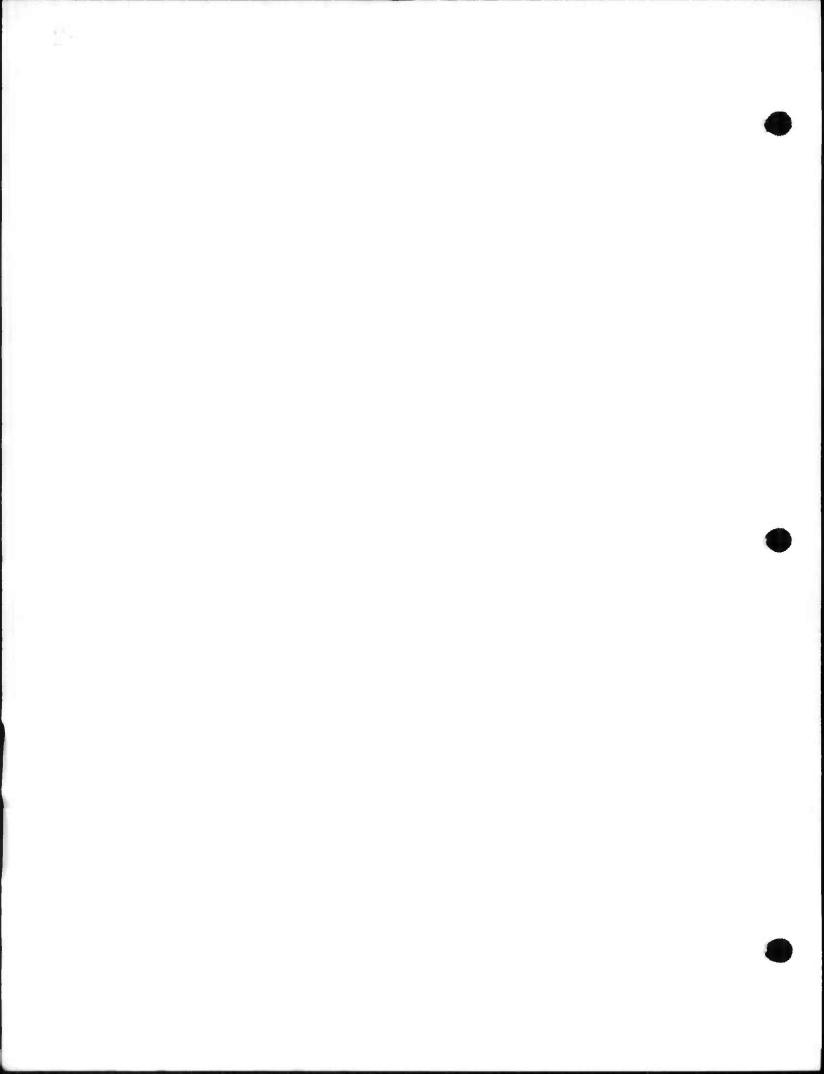
	in 2	sh fill	nation	the
î	TO THE HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 2	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely fill	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the
	cuted	oo p	urial,	tic e
	e exe	an an	to 0	EWIN
	ate b	ysici	prio	r ta
	ertific	ng pl	giene	othe
	o Hit	tendi	a F	9
î	e de	the at	Ment	jury
	nat th	4	and	n in
	tes th	igned	ealth	8
	redui	sen s	H jo	shov
	WP	as b	Dept.	23
	H.	ate	tate	tem
	CIAN	ertific	the S	0
	SHYS	this c	with	ked,
	NG F	After	eath	mar
	END	DR: /	fter d	8 15
	AIT	RECT.	irs a	m 2
	L 0F	JIG 7	hou	He
	PITA	ERA	22 1	T. H
	8	F	withi	TAN
	품	뿓	filed	POR
	2	2	2	Ξ

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

he burial-transit permit. Pages 1, 2, 3 should		
ed in by the funeral director, page 5 should be detached for use as the bi		er must be notified at once.
completely fille	ntal Hygiene prior to burial, cremation, or removal.	other traumatic event, the medical examin
gned by the at	after death with the State Dept. of Health and Mental Hyy	28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must
TOR: After t	after death	28 Is mar

TO BE COMPLETED BY FUNERAL DIRECTOR

1 - FOR STATE REGISTRAR		STATE OF M		/ DEPART			ALTH AND I	MENT/	AL HYGIENE			
1. DECEDENT'S NAME (First, Mi	iddle, Lasi)				JA! L	0	JEAIII		E OF DEATH			TIME OF DEATH
MFLVIN	I P. PT	NDFLI.						MOM	TH DAY		EAR	м
4. SOCIAL SECURITY NUMBER			8. AGE (In yrs. I		IF UNDER 1		IF UNDER 24 HRS.	7. DATI	E OF BIRTH	8.	BIRTHPL Country)	ACE (State or Foreign
219-26-8073	1	∑X9 2 ☐ F	57	YRS.	MONTHS	DAYS	HOURS MIN.		3. 12 19). C.	
9e. FACILITY NAME (If not institu	ution, give street	and number)			9b. CITY,	TOWN OR	LOCATION OF DE	EATH		9c. COUNTY	OF DEA	гн
ANNE ARUNDEL		AL CENT	ER		ANN	APOL	JIS			ANN	IE AF	RUNDEL
RESIDENCE OF DECE	DENT Db. COUNTY			100 CITY	TOWN O	R LOCATIO	ON				14	od. INSIDE CITY
		ADIINDET		200			JN					LIMITS?
MARYLAND 10e. STREET AND NUMBER	ANNE	ARUNDEL		AN	NAPO		ZIP CODE			10a CITIZEI		AT COUNTRY?
THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAM	A TOTALLE						401					
210 PINDELL		. WAS DECEDENT	EVER IN U.S. /	RMED	13 W		NDENT OF HISPAI	NIC OBIG	IN2 (Specify Year)	US or No.— 14		- American Indian,
1 Never Merried 2 XMe		FORCES? 1	YES Z	NO	lf lf	yes, spec	cify Cuben, Mexica	n, Puerto		J. 100	Bleck, Y	Vhite, atc.
3 Widowed 4 Divorce	d	IF TES, GIVE W	IN ON DATES		Ι'	☐ 1E9 2	ZA KNO Specif	у.			Specify: BI	LACK
15. DECED	ENT'S EDUCATI	ION poletodi	16a. E	DECEDENT'S U	JSUAL OC	CUPATION	l of working	16	b. KIND OF BUSI	NESS/INDUS	TRY	
Elementary/Secondary (0-12		college (1-4 or 5+)		(Give kind of wi fe. Do NOT use	retired.)	iunny mosi	or working					
12th			BU	ILDING	CON	TRAC	TOR		SELF EN	IPLOYE	ED	
17. FATHER'S NAME (First, Midd	lle, Last)						18. MOTHER'S NA	ME (First	, Middle, Maiden S	Surname)		
JACOB J. PI	NDELL						LILLI	AN C	. SMITH	ł		
19e. INFORMANT'S NAME (Type	/Print)			19b. MAILING	ADDRESS	(Street en	d Number or Rural	Route Nu	mber, City or Town	, Stata, Zip Co	ode)	
EVANGELINE PI	NDELL						E. ANNA	POL1	S, MD.	21401		
20e. METHOD OF DISPOSITION 1 Muriel 2 ☐ Cremetion		I from State	other	n/aca)			etery, cremetory or			ATION — CIT		
4 Donetion 5 Other (S			ANNA	Polis	MEM.	GAR	RDEN 11/	23/9	94 ANNA	APOLIS	, MI	21401
21. SIGNATURE OF FUNERAL S	SERVICE LICENS	SEE					D ADDRESS OF FA					
Zannu	M-Roo	10			REE	SE &	SONS M	ORTU	JARY, P.	A.	401	
23. PART I. Enter the dise	ases, or com	plicationa that	caused tha	death. Do n								Approximate
shock/or haa	rt failure. Lia	t only one caus	se on aach li	na.			,,,			,	,	Interval Between Onset and Deeth
IMMEDIATE CAUSE (Final disease or condition		17	1-	Mus	1/100	1	2 10.	. U				12 WKC
resulting in death)	a	DUF TO	OR AS A CONS	EQUENCE OF	100	716	è les		MIK			20073
	_	MA [TIN	A 1	/N	elas	ha					14 yrs
Sequentially list condition if any, laeding to immedia		- Ommyo.	ON IS A COME	The second of	77	-10.						1,7,3
cause. Enter UNDERLYING	G	N-	4	Fai	TUV	7	20	h				Jul 1
CAUSE (Disesse or injury that initiated events		bue to	OR AS A CONS	SEQUENCE OF):							
resulting in death) LAST	d.											
PART II. Other significant	conditions	ontribution to	death hut co	t regulation to	n the un	darlular	cause alues la	Dart I	24a. WAS AN	ALITTOREV	245 14	/ERE AUTOPSY FINDINGS
Ant ii. Other significant	- CONGRESSION C	one woung to	wastii DAI UO	creeuting i	เสซ นกั	wariying	rense Aineu IU	ratti.	PERFORI		A	MAILABLE PRIOR TO COMPLETION OF CAUSE
· ·									1 - YES 2	□ NO		F DEATH?
									1		1	YES 2 NO
											l	
25. WAS CASE REFERRED TO EXAMINER?		IOSPITAL:			OTHER		ACE OF DEATH (C	heck only	one)			
1 TYES 2 TO NO	11	patient 2		_	4 🗆 Num	sing Home	5 Reeldence		- ' ' '			
27. MANNER OF DEATH 1 Netural 5 □ Pe	andlog	26a. DATE OF (Month, De	INJURY ly, Year)	28b. TIMI	URY	28c. INJU	RK?	28d. D	EŞCRIBE HOW IN	HURY OCCU	RED	
	reatigation				М		ES 2 NO					
3 Suicide 8 Could not be 4 Homicide Catermined 28e. PLACE OF INJURY — At home, farm, atree1, factory, office building, etc. (Specify) 28e. PLACE OF INJURY — At home, farm, atree1, factory, office City or Town, State)												
Torroom only							end place, end du					and menner ee stated.
29breignature and title of						/	29c. LICENSE NU					Viorith, Day, Year)
T.	CENTIFICA	1 6	10 - 0-	m-t	to	4	1179	16	-	► // /	21/6	74
30. NAME IND ADDRESS OF	PERSON WHO	DOMPLETEDICAUS	E OF PEATH	TEM 27) (5m2	Print)	, ,	91.7	03		- 11/	-/	1
Gregory	MI	Lell	- 20	75)	Rid	gel	, Ave	4	Any po	lis,	Word	
31. DATE FILED (Month, Day, Vo	1994	32 REGISTRA	R'S SIGNATURI	ardall					J	-		



DIRECTOR

FUNERAL

BY

COMPLETED

2

CERTIFICATION

MEDICAL

PHYSICIAN:

ВY

COMPLETED

띪

2

29a. CERTIFIER

_	
-	
Š	
2	
00	
BOX 68760	
-	
\hat{a}	
Ų	
m	
O	
<u>Р</u> О	
_	
ഗ്	
ä	
≂	
RECORDS	
Q	
\cup	
Ш	
r	
_	
8	
-	
F VITAL	
1	
0	
_	
Z	
0	
NISION	
n	
>	
=	

Pages 1, 2, 3 should permit. burial-transit Page 6 may be retained by the hospital or attending physician. use as the page 5 should be detached for notified at e must the funeral director, medical examiner executed within 24 hours after death. completely filled in by 0 the cremation, other traumatic event, bunal, and prior to requires that the death certificate the attending p shows any injury, has been signed by I Dept. of Health and 23 Item DIRECTOR: After this certificate hours after death with the State 10 marked, s 28 item OR THE HOSPITAL (THE FUNERAL D filed within 72 h = TO THE HOSPITA
TO THE FUNERA
De filed within 7
IMPORTANT: 1

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR CERTIFICATE OF DEATH REG. NO. 1. DECEOENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH 3. TIME OF DEATH Nov 18, MARGARET 1994 Μ. PAULMAN 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. lest birthday) 7. DATE OF BIRTH (Month, Day, Year IF UNDER t YEAR IF UNDER 24 HRS. 6. BIRTHPLACE (State or Foreign DAYS HOURS 1 🗌 M 2 😾 F 67 YRS. 220-18-9297 Aug 7, 1927 Maryland 9a. FACILITY NAME (If not institution, give street and number, 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH 2237 Sams Creek Rd. Carroll County Westminster RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10a. STATE 10d. INSIDE CITY Maryland Carroll Co. Westminster 1 YES 2 X NO 10e STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? 2237 Sams Creek Rd. 21158 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☒ NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Married It yes, specify Cuban, Maxican, Puarto Rican, etc.) 1 YES 2 NO Specify Specify: 3 🔀 Widowed 4 🗌 Divorced White 16e. DECEDENT'S USUAL OCCUPATION 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comp (Give kind of work done life, Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) unknown Sales Clerk Department Store 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) William C. Schmuck Ellen T. Dee 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING AODRESS (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) Mr. Charles Paulman 6572 Edgewood Rd. New Market, MD 21774 20a. METHOD OF DISPOSITION
1 [X] Burlal 2 □ Cremation 3 □ Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION -- City or Town, Stata netery cremetory or other place)
2. Peters Church Cemetery 111-21 Libertytown, MD 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Burrier-Queen Funeral Directors, P.A. ohm 1212 W. Old Liberty Rd. Winfield, MD 21784 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heart fallura. List only one cause on each Interval Between **Onset and Daath** IMMEDIATE CAUSE (Final disease or condition chostalic to the searso reaulting in death) QUE TO (OR AS A CONSEQUENCE OF) Sequentially list conditions, OUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other algorificant conditions contributing to death but not reaulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 24s. WAS AN AUTOPSY PERFORMED? 1 YES 2 500 DF DEATH? 1 TES 2 200 DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF OEATH (Check only one) HOSPITAL:
1 | Inpetient 2 | FER/Outpatient 3 | DOA OTHER: 1 - YES 2 - 1000 4 Nursing Home 5 Residence 6 Other (Specify) 28e. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28c, INJURY AT 2ad. DESCRIBE HOW INJURY OCCUREO 1 Natural 5 Pending 1 YES 2 NO 2 Accident 28a. PLACE OF INJURY — At home, tarm, street, factory, office building, atc. (Specify) 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be 4 Homicide

396. SIGNATURE AND LITTLE OF CERTIFIES 29c, LICENSE NUMBER 29d. DATE SIGNED (Month, Day, KD 1994 3 89 1 NOU. 21 30. NAME AND ADDRESS OF TERS ON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) W estruuste FRE-131 542 wksH MUZIIS

2 MEDICAL EXAMINER: On the basis of exemination and/or investigation, in my opinion, death occurad at the time, data and place, and due to the cause(s) and manner as atered.

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated.

31. OATE FILED (Month, Day, Year)
NUV 2 1 1994 32. REGISTRAR'S SIGNATURE d'avoler Karla

BALTIMORE, MARYLAND 21215-0020	nours after death. Page 6 may be retained by the hospital or attending physician,	filled in by the funeral director, page 5 should be detached for use as the burial-transit permition, or removal.	the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within cours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	STATE OF MARYL		IENT OF HEALTH AND ATE OF DEATH	MENTAL HYGIEN	E	
	1. DECEDENT'S NAME (First, Middle Last)		ODAT.	T-6	2. DATE OF DEATN		3. TIME OF DEATN
	LELA D. POW	IFII malden	mame: GRAV	ES	NOVEMBER		994 0750 a M
			in yrs. last birthday)	UNDER t YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH		B. BIRTNPLACE (State or Foreign
	212-44-6838 1 9s. FACILITY NAME (If not institution, give stree	□ M 2 XXX	9 YRS.	THE DAYS HOURS MIN.	SEPT 11 -	- 94	WASH.D.C.
œ	NORTH ARUNDEL HO			. CITY, TOWN OR LOCATION OF D GLEN BURNIE	EATH		Y OF DEATH
DIRECTOR	RESIDENCE OF DECEDENT	A.A	A.A. COUNTY				
ĕ	10a. STATE 10b. COUNTY		10d. INSIDE CITY				
0	MD ANNE AF	RUNDEL	SE	VERN			1 YES 2 NO
AL	10e. STREET AND NUMBER			101. ZIP CODE		10g. CITIZI	EN OF WHAT COUNTRY?
FUNERAL	8230 DEERFIELD CIR	RCLE		2114	4.4		U.S.A.
5	11. MARITAL STATUS	WAS DECEDENT EVER IN	U.S. ARMED	13. WAS DECENDENT OF HISPA	NIC ORIGIN? (Specify Yas		4. RACE — American Indian.
BY F	1 Never Married XXVMarried 3 Widowed 4 Divorced	IF YES, GIVE WAR OR D	2 NO	It yes, specify Cuban, Maxico 1 YES 2 DAYO Specific	en, Puerto Rican, etc.) fy:		Black, White, atc.
							AFRO AMERICAN
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade con	ION npleted)	18a. DECEDENT'S USU (Give kind of work	done during most of working	16b. KINO OF BUS	SINESS/INDU	STRY
E		College (1-4 or 5+)	life. Do NOT use rei	tired.)			
M	12	? ?	DAY CARE		SEL		
	17. FATHER'S NAME (First, Middle, Last)			18. MOTNER'S NA	AME (First, Middle, Malden	Surname)	
BE	CLEVELAND GRAVES			LYDIA			
2	19a. INFORMANT'S NAME (Type/Print) JOSEPH HENRY POWEI	T	19b. MAILING ADI	ORESS (Street and Number or Rural		n, State, Zip C	Code)
		-		SAME AS 10	B.		
	Remova AG Burlat 2 Cremation 3 Remova		PLACE AND DATE OF DE	SETERY 11-19-9			ty or Town, Stats
	4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICEN:		ANNES CE	AME AND ADDRESS OF FA		POLITS	MD. A.A.CO
	CHARLES E. HICKS	10	X/2 / 14	HOUSE OF HICK		ת שפת	21461
	23. PART i. Enter the diseases, or com		win				
	enock, or neart feitura. Lis	t only one cause on a	nch line.	anter the mode of dying, soc	m as cardied or reepi	ratory arres	interval Between
	iMMEDIATE CAUSE (Final disease or condition	C	-1,-~	2 102 L	0 5000	n	Onset and Death
-	resulting in death) e	OUE TO (OR AS A	CONSEQUENCE OF	12sproto	Jakks.	5)	
,			.,.	,			
힐	Sequentially list conditions, if any, leading to immediate	OUE TO (OR AS A	CONSEQUENCE OF):				
3	cause. Enter UNDERLYING CAUSE (Disease or injury						
E	that initiated events	DUE TO (OR AS A	CONSEQUENCE OF):				
CERTIFICATION	resulting in deeth) LAST						
AL C	PART II. Other eignificant conditions of	ontributing to death b	ut not resulting in th	na underlying ceuse given in	Part i. 24s, WAS AN	ALITOPSY	24b. WERE AUTOPSY FINDINGS
S	· Chroni		da		PERFOR	MED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE
	المبا	12 180 10			1 TYES 2	XNO	OF DEATH?
Σ	DID TOBACCO USE CONTRIB	LITE TO CAUSE O	E DEATH VEC	□ NO M UNCERTAI	<u></u>		1 TYES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL		26. PLACE OF DEATH (C		иш		
PHYSICIAN: MEDIC		OSPITAL:	01	HER:			
Ħ	27. MANNER OF DEATH	28a. DATE OF INJURY	28b. TIME OF	Nursing Nome 5 Realdence 28c. INJURY AT	28d. OEŞCRIBE HOW II	NJURY OCCU	REO
	1 Netural 5 Pending	(Month, Day, Year)	INJURY	M 1 YES 2 NO			
BY	2 Accident Investigation 3 Suicide 8 Could not be	28a. PLACE OF INJURY	— At home, term, stree	t, tactory, office	20f. LOCATION (Street a	nd Number or	Rural Route Number,
TED	4 Homicide detarmined	building, atc. (Spec	ny)		City or Town, State)		11
2	29a. CERTIFIER (Check only	N: To the best at my knowl	edge, death occurred at	the time, data and place, and due	to the cause(s) and man	nor so stated	
COMPLET				my opinion, death occured at the			
	29b. SIGNATURE AND TITLE OF CERTIFIED)		29c. LICENSE NUI			SIGNED (Month, Day, Year)
BE	Y	0) h 4	769~	DATE:	I I O I O I
2	30. NAME AND ADDRESS OF PERSON WHO C	OMPLETEO CAUSE OF OE	ATH (ITEM 27) (Type, Print	0	2007		11/1/4
	BASANT K. KHANDELWA	AL/1600 CRA	IN HIGHWAY	S.W. #201/GLE	EN BURNIE,M	IARYLA	ND 21061
	31. DATE FILED World Don 291 1994	32. REGISTRAR'S SIGNA	ATURE				
	1001 TA 1004	Jana al well	ex-vardall				

. 77 . 111 ...

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNETAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be the death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

INPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR	CE	RTIFICA	TE OF	DEATH		REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF		A C		3. TIME OF DEATH
	VIRGINIA	JOHNSON	OUZ	ALLS		NOV.	8	1994	YEAR	1:45P M
	4. SOCIAL SECURITY NUMBER 5. S			NOER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF	BIRTH		8. BIRTHE	PLACE (State or Foreign
	046-22-2272	□ M 2XCXF 79	YRS. MONT	HS DAYS	HOURA MIN.	SEPT.	15,19	915	VORT	H CAROLINA
	9a. FACILITY NAME (If not institution, give street as	nd number)	9b. C	CITY, TOWN O	R LOCATION OF DE		,	9c. COUN		
O.	5321 85th AVENUE	#104	NI	EW CAR	ROLLTON			PRIN	CE (GEORGE'S
5	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY									
DIRECTOR	MINE CE		10c. CITY, TOW	WN OR LOCATI	ION					10d. INSIDE CITY LIMITS?
	MARYLAND PRINCE 100. STREET AND NUMBER	GEORGE'S	NE		RROLLTO	N				1 X YES 2 NO
AAI				10f.	ZIP CODE			1 -		HAT COUNTRY?
FUNERAL	5321 85th AVEN				20784				USA	
교	11. MARITAL STATUS 1 Never Married 2 Married	WAS DECEDENT EVER IN U.S. ARM FORCES? 1 YES 2 XNO	ED	13. WAS DECI	ENDENT OF HISPAN	IIC ORIGIN? (Specify Yes	or No-	14. RACE Black,	— American Indian, White, atc.
В	3 X Widowed 4 Divorced	F YES, GIVE WAR OR DATES			2 X NO Specify				Specify	BLACK
	15. DECEDENT'S EDUCATION	N 150 DEC	EDENT'S USUAI	LOCCUBATIO	41	40. 10		SINESS/INDU		BEHCK
	(Specify only highest grade compl	(Give	kind of work do	one during mos	st of working	160, KI	ND OF BUS	SINESS/INDU	STRY	
4	8th	uede (1-4 ot 2 +)	USEWI					OWN I	помі	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)	110	ODEMI	<u> </u>	18. MOTHER'S NA	ME (Cleat Milds			пом	<u> </u>
	UNKNOV	W. T. T.							. D. T. I	ICHON
B	19a. INFORMANT'S NAME (Type/Print)		MAILING ADDR	RESS (Street ar	DIN nd Number or Rural F	AH JO				
임	YVONNE WHITAKER				TAFF ST					20785 ARYLAND
	20s. METHOD OF DISPOSITION	20b PLACE AN	ID DATE OF DISI			DATE	7	CATION — C		
	1 Burial 2 Cremation 3X Ramoval 1s 4 Donation 5 Other (Specify)		atory or other pla	MTTV	LIOMESTAE	1 1 1 1	ריבואים	ע כו דים	וחסמו	H CAROLINA
	21. SIGNATURE OF FUNERAL SERVICE LICENSE	E // //	senar il	22. NAME AN	D ADDRESS OF FAC	CHITY				
	M MINNING	A 12001	1/100	7/7/1	B. JENK	INS	FUNE	RAL	HOMI	E 20785 R,MARYLANI
	23. PART I. Enter the diseases, or compl	lications that caused the deep	th Do not on							
	anock, or neart tellure. List of	only ona cause on each lina.	iii. Do not an	itar tria moc	da or dying, suci	n as cardia:	c or reap	ratory arre	at,	Approximata Interval Between
	IMMEDIATE CAUSE (Final disease or condition	rterioscles	100	Nal	1:		0	, /		Onsat and Death
	resulting in death)	DUE TO (OR AS A CONSEQU	IENCE OF	Color	and	scu	ai	de	101	se
_		500 TO (011 AD A 00110200	LIVEL OF J.							
Ó	Sequantially list conditions, if any, lasding to immediate	DUE TO (OR AS A CONSEQU	IENCE OF):						-	
AT	cause. Enter UNDERLYING									
Ĕ	CAUSE (Disease or Injury that initiated evanta	DUE TO (OR AS A CONSEQU	ENCE OF):							
CERTIFICATION	resulting in death) LAST									
2	PART II. Other algorificant conditions con	atributing to doub but not a	authian in the							
DICAL		The state of the s		undarlying	cause givan in	Part I. 24	PERFOR			WERE AUTOPSY FINGINGS AMAILABLE PRIOR TO
Ď	11111	spedison				1	YES 2	No		COMPLETION OF CAUSE DF DEATH?
Σ	- algae		seas				/			1 YES 2 NO
Ä	DID TOBACCO USE CONTRIBU				UNCERTAIN	1 🗆 📗				
PHYSICIAN:		SPITAL:	OF DEATH (Che	eck only one)						
ΥS	1	Inpatient 2 ER/Outpatient 3			5 Residence					
	1 Netural 5 Pending	28s. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJU WOF	RK?	28d. DESCR	IBE HOW IN	IJURY OCCL	JRED	
BY	2/ Accident Investigation	28a BLACE OF IN HIRV			ES 2 NO					
	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY — At home building, etc. (Specify)	e, term, street,	mctory, office	·	City or 1	ON (Street a fown, State)	nd Number o	r Rumil Ro	oute Number,
<u>u</u> ,	29a, CERTIFIER . ~									
₽ II	(Check only 1 CERTIFYING PHYSICIAN:	To the best of my knowledge, deat								
COMPLETED	2 MEDICAL EXAMINER: On	the besis of examination end/or inv	restigation, in m	my opinion, de	eath occured at the	time, date en	d place, and	d due to the	ceuse(a)	and menner as stated.
BE	29b. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NUM	IBER		29d. DATE	SIGNED (Month, Dey, Year)
2	Mansava	ce, and	-		1128	19		No	2-9	1994
	MEDICAL OF PERSON WHO COM	MPLETED CAUSE OF DEATH (ITEM:		100	20 1	46	MI	カゴ	25	2
A	21 DATE EN ED (Manch Day Van)	20 000000000000000000000000000000000000	1000	CONS	in CA	100	IVIL	00	1/	
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNATURE	Randall							

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with cours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR		STATE OF I	MARYLAND	/ DEPAI	RTMENT	OF H	EALTH DEAT	AND I		HYGIEN REG. NO			
	1. DECEDENT'S NAME (First,	, Middle, Last)								2. DATE OF	DEATH			3. TIME OF DEATH
	Ada	a S.	Ruark							NOV.	15.	199	YEAR	6:10 A M
	4. SOCIAL SECURITY NUME	BER	5. SEX	6. AGE (In yrs.	last birthday)	IF UNDER		IF UNDER		7. DATE OF	BIRTH		6. BIRTH	IPLACE (State or Foreign
1	214-28-798	31	1 M 2 X F	62	YRS.	MONTHS	DAYS	HOURS	MIN.	Dec.		931	Country M > 1	vland
	9e. FACILITY NAME (If not in	estitution, give s	street end number)			9b. CITY,	9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF							
O.	Deer's Hea	ad Cen	ter			Salisbury Wicon					omic	.0		
ی	RESIDENCE OF DEC	10b. COUNT	v .		1.0							- 110		
DIRECTOR	Maryland		Somerset		10c. CI	ry, town o								10d. INSIDE CITY LIMITS?
	10a. STREET AND NUMBER		Olieraec			CF.	isfi	ETO						1 YES 2 NO
FUNERAL	3983 Hinma						101							VHAT COUNTRY?
N.	11. MARITAL STATUS	ui Lane	12. WAS DECEDEN	IT EVER IN II S	PMED	1 42 1	MS DEC		1817	IIC ORIGIN? (Paralle Ma		J.S.A	
	1 Never Married 2	Merried	FORCES?	YES 2 NAR OR DATES		11	yes, sp	ecity Cube	n, Maxice	n, Puerto Rici	on, etc.)	or No	Black	— American Indian, c, White, etc.
B	3 Widowed 4 X Divo	orced	IF YES, GIVE Y	WH OH DATES		,	U YES	2 X NO	Specify	y:			Speck	White
B	15. DEC	EDENT'S EDU	CATION completed	16a, I	DECEDENT'S	USUAL OC	CUPATIO	ON of working		16b. KI	ND OF BU	SINESS/IND		
1 5	Elementary/Secondery (0		College (1-4 or 5		fe. Do NOT u	se retired.)	uning mo	SI OF WORK	·V					
COMPLET	Grade 7			A	ssemb	ly Wo	orke	r		Ru	ıbber	set C	orp.	
8	17. FATHER'S NAME (First, M							16. MOTI		ME (First, Mide				
BE	Otis Parks									nette	_	-		
ဥ	190. INFORMANT'S NAME (7) George Ter		man /Dwa							Poute Number,			,	_
						~	_		9 - (Crisfi	_		2181	
	20s. METHOD OF DISPOSITI	on 3 🗆 Rem	oval from State	cemetery, c	EAND DATE	ther place)			/-	DATE	1	CATION —	•	
	21, SIGNATURE OF FUNERA		CENCEE	ASDU	ry Ce			ID ADDRE			CI	isfie	ta,	MD
	Rober	701	Stanto	kar s		Br	ads	haw 8	Son Son	ns Fun				
_	Robert	H. Bra	dshaw, J	r.//		30	06 W	. Ma:	in S	t Cr	isfi	eld,	MD	21817
	23. PART I. Enter the di shock, or h	eart fellure.	complications the List only one car	ot decised the cuse on each ill	deeth. Do ne.	not enter	the mo	de of dy	ing, aucl	h sa cerdie	or reap	iratory arr	eat,	Approximete intervei Between
	iMMEDIATE CAUSE (Fir disease or condition													Onset and Death
	resulting in deeth)	→	a. Pulmor	ary Emb	olus									Immediate
_		_	Periph	eral Va	SCUL	r: ar In	suff	ficie	ncv	III cer	ation	า c		Years
ō	Sequentially liet conditi		DUE TO	(OR AS A CONS	EQUENCE C	r):	J 41 1	1010	incy	OTCCT	utioi	13		Tears
Ä	if any, leading to imme cause. Enter UNDERLY!	ING	Arteri	al Scle	rosis	5								Years
Ē	CAUSE (Disease or injuthet initiated events	יוע אונ	DUE TO	(OR AS A CONS	EOUENCE C	IF);								T Cui 3
CERTIFICATION	resulting in death) LAS	T	d. Diabet	es Mell	itus									20 Years
	PART ii. Other significe	ent condition	a contributing to	doeth but no	recuttles	In the con-	el a els alas		-t t-	David Land	e. WAS AN		T	
CAL			- contributing to	Geetti Bat IIO	resulting	III CHO UIII	uerrynn	l cense i	liven in		PERFOR	RMED?	246.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE
EDI										1	YES 2	NO		OF DEATH?
Σ										-				1 TES 2 NO
PHYSICIAN: MEDICA	25. WAS CASE REFERRED TO	O MEDICAL					26. PI	ACE OF D	EATH /Chr	eck only one)				
SIC	EXAMINER?		HOSPITAL:	ER/Outpatient	3 DOA	OTHER	1:			6 Other (S	nacibal.			
Ŧ	27. MANNER OF DEATH		26a. DATE OF	INJURY	28b. TIR	NE OF	28c. INJ	URY AT		26d. DESCR		NJURY OCC	CURED	
ВУР		Pending Investigation	(Month, E	ray, rear)	IN IN	JURY M		PRK?] NO					
	3 Suicide 6	Could not be	28e. PLACE C	OF INJURY — At etc. (Specify)	home, ferm,	atreet, facto	ory, offic				ON (Street (or Rural R	loute Number,
	4 Homicide	determined									own, outer			
COMPLETED		TIFYING PHYS	ICIAN: To the best of	my knowledge,	death occur	red at the ti	me, data	and place	, end dua	to the cause	e) end me	nner ee atat	ed.	
O	one) 2 MEDI	ICAL EXAMINE	R: On the beele of e	xamination end/o	r investigati	on, in my o	pinion, d	eath occur	red at the	time, date en	d place, en	d due to th	e cause(e) end menner se stated.
ш	296. SIGNATURE AND TITLE	OF CERTIFIE	R					29c. LICI	ENSE NUM	MBER		29d. DAT	E SIGNED	(Month, Day, Year)
0 13	Vaguna	- XV.	ulong	ms a	IN	>		D33	3905			> /	1-1:	5-94
I	30 NAME AND ADDRESS OF	E DEDCON WA	O COMPLETED PAL	CE OF DEATH #3	PM OT CT	Determ			_					

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

2018

SALISBURY MD

21802

1D - P.O. BOX

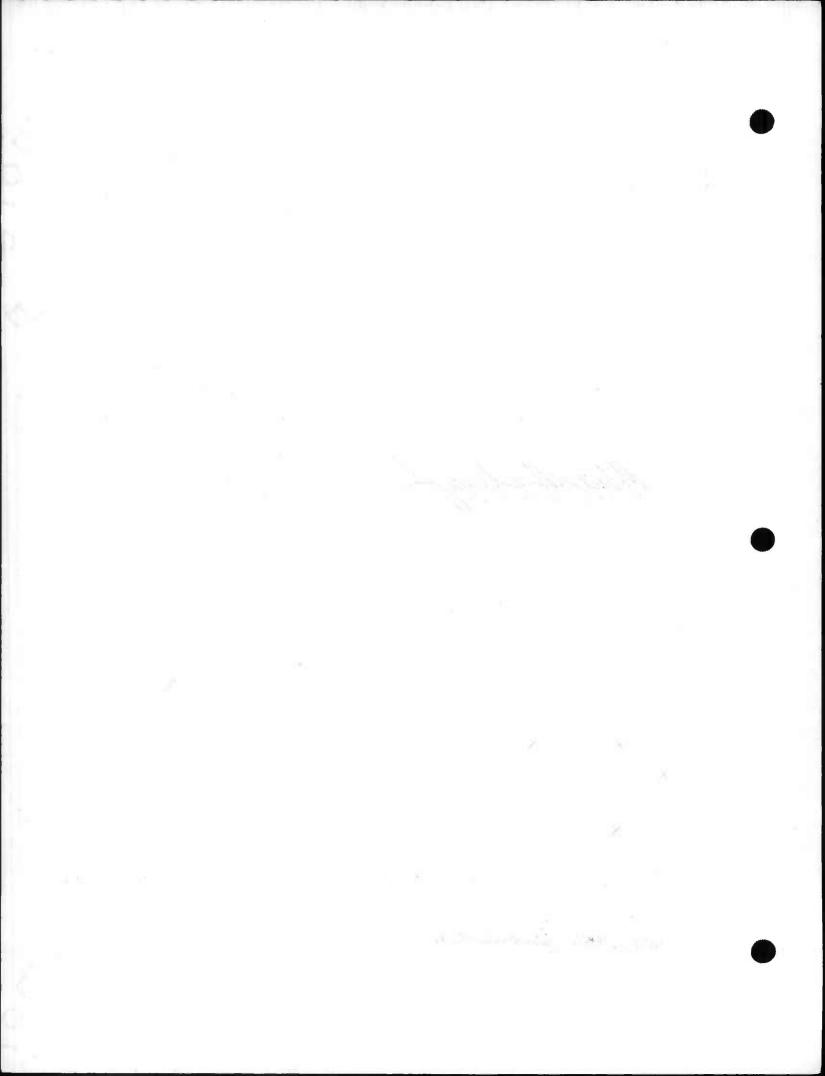
32 PEGISTRAR'S SIGNATURE

ORUMNIAN AND ALL

,CMD

M.D.

V.A. Dulany, M 31. DATE FILED (Month, Day, Vear) NOV17 1994



3. TIME OF DEATH 0:15

10d. INSIDE CITY 1 TES 2 1 NO

8. BIRTHPLACE (State or Foreign Country) Pennsylvania

14. RACE --- American Indien, Black, White, etc.

Caucasian

Maryland

Approximats Intarval Batwean

24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?

1 YES 2 NO

Onset and Dsath

020	physician
MARYLAND 21215-0020	attending
<u> </u>	0
ND 2	hospital
7	the
>	3
H	Den
ž	refai
, M	be retai
RE, M	may be retai
ORE, MA	6 may be retai
IMORE, MA	Page 6 may be retained by the hospital or attending physician
SALTIMORE, MA	r death. Page 6 may be retai

permit. Pages 1, 2, 3 should

the burial-transit

38

use

DIRECTOR

FUNERAL

B∀

COMPLETED

BE

2

CERTIFICATION

MEDICAL

PHYSICIAN:

BY

COMPLETED

BE 2 that initiated events

resulting in death) LAST

FOR

02702 VOG 0 SCOCCE DIVISION OF VITAL

V	Tes.	Q	
5	Spil	Ped	al.
5	본	etac	90
1	5	9	= 0
-	P	Bi	P
Z	retaine	5 shou	notifie
ú	od /	age	pe
	6 та	ector, p	must
Ξ	Page	die	-
DALLIMORE, MARTLAND Z	TID THE PROSMITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with Around after death. Page 6 may be retained by the hospital or	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for be fined within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
õ	ter	the oval	al e
	ours a	TO THE PLINERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fi- be fined within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	medic
		shy fillen	the .
TITLE RECORDS, F.O. BOX 88780	ed with	omplete	event
0	ecute	o pu	tic
<	900	to t	uma
)	le be	sicia	ţ
	tifical	phy ene	ther
ج	Se	Hygin	0 10
-	leath	afte	ž
2	the c	Me	큳
2	that	d by	'n
5	res	agne	55
4	equi	of H	hov
	SW.	as be	23 1
ζ.	The	ate h	Tem
•	CIAN	artific the S	0
5	13SH	is co	ed,
	NG PI	fter the	mark
?	END	R. A	100
-	ATT	aft s	28
	8	DIRE	tem
	世	世代	=
	18	報品	MI
	土出	田田	RE
	F	工事	8
	B	日五	盖

1 - REGISTRAR			C	ERTIF	ICAT	E OF	DEAT	ГН	R	EG. NO.	_		
1. DECEDENT'S NAME (First	Middle, Last)	- 41.4.0							2. DATE OF D				3. TIME OF DEA
DEAN	AL	LEN ROL	NLAN	D					NOV.	13,		94	10:15
4. SOCIAL SECURITY NUME	SER	5. SEX	6. AGE (In yrs. I	est birthday)		ER 1 YEAR	IF UNDER		7. DATE OF B				IPLACE (State or I
202-16-	3198	17 M 2 □ F	68	YRS.	MONTHS	B DAYS	HOURS	MIN.	8/14/	192	6	Per	m nsylv
9e. FACILITY NAME (If not in	stitution, give s	treet end number)			9b. Cf	TY, TOWN	OR LOCATION	ON OF DE				INTY OF D	
3160		chrome	Hill	Rd		Jar	rett	svi	lle			Hari	ford
RESIDENCE OF DEC	10b. COUNT	v		100 CI	TOWA	N OR LOCA	TION	_					
Maryland	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Harford		100.01	1, 10	TON EUG		ret	tsvil	le			10d. INSIDE CIT LIMITS? 1 YES 2 X
10e. STREET AND NUMBER						10	f. ZIP CODE	E			10g. CIT	IZEN OF V	WHAT COUNTRY?
3160 Ro	eks (Chrome H	ill R	oad			2	2108	34				5.A.
11. MARITAL STATUS		12. WAS DECEDENT FORCES? 1			1				VIC ORIGIN? (Sp		or No-	14, RACI	E American Ind
	Merried	IF YES, GIVE WA		NO			3 2 NO	n, Maxice Specifi	ri, Puerto Ricen	, atc.)		Spec	k, White, etc.
3 Widowed 4 Divo	rced	Kor	ea									Ca	aucasia
	EDENT'S EDU y highest grade			ECEDENT'S Give kind of				90			INESS/IN	DUSTRY	
Elementary/Secondary (0	1-12)	College (1-4 or 5+)	- 1	le. Do NOT u	se retired	1.)		. 8				Cou	
- 8			A	sst.	F	orem	an		H	igh	way	s De	ept.
17, FATHER'S NAME (First, M	iddle, Last)						18. MOTH	HER'S NA	ME (First, Middle	Maiden	Sumeme)		11000
Robey	Aller	n Rowla	nd				F	ann	ie M	ae	El	ler	
19e. INFORMANT'S NAME (7	ype/Print)		1	9b. MAILING	ADDRE	SS (Street	and Number	or Rural i	Route Number, C	ty or Town	n, State, Zi	p Code)	_
Romaine	L. Ro	wland			san	ne a	s #1	.0					
200 METHOD OF DISPOSIT		ovel from State	20b. PLACE	AND DATE	OF DISP	OSITION (N	ame of		DATE	20c. LO	CATION -	City or To	wn, State
4 Donetion 5 Other		Ovar Hom Stary	cometery c	iam	Wa.T	ter	s Ce	m.	11/16	Co	opt	own.	Marv.
21. SIGNATURE OF FUNERA	L SERVICE LIC	ENSEE /	10		2:	2. NAME A	ND ADDRES	SS OF FA	CILITY				
▶ //\	Mlean	1.1. 15	1	-					neral				
111.0	noe	eun /	urs 1			J	arre	tts	ville	. M	ary	land	
23. PART I. Entar tha di shock, or h	lseases, or e eart fallura.	complications that List only one caus	caused/the d e on each lin	leath. Do	not ent	ar tha me	oda of dyi	ng, suc	h as cardiac	or reapi	retory ar	rest,	Approxin
IMMEDIATE CAUSE (Fir	nal		1					,					Onset an
disease or condition	→	MET	14 22 K	HIC	- /	mA	216	NA	VT	mi	= LA	Jom	A /
110000000000000000000000000000000000000		DUE TO (OR AS A CONS										1
A TOTAL PROPERTY OF THE A STREET	-	h											
Sequantially list condition of the sequential sequentia	diata	DUE TO (OR AS A CONSI	EOUENCE O	F):								
CAUSE (Disease or inju	ry	C. DUE TO (OR AS A CONSI	FOLIENCE O	E.								

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYCIENE

DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.

25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 YES 2 NO 1 | Inpetient 2 | ER/Outpetient 3 | DOA ome 5 A Reeldence

26e. DATE OF INJURY (Month, Day, Year)

27. MANNER OF DEATH 1 Natural Investigation 2 Accident

3 Sulcide

8 Could not be 4 Homicide 29e. CERTIFIER

28s. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)

28c. INJURY AT

1 YES 2 NO

1 CERTIFYING PHYSICIAN: To the best of my knowledge, dasth occurred at the time, data end piece, and due to the cause(e) and mennar as stated.

28b. TIME OF INJURY

7 1994 Davidson Randall

24a. WAS AN AUTOPSY PERFORMED?

1 TES 2 NO

28d. DESCRIBE HOW INJURY OCCURED

.

ay be retained by the hospital or attending physician. page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should BALTIMORE, MARYLAND 21215-0020 ours after death. Page 6 may be funeral director, in by the fur removal. ŏ completely filled rial, cremation, DIVISION OF VITAL RECORDS, P.O. BOX 68760, and com o burial, attending the atten Mental I and a n signed I

76 notified be must examiner medical the event, traumatic other t 0 any Shows has been s HOSPITAL OR ATTENDING PHYSICIAN: The law FUNERAL DIRECTOR: After this certificate has b within 72 hours after death with the State Dept. 23

2

31. DATE FILED (Month, Day, Year) 0CT 25 1994

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

William D. Boyd II, M.D., 17 Jefferson Street, Leonardtown, Maryland 20650

Jalia d'audion hardall

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 2. DATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) John Sterling Russell 3. TIME OF DEATH TOHN 994 : 30 AM 0 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In vrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year A BIRTHPLACE (State or Foreig January 4, 1928 DAYS HOURS 1 M 2 | F 217-36-6892 66 Maryland 9a. FACILITY NAME (If not institution, give street and number) 9h CITY TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR St. Mary's St. Mary's Hospital Leonardtown RESIDENCE OF DECEDENT 10a, STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Maryland St. Mary's Leonardtown 1 K YES 2 NO 10. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? Route 3, Box 22A 20650 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ▼ NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE - American Indian, Black, White, etc. If yes, specify Cuban, Maxican, Puerlo Rican, etc.)

1 YES 2 NO Specify: 1X Never Married 2 Married IF YES, GIVE WAR OR DATES Specify: B 3 Widowed 4 Divorced White 16a. DECEDENT'S USUAL OCCUPATION COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complet 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) 7th Service Station Attend. Gasoline, Retail Sales 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Sumame) Agnes Violet Redmond Theodore Herbert Russell BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Mary E. Dryden Rt. 3, Box 20A, Leonardtown, Maryland 20650 20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State DATE 1X Buriel 2 ☐ Cremation 3 ☐ Removal 1X Burlet 2 Cremation 3 F 4 Donation 5 Quiter (Specify) charles Memorial Gardens 10-26 Leonardtown, Maryland 22. NAME AND ADDRESS OF FACILITY
Brinsfield Funeral Home, P.A. Edward N. Brinsfield Jr. M00052 59 North Washington St., Leonardtown, MD 20650-0279 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reepiratory errest, shock, or heart fallure. List only one cause on each line. Onset and Death IMMEDIATE CAUSE (Final disease Dr condition MY OCAR SIAL INFARETION
DUE TO (OR AS A CONSEQUENCE OF): resulting in death) CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF)that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY MEDICAL 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? PERFORMED? con 1 YES 2 NO 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL: OTHER: Inpetient 2 - ER/Outpetient 3 - DOA 4 Nursing Home 5 Residence 6 Other (Specify) 6 26a. DATE OF INJURY (Month. Day, Year) 27. MANNER OF DEATH 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED marked. 1 Natural 2 Accident 5 Pending investigation 1 YES 2 NO BY 3 Sulcide 28e. PLACE OF INJURY — At home, tarm, street, factory, office building, etc. (Specify) 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 60 6 Could not be COMPLETED 28 4 Homicide Item 29a. CERTIFIER (Check only CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and piece, and due to the cause(e) and manner as stated. TO THE HOSPITAL TO THE FUNERAL (De filed within 72 h (Check only one) MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIED 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE N

DHMH-16 Rev 1/89

94

10

014285

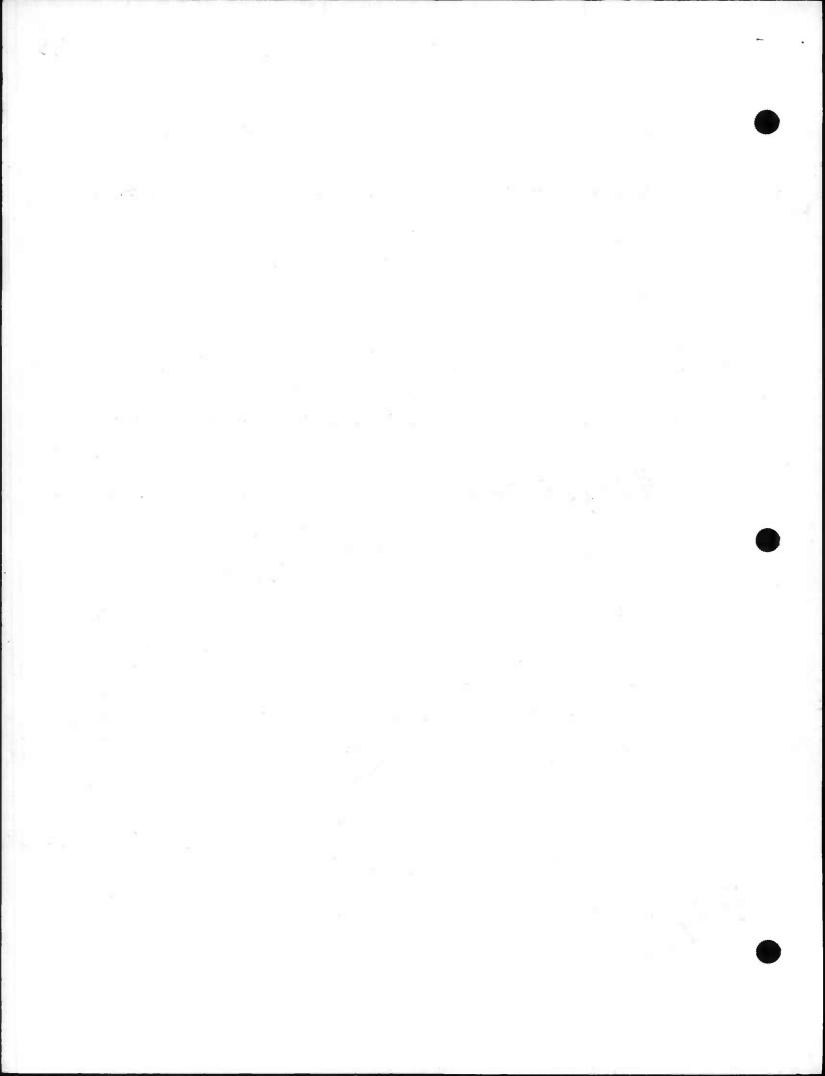
DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within cours after death. Page 6 may be retained by the hospital or attending physician.	
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	2. 3 should
be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	
IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR					CATE OF	DEATH		REG. NO.				
	1. DECEDENT'S NAME (First, Mid	dle, Last)						2. DATE (F DEATH			3. TIME OF DE	ATH
	Joseph		Matther	.7		Dalore		MONTH	D/		YEAR	2 45	7 44
	4. SOCIAL SECURITY NUMBER	5. S		AGE (In yrs. las	e biotholous	Raley IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE O		4, 1	994	2:45	Α
		1 1 1				MONTHS DAYS	HOURS MIN.	(Month,	Day, Year)		8. BtPTT	HPLACE (State or	Foreign
	217-32-0642		M 2 F	84	YRS.			Jan	25, 1	910	Ma	ryland	
	9a, FACILITY NAME (If not institut	ion, give street a	nd number)			9b. CITY, TOWN	OR LOCATION OF D	EATH		9c. COU	INTY OF D	DEATH	
E	At Home, Rt.	1 Box	125			Callawa	37.7			C+	Max	7110	
IK	RESIDENCE OF DECED	ENT	123			Callawa	ıy			DL.	Mar	y s	
DIRECTOR	10a. STATE 10b	COUNTY			10c. CITY	TOWN OR LOCA	TION					10d. INSIDE CI	TV
ä	Maryland S	St. Mar	art a		C-11	77.77						LIMITS?	
		ot. Mai	-y s		Carr	away						t TYES 2	NO
FUNERAL	10a. STREET AND NUMBER					10	1. ZIP CODE			10g. CIT	IZEN OF	WHAT COUNTRY	?
H	Rt. 1 Box 12!	5					20620			1 1	.S.A	_	
3	11. MARITAL STATUS	12.1	WAS DECEDENT	EVER IN U.S. AR	MED	13 WAS DE	CENDENT OF HISPA	NIC OBIGINS	(Crecity Voc				dia
	1 Never Married 2 Marr	led I	FORCES? 1	YES 2 X	NO	It yes, sp	ecify Cuban, Maxico	en, Puerto Ri		01110-	Blac	E — American Ir k, Whita, atc.	runent,
B	3 Widowed 4 Divorced	~ '	IF YES, GIVE WAF	OR DATES		1 🗍 YES	NO Specif	y:			Spec		
	45.05050										Whi	te	
COMPLETED	(Specify only high	nest grade compl	leted)	18a. DE (G	ive kind of w	USUAL OCCUPATE ork done during mo o retired.)	ON ost of working	16b.	(IND OF BUS	SINESS/IN	DUSTRY		
i iii	Elementary/Secondary (0-12)	Col	liege (1-4 or 5+)	life.	. Do NOT use	e retired.)							
교	6th grade				Fan	mer			Far	m			
ő	17. FATHER'S NAME (First, Middle,	Last)					18. MOTHER'S NA	MF (First M	ddia Maidan	Sumamai			
	Harry	1	н.	Ra	aley		Rose		Marie		Pr	rice	
8												100	
2	19a. INFORMANT'S NAME (Type/F						and Number or Rural						
	Blanche C. Ra	ley		F	Rt. 1	Box 125	5, Callar	way, 1	Maryla	and 2	20620)	
	20a. METHOD OF DISPOSITION			20h PLACE	ANDDATEO	F DISPOSITION (N	eme of	DATE	20c. LO	CATION -	City or To	nun State	
Ĩ	1X Buriel 2 Cremetton 3 4 Donation 5 Other (Spe	Removat f	rom Stata	cemetery, cre	matory or oth	Cemeter	., 11	/7/94			,	Maryla	bac
1 7	21. SIGNATURE OF FUNERAL SE		. //	LUOTA I	race				1000				and
1 1	21. SIGNATURE OF FUNERAL SE	HVICE LICENSE	2//			Mattir	nd Address of FA	ciuity Chi per	Fune	ral	Home	DA	
1 1	Michael	DIE	Lan	1.)	DO	agicy our	-	Tuic	тат	TIONE	, F.A.	
_	o i juinai	en	yara	ener		P.O. E	30x 270,	Leona	ratow	m, M	aryl	and 20	0650
1 1	23. PART Entar the disease shock, or heart	ses, or comp	ilcationa that o	caused the da	ath. Do n	ot antar the mo	oda of dying, suc	h as cardi	ac or reapi	retory an	reat,	Approxi	
	IMMEDIATE CAUSE (Final	Tanore. Liet	only ona couse	on acon nine	١.		2					interval	Between
												Onset a	od Deeth
1 1	disease or condition		/1	0 - 1	! 	wal	121	1				Onset a	nd Deeth
		0		anci	m	mal	odex	1				Onset a	nd Death
	disease or condition	a.	DUE TO 10	A A CONSEC	M QUENCE OF	mal	odix	1				Onset a	nd Death
N	disease or condition reaulting in death)	4	DUE TO 10	and as a consecutive	OUENCE OF	mal	Ma	lor	0			Onset a	nd Daath
rion	disease or condition resulting in death) Sequentially list conditions	•	Ca	A A CONSECUTION AS A CONSECUTION	QUENCE OF	mal	od ix	lor	0			Onset a	nd Death
SATION	disease or condition reaulting in death) Sequentially list conditions if any, leading to immediate cause. Enter UNDERLYING	b	Ca	non	QUENCE OF	mal	of Co	lov	0			Onset a	nd Death
FICATION	Sequentially list condition if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	b	DUE TO (O	non	313723110		od ix	lor	0			Onset a	nd Death
TIFICATION	disease or condition reaulting in death) Sequentially list conditions if any, leading to immediate cause. Enter UNDERLYING	b	DUE TO (O	R AS A CONSEC	313723110		of Co	lor	0			Onset a	nd Death
ERTIFICATION	Sequentially list conditions if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	b	DUE TO (O	R AS A CONSEC	313723110		osix PCo	lov	0			Onset a	nd Death
CERTIFICATION	Sequentially list conditions if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	c	DUE TO (O	R AS A CONSEC	OUENCE OF):	osix Par	lor	0				
	Sequentially list conditions if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	c	DUE TO (O	R AS A CONSECUTION OF THE PROPERTY OF THE PROP	OUENCE OF):	Payse given in	Panyr	24s. WAS AN		24b	Onset a	FINDINGS
	Sequentially list conditions if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	c	DUE TO (O	R AS A CONSEC	OUENCE OF):	Payse givan in	Panyr	PERFOR	IMED?	24b	D. WERE AUTOPSY AVAILABLE PRIC	FINDINGS
EDICAL	Sequentially list conditions if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	c	DUE TO (O	R AS A CONSECUTION OF THE PROPERTY OF THE PROP	OUENCE OF):	Payse given in	Pany		IMED?	24b	D. WERE AUTOPSY AVAILABLE PRIC COMPLETION O OF DEATH?	FINDINGS A TO F CAUSE
MEDICAL	Sequentially list conditions if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c	DUE TO (O	R AS A CONSECUENT OF THE PROPERTY OF THE PROPE	OUENCE OF	n the underlyin	Knosta	to	PERFOR	IMED?	24b	D. WERE AUTOPSY AVAILABLE PRIC	FINDINGS A TO F CAUSE
MEDICAL	Sequentially list conditions if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificant cause. DID TOBACCO L	c	DUE TO (O	R AS A CONSECUENT OF THE PROPERTY OF THE PROPE	OUENCE OF	n the underlyin	Knosta	to	PERFOR	IMED?	246	D. WERE AUTOPSY AVAILABLE PRIC COMPLETION O OF DEATH?	FINDINGS A TO F CAUSE
MEDICAL	Sequentially list conditions if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c. d. onditione con	DUE TO (O	R AS A CONSECUENT OF THE PROPERTY OF THE PROPE	PE OF	n the underlyin DEATH Y 28. PI	Knosta	N X	PERFOR	IMED?	246	D. WERE AUTOPSY AVAILABLE PRIC COMPLETION O OF DEATH?	FINDINGS A TO F CAUSE
MEDICAL	Sequentially list conditions if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant cause. DID TOBACCO L	d	DUE TO (O	R AS A CONSECUENT DUTY THE TOTAL CAUSE	PE OF	DEATH Y	ES NO	Neck only one	PERFOR	IMED?	246	D. WERE AUTOPSY AVAILABLE PRIC COMPLETION O OF DEATH?	FINDINGS A TO F CAUSE
MEDICAL	Sequentially list conditions if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant cause. DID TOBACCO Lass. September 25. WAS CASE REFERRED TO ME EXAMINER?	d	DUE TO (O DUE TO (O ITRIBUTE 1 SPITAL: Inpellant 2 = 288. DATE OF IN	R AS A CONSECUENT OF CAUS	resulting in	DEATH Y 28. Pl OTHER: 4 Nursing Hon	ES NO LACE OF DEATH (Cr	eck only one	PERFOR	IMED?		D. WERE AUTOPSY AVAILABLE PRIC COMPLETION O OF DEATH?	FINDINGS A TO F CAUSE
PHYSICIAN: MEDICAL	Sequentially list conditions if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions of the cause of the	d	DUE TO (O	R AS A CONSECUENT OF CAUS	POUENCE OF	DEATH Y 28. Pl OTHER: 4 Nursing Hon OF 28c. IN. WK	ES NO LACE OF DEATH (C/ No 5) Raeldence UNITY AT UNITY AT	eck only one	PERFOR	IMED?		D. WERE AUTOPSY AVAILABLE PRIC COMPLETION O OF DEATH?	FINDINGS A TO F CAUSE
MEDICAL	Sequentially list conditions if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant c DID TOBACCO 25. WAS CASE REFERRED TO ME EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pend trives	c. d	DUE TO (O DUE TO (O ITRIBUTE 1 SPETAL: Inpetiant 2 = 28e. DATE OF IN (Month, Day,	R AS A CONSECUENT OF THE CONSECUENT OF THE CONSECUENT OF THE CONSECUENT OF THE CONSECUENT OF THE CONSECUENT OF THE CONSECUENT OF THE CONSECUENT OF THE CONSECUENT OF THE CONSECUENT OF THE CONSECUENT OF THE CONSECUENT OF T	DOUENCE OF	DEATH Y 28. PI OTHER: 4 Nursing Hon OF 28c. IN. MY MW 1	ES NO LACE OF DEATH (C/ No 5) Raeldence USPY AT USPY AT USPY YES 2 NO	eck only one 6 Other 28d. DESC	PERFOR	NJURY OC	CURED	D. WERE AUTOPSY AMAILABLE PRIC COMPLETION O OF DEATH?	FINDINGS A TO F CAUSE
D BY PHYSICIAN: MEDICAL	Sequentially list conditions if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions of the conditions	d	DUE TO (O DUE TO (O ITRIBUTE 1 SPETAL: Inpetiant 2 = 28e. DATE OF IN (Month, Day,	R AS A CONSECUTE AS A	DOUENCE OF	DEATH Y 28. Pl OTHER: 4 Nursing Hon OF 28c. IN. WK	ES NO LACE OF DEATH (C/ No 5) Raeldence USPY AT USPY AT USPY YES 2 NO	6 Other 28d. DESC	PERFOR 1 YES 2 (Specify) RIBE HOW II	NJURY OC	CURED	D. WERE AUTOPSY AVAILABLE PRIC COMPLETION O OF DEATH?	FINDINGS A TO F CAUSE
ED BY PHYSICIAN: MEDICAL	Sequentially list conditions if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions of the conditions	d	DUE TO (O DUE TO (O DUE TO (O ITRIBUTE T SPETAL: Inpetient 2 = E 28e. DATE OF IN (Month, Dey.	R AS A CONSECUTE AS A	DOUENCE OF	DEATH Y 28. PI OTHER: 4 Nursing Hon OF 28c. IN. MY MW 1	ES NO LACE OF DEATH (C/ No 5) Raeldence USPY AT USPY AT USPY YES 2 NO	6 Other 28d. DESC	PERFOR	NJURY OC	CURED	D. WERE AUTOPSY AMAILABLE PRIC COMPLETION O OF DEATH?	FINDINGS A TO F CAUSE
ED BY PHYSICIAN: MEDICAL	Sequentially list conditions if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant c DID TOBACCO L 25. WAS CASE REFERRED TO ME EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pend trives a Coult death	d	DUE TO (O DUE TO (O DUE TO (O ITRIBUTE T SPETAL: Inpetient 2 = 88. DATE OF IN (Month, Day, 288. PLACE OF Is building, at-	R AS A CONSECT R AS A	DOMENCE OF	DEATH Y 28. PI OTHER: 4 Nursing Hon OF 28c. IN. INY M 1 Irreel, tactory, office	ES NO LACE OF DEATH (C) No 5 Residence JURY AT JURY AT YES 2 NO	6 Other 28d. DESC	PERFOR 1 YES 2 (Specify) RIBE HOW II	NJURY OC	CCURED or or Rural I	D. WERE AUTOPSY AMAILABLE PRIC COMPLETION O OF DEATH?	FINDINGS A TO F CAUSE
ED BY PHYSICIAN: MEDICAL	Sequentially list conditions if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant c DID TOBACCO L 25. WAS CASE REFERRED TO ME EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pend reveals investigated as Could death of the coul	d	DUE TO (O DUE TO (O DUE TO (O ITRIBUTE T SPITAL: Inpetiant 2 = E 28a. DATE OF IN (Month, Dey. 28a. PLACE OF In building, at	R AS A CONSECT R AS A	DOUENCE OF	DEATH Y 28. PI OTHER: 4 Nursing Hon OF 28c. IN. M 1 treet, factory, officed dat the firme, data	ES NO LACE OF DEATH (C) THE 5 Residence JURY AT JURY AT YES 2 NO THE	5 Other 281. LOCA City on	(Specify) (Specify) FION (Street a Town, State)	NJURY OC	COURED or or Rural I	D. WERE AUTOPSY AWAILABLE PRIC COMPLETION O OF DEATHY 1 YES Floute Number,	FINDINGS OF TO AUSE
MPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditions if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant c DID TOBACCO L 25. WAS CASE REFERRED TO ME EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pend reveals investigated as Could death of the coul	d	DUE TO (O DUE TO (O DUE TO (O ITRIBUTE T SPITAL: Inpetiant 2 = E 28a. DATE OF IN (Month, Dey. 28a. PLACE OF In building, at	R AS A CONSECT R AS A	DOUENCE OF	DEATH Y 28. PI OTHER: 4 Nursing Hon OF 28c. IN. M 1 treet, factory, officed dat the firme, data	ES NO LACE OF DEATH (C) No 5 Residence JURY AT JURY AT YES 2 NO	5 Other 281. LOCA City on	(Specify) (Specify) FION (Street a Town, State)	NJURY OC	COURED or or Rural I	D. WERE AUTOPSY AWAILABLE PRIC COMPLETION O OF DEATHY 1 YES Floute Number,	FINDINGS OF TO AUSE
COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditions if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant c DID TOBACCO L 25. WAS CASE REFERRED TO ME EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pend reveals investigated as Could death of the coul	JSE CONDICAL HOTO TIGATED AND THE PROPERTY OF	DUE TO (O DUE TO (O DUE TO (O ITRIBUTE T SPITAL: Inpetiant 2 = E 28a. DATE OF IN (Month, Dey. 28a. PLACE OF In building, at	R AS A CONSECT R AS A	DOUENCE OF	DEATH Y 28. PI OTHER: 4 Nursing Hon OF 28c. IN. M 1 treet, factory, officed dat the firme, data	ES NO LACE OF DEATH (C/ ne 5 Raeldenca UURY AT DRK? YES 2 NO na see and place, and dus	281. LOCA City of	(Specify) (Specify) FION (Street a Town, State)	NJURY OC	COURED or or Rural II	D. WERE AUTOPSY AMALIABLE PRIC COMPLETION O OF DEATH? 1 YES AROUTE Number,	FINDINGS AT TO
MPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditions if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant c DID TOBACCO 25. WAS CASE REFERRED TO ME EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pend 2 Accident 1 Investigation of the could death 29. CERTIFIER (Check only one)	JSE CONDICAL HOTO TIGATED AND THE PROPERTY OF	DUE TO (O DUE TO (O DUE TO (O ITRIBUTE T SPITAL: Inpetiant 2 = E 28a. DATE OF IN (Month, Dey. 28a. PLACE OF In building, at	R AS A CONSECT R AS A	DOUENCE OF	DEATH Y 28. PI OTHER: 4 Nursing Hon OF 28c. IN. M 1 treet, factory, officed dat the firme, data	ES NO LACE OF DEATH (C) THE 5 Residence JURY AT JURY AT YES 2 NO THE	281. LOCA City of	(Specify) (Specify) FION (Street a Town, State)	NJURY OC	COURED or or Rural II	D. WERE AUTOPSY AWAILABLE PRIC COMPLETION O OF DEATHY 1 YES Floute Number,	FINDINGS AT TO
BE COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditions if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant c DID TOBACCO L 25. WAS CASE REFERRED TO ME EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pend Investigation of the could deter the could deter (CERTIFIER (Check only One) 2 MEDICAL 29b. SIGNATURE AND TITLE OF (CERTIFYIII)	JSE CONDICAL HOTOLOGICAL HOTOL	DUE TO (O DUE TO (O DUE TO (O ITRIBUTE 1 SPITAL: Inpetlant 2 = E 28a. DATE OF IN (Month, Day, 28a. PLACE OF obuilding, at	R AS A CONSECT R AS A	DUENCE OF resulting is E OF 28b. TiMe Industryestigation	DEATH Y 28. Pl OTHER: 4 Nursing Hon OF 28c. IN. NY M 1 treet, tactory, officed at the 1lme, data in, in my opinion, of	ES NO LACE OF DEATH (C/ ne 5 Raeldenca UURY AT DRK? YES 2 NO na see and place, and dus	281. LOCA City of	(Specify) (Specify) FION (Street a Town, State)	NJURY OC	COURED or or Rural II	D. WERE AUTOPSY AMALIABLE PRIC COMPLETION O OF DEATH? 1 YES AROUTE Number,	FINDINGS AT TO
COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditions if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant c DID TOBACCO L 25. WAS CASE REFERRED TO ME EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pend Investigation of the could deter (Check only One) 2 MEDICAL 29a. CERTIFIER (Check only One) 1 CERTIFYIII ONE) 2 MEDICAL 29b. SIGNATURE AND TITLE OF (Check only One) 1 CERTIFYIII ONE) 2 MEDICAL	d	DUE TO (O DUE TO (O DUE TO (O ITRIBUTE To (Month, Day, 28a. PLACE OF IN (Month, Day, To the best of m the basis of ayar WPLETED CAUSE	R AS A CONSECT R AS A	DUENCE OF resulting is E OF 28b. TiMe Industryestigation	DEATH Y 28. PI OTHER: 4 Nursing Hon OF 28c. IN. RY M 1 Irreel, factory, office d at the firme, data in, in my opinion, c	ES NO LACE OF DEATH (Cr. ne 5 Raeldenca IURY AT DRK? YES 2 NO na nand place, and dus death occured at the	281. LOCA 281. LOCA 281. LOCA When the cause three, data a	Specify (Specify) FION (Street a fown, State) e(a) and man	NJURY OC	COURED or or Rural II	D. WERE AUTOPSY AMALIABLE PRIC COMPLETION O OF DEATH? 1 YES AROUTE Number,	FINDINGS AT TO
BE COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditions if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant c DID TOBACCO L 25. WAS CASE REFERRED TO ME EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pend Investigation of the could deter the could deter (CERTIFIER (Check only One) 2 MEDICAL 29b. SIGNATURE AND TITLE OF (CERTIFYIII)	d	DUE TO (O DUE TO (O DUE TO (O ITRIBUTE To (Month, Day, 28a. PLACE OF IN (Month, Day, To the best of m the basis of ayar WPLETED CAUSE	R AS A CONSECT R AS A	DUENCE OF resulting is E OF 28b. TiMe Industryestigation	DEATH Y 28. PI OTHER: 4 Nursing Hon OF 28c. IN. RY M 1 Irreel, factory, office d at the firme, data in, in my opinion, c	ES NO LACE OF DEATH (C/ ne 5 Raeldenca UURY AT DRK? YES 2 NO na see and place, and dus	281. LOCA 281. LOCA 281. LOCA When the cause three, data a	Specify (Specify) FION (Street a fown, State) e(a) and man	NJURY OC	COURED or or Rural II	D. WERE AUTOPSY AMALIABLE PRIC COMPLETION O OF DEATH? 1 YES AROUTE Number,	FINDINGS AT TO
BE COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditions if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant c DID TOBACCO L 25. WAS CASE REFERRED TO ME EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pend EXAMINER? 2 Accident 3 Suicide 8 Could deter (Check only one) 29a. CERTIFIER (Check only one) 29b. SIGNATURE AND TITLE OF (Check only one) 30. NAME AND ADDRESS OF PER J. Patrick Ja	d	DUE TO (O DUE TO (O DUE TO (O ITRIBUTE To (Month, Day, 28a. PLACE OF IN (Month, Day, To the best of m tha basis of ayar MPLETED CAUSE M. D.	R AS A CONSECT R AS A	DUENCE OF resulting is DOA 28b. TIME INJU me, term, st ath occurre- inyestigation M 27) (Type.	DEATH Y 28. PI OTHER: 4 Nursing Hon OF 28c. IN. RY M 1 Irreel, factory, office d at the firme, data in, in my opinion, c	ES NO LACE OF DEATH (Cr. ne 5 Raeldenca IURY AT DRK? YES 2 NO na nand place, and dus death occured at the	281. LOCA 281. LOCA 281. LOCA When the cause three, data a	Specify (Specify) FION (Street a fown, State) e(a) and man	NJURY OC	COURED or or Rural II	D. WERE AUTOPSY AMALIABLE PRIC COMPLETION O OF DEATH? 1 YES AROUTE Number,	FINDINGS AT TO
BE COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditions if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant c DID TOBACCO L 25. WAS CASE REFERRED TO ME EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pend Investigation of the could deter (Check only One) 2 MEDICAL 29a. CERTIFIER (Check only One) 1 CERTIFYIII ONE) 2 MEDICAL 29b. SIGNATURE AND TITLE OF (Check only One) 1 CERTIFYIII ONE) 2 MEDICAL	d	DUE TO (O DUE TO (O DUE TO (O ITRIBUTE To (Month, Day, 28a. PLACE OF IN (Month, Day, To the best of m tha basis of ayar MPLETED CAUSE M. D.	R AS A CONSECTOR AS A	DUENCE OF resulting is DOA 28b. TIME INJU me, term, st ath occurre- inyestigation M 27) (Type.	DEATH Y 28. PI OTHER: 4 Nursing Hon OF 28c. IN. RY M 1 Irreel, factory, office d at the firme, data in, in my opinion, c	ES NO LACE OF DEATH (Cr. ne 5 Raeldenca IURY AT DRK? YES 2 NO na nand place, and dus death occured at the	281. LOCA 281. LOCA 281. LOCA When the cause three, data a	Specify (Specify) FION (Street a fown, State) e(a) and man	NJURY OC	COURED or or Rural II	D. WERE AUTOPSY AMALIABLE PRIC COMPLETION O OF DEATH? 1 YES AROUTE Number,	FINDINGS AT TO

The state of the s



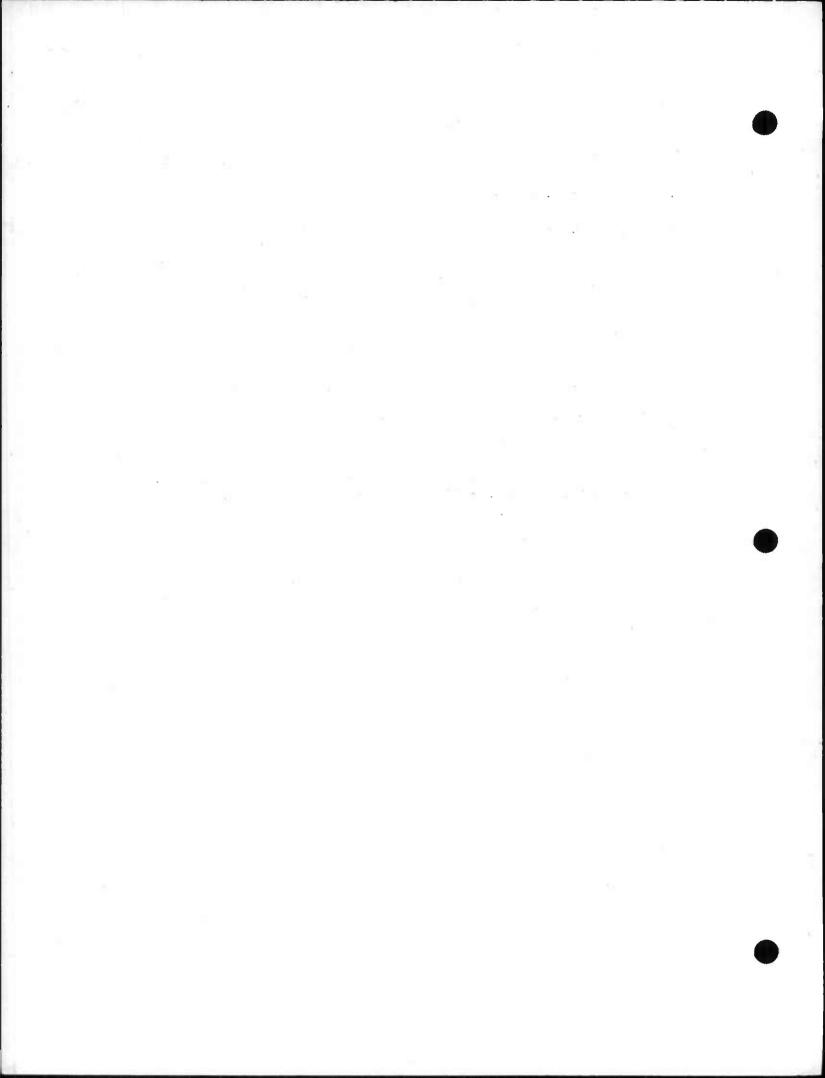
DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with. Fours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPART CERTIFIC			MENTAL HYGI REG.			
	1. DECEDENT'S NAME (First, Middle, I	Last)		DATE 01	DEATH	2. DATE OF OEAT		3. TIME OF DE	FATH
	Roger Jos	eph Roberts	:			Nov.9	DAY	YEAR	
	4. SOCIAL SECURITY NUMBER		-	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		8. BIRTHPLACE (State or	
	577–18–5831 90. FACILITY NAME (If not institution,	XX M 2 D F	73 YRS.	ONTHS DAYS	HOURS MIN.	July27,	1921	Washington,	
DIRECTOR	Doctor's Comm	unity Hospital				ATH		ince George	e's
EG EG	19e. STATE 10b. CO		10c, CITY,	TOWN OR LOCAL	ION			10d. INSIDE CI	ITY
E		ince George's	elt	PARS 2					
FUNERAL	100. STREET AND NUMBER 3 Orange (Court			20770			izen of what country ted States	7
5	11. MARITAL STATUS	12. WAS DECEDENT EVER I	N U.S. ARMED			IIC ORIGIN? (Specify		14. RACE — American In Black, White, etc.	ndlan,
BY	1 Never Merried 2 Merried 3 Widowed 4 Divorced	FORCES? XX YES IF YES, GIVE WAR OR D WWII	ATES		2 XXIO Specify	n, Puerto Rican, etc. :	,	Specify: White	
	15. DECEDENT'S (Specify only highest	EDUCATION grade completed)		rk done during mo	N st of working	16b, KIND OF	BUSINESS/IN	DUSTRY	
COMPLETED	11 years	College (1-4 or 5+)	Lithog			U.	S. Gov	vernment	91
ш	17. FATHER'S NAME (First, Middle, Less Jeter M. Rol	perts			18. MOTHER'S NAM	ME (First, Middle, Ma Miles	iden Surname)		
TO B	190. INFORMANT'S NAME (Type/Print) Doris Ann Robe	erts		DDRESS (Street o		Route Number, City or	Town, State, Zi	ip Code)	
	20a. METHOD OF DISPOSITION 1XX Surfel 2 Cremation 3		PLACE AND DATE OF	DISPOSITION (No	me of	DATE 200	LOCATION -	- Cify or Town, State	
	4 Donetion 5 Other (Specify)		reenbelt C	ty Cemet	ery Nov.1	2,1994 G	reenbel	t, Maryland	
	21. SIGNATURE OF FUNERAL SERVICE	E LICENSEE	M	Dona1		gwardt F		Home, P.A.	
\dashv	23. PART I. Enter the diseases,	or complications that cause	the desth. Do no	t enter the mo	de of dving, such	111 KQ.	BETTSA	rille, Md. 2	
	shock, or heart fall IMMEDIATE CAUSE (Final	ure. List only one cause on e	ach line.	_				Interval	Between and Death
j	disease or condition resulting in death)	· Ne/	ruto 1	em	el Fo	ailu	R	10	20
		DUE TO (OF AS A	consequence of:	xiz 1	"II M.I	P12		60	200
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A	CONSEQUENCE OF):		2000				
	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	C. DUE TO (OR AS A	CONSEQUENCE OF):						
ERT	resulting in death) LAST	d							
AL C	PART II. Other significant cond	litions contributing to death b	ut not reaulting in	the underlying	csuse given in	Part I. 24a, WAS	S AN AUTOPSY		
MEDIC/	Hyper	terrior, o	out,	00	rD	1.5	S 2 FNO	COMPLETION O OF DEATH?	
ME						_		1 S. VEC. 45] N O
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICA	AL		26. Pt	ACE OF DEATH (Che	eck only one)			
SIC	EXAMINER?	HOSPITAL:		OTHER:	5 Residence	6 Other (Specify)			
	27. MANNER OF DEATH 1 Netural 5 Pending 1 Netural 1 Investigat	28e. DATE OF INJURY (Month, Day, Year)	26b. TIME INJUR	RY WO	URY AT RK? 'ES 2 NO	28d. DESCRIBE HO	W INJURY OC	CURED	
ED BY	2 Accident Investiget 3 Suicide 6 Could no 4 Homicide determine	28e. PLACE OF INJURY building, etc. (Spe-	— At home, ferm, str	eet, fectory, offic		26f. LOCATION (St. City or Town, S		er or Rural Route Number,	
COMPLET	290. CERTIFIER (Chock only	PHYSICIAN: To the best of my know	ledge, death occurred	at the time, date	end place, end due	to the cause(e) and	menner as sta	ated.	
SO CO	one) 2 MEDICAL EXA	MINER: On the basis of examination			eath occured at the	time, date end place	, end due to t	the ceuse(s) end menner e	
O BE	29b. SIGNATURE AND TITLE OF CERT	wite, ou	>		29c. LICENSE NUM	18ER 2572	29d. DA	TE SIGNED (Month, Day, Year	er)
	30. NAME AND ADDRESS OF PERSON		ATH (ITEM 27) (Type, P		voy (gree	ube	14,0002	0770
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN	ATURE Son-Randell	,					
								DHM	1-16 Rev 1/89



filled in by the funeral director, page 5 should be detached for use as the burial-transit on, or removal.

notified at

pe

must

examiner

medical

BE 0 4 Homicide

296. SIGNATURE AND TITLE OF CERTIFIES

30. NAME AND APPRESS OF PERSON WHO John Gallatto, M

31. DATE FILED (Month, Day, Year)

29e. CERTIFIER

6

permit. Pages 1, 2, 3 should

	. 2	000	5 E
	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled to filed within 72 hours after death with the State Days of Haath and Marial Ministra in hunding the hinds of negative or the state of the	We may write it item 28 is marked, or item 23 shows any injury, or other traumatic event, the m
Ţ	di.	tely	-
2	X	aldu	5
5	B	00	ē 65
õ	noa	20 3	3 2
<	60	5 5	2 E
C	Ä	Sicia	5 5
מ	cat	100	
j.	artic.	0.9	9
7	20	E S	6
•	eat	affe	ž =
2	e d	Me	3
7	#	20	= =
5	#	pe t	am
ر	ires	Sign	2 5
Ä	00	Le C	9
ī	3	8 5	2 63
1	93	has a	2 2
	E	ate	i i
>	AN	THE S	0
Ļ	Sic	ë ‡	. 10
)		this	9
2	9	ter te	Ta I
2	O	A	60
DIVISION OF VITAL RECORDS, P.O. BOX 68/60,	E	PB at	00
>	I AT	EG "	2 =
5	9	10 2	9
	M	38	! ==
	SPI	99.5	Ë
	오	3	M
	포	出国	Q.
	0 1	0 1	3
	-	- 2	, =

Amended #10c 11/9/94 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 3, November Pompeo Rinaldi 4:00 PM 1994 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birtnday) IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year 8. BIRTHPLACE (State or Foreign DAYS HOURS 579-54-0846 1 🔀 M 2 🗌 F 78 YRS. Oct. 1, 1916 Italy 9a. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Bethesda 5225 Pooks Hill Road Apt. 426 S Montgomery RESIDENCE OF DECEDENT 10e, STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY 426 S 5225 Pooks Hill Road Apt. Maryland Montgomery 1 X YES 2 NO 10e. STREET AND NUMBER FUNERAL 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 5225 Pooks Hill Road Apt. 426 S 20814 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-if yes, specify Cuben, Mexican, Pueño Rican, etc.) 14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2
IF YES, GIVE WAR OR DATES 1 Never Married 2 M Merried BY 1 YES 2 X NO Specify: 3 Widowed 4 Divorced White COMPLETED 15. DECEDENT'S EDUCATION 18e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highe College (1-4 or 5+) Elementary/Secondary (0-12) 0 8th President - Farina, Inc. Automotive 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Antonio Rinaldi Giuseppina Pappano BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 9803 Stoneybrook Drive Kensington, MD Pina De Santis 20a, METHOD OF DISPOSITION
1 🖄 Burlet 2 🗆 Cremetion 3 🗆 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Numie of DATE 20c, LOCATION - City or Town, State Gate of Heaven Cemetery 4 Donetion 5 Other (Specify) 11/7 Silver Spring, Maryland 21. SIGNATURE OF UNERAL SERVICE LICENSES 22. NAME AND ADDRESS OF FACILITY Hines-Rinaldi Funeral Home 11800 New Hampshire Avenue Silver Spring, Maryland 23. PART i. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Intarvai Batween **IMMEDIATE CAUSE (Final** Onset and Dasth disease pr condition resulting in death) CERTIFICATION Sequantisity list conditiona, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disesse or injury that initiated events reaulting in death) LAST PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part i. MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS Ker I mode AVAILABLE PRIOR TO COMPLETION DF CAUSE 1 TYES 2 NO 1 YES 2 DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES \square NO \square UNCERTAIN \square PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26, PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 | YES 2 | NO 27. MANNER OF DEATH 1 Natural В 2 Accident 3 Suicide COMPLETED 8 Could not be

			usuid come o musicance	O LI Other (Specify)	
DEATH 5 Pending Investigation	28s. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY M	28c. INJURY AT WORK? 1 YES 2 NO	28d. DESCRIBE HO	DW INJURY OCCURED
8 Could not be determined	28e. PLACE OF INJURY At building, etc. (Specify)	home, ferm, street, fe	ctory, office	281. LOCATION (Sti City or Town, S	reet and Number or Rural Route Number, tate)
1 CERTIFYING PHYSICIA	N: To the best of my knowledge,	death occurred at the	time, date and piece, end du	e to the ceuse(s) end	menner ea stated.
2 MEDICAL EXAMINER: 0	On the besis of exemination end/	or investigation, in my	opinion, death occured at th	e time, date end place	e, end due to the ceuse(s) end menner es stated.
AND TITLE OF PERTURBEN	Soll	SM	29c. LICENSE NI	MBEN G C/	29d. DATE SIGNED (Month/Day, Year)
	OMPLETED CAUSE OF DEATH (I	Company of the Company		7	7
Gallatto, M.	D. 5225 Pooks	Hill Road	d #1 Bethesd	a, Maryla	ind 20814
Month, Day, Year)	32. REGISTRAR'S SIGNATURE		****		
OV 0 9 1991	Julia Navidan	D			
0 0 100 1	0		-		DHMH-16 Rev

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO BE COMPLETED BY FUNERAL DIRECTOR

										9	4	35552		
	Amended #	99	11/2	194	ME)_T	M	100	+			01		
_	1 - FOR STATE REGISTRAR	STATE OF I	MARYLAND C	DEPAR	TMENT OF	HEALTH F DEAT	AND I	MENTA	L HYGIENI REG. NO.	n er	7	CTy.		
	1. DECEDENT'S NAME (First, Middle, Last)		2 HODE					2. DATE	OF DEATH	¥	YEAR,	3. TIME OF DEATH		
ı	GRACE 4. SOCIAL SECURITY NUMBER	5. SEX	st birthday)	IF UNDER 1 YEA	R IF UNDER	24 1400	7 0475	OF BIRTH		94	12:55 At			
1	577-36-7876	YRS.	MONTHS DAY	MIN.	(Month, Day, Year) Country) Feb. 26, 1900 Miss)					
	9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH									NTY OF DE				
	Wilson Health Ca	Wilson Health Care Genetr Gaithersburg Montgo								omery				
	10e. STATE 10b. COUNTY	,		10c. CIT	Y, TOWN OR LO	CATION						10d. INSIDE CITY		
		gomery		Ga	aithers	burg						LIMITS? 1 X YES 2 NO		
	10e. STREET AND NUMBER					101. ZIP CODI	E			10g. CIT	IZEN OF WI	HAT COUNTRY?		
	18615 Walkers Cho	ice Road		PMED	12 148 6	208		NO OBION	V? (Specify Yes			States		
	1 Never Married 2 Merried		YES 2 X		If yes,	specify Cuba	n, Mexice	n, Puerto	Rican, atc.)	or No—	Black,	I. RACE — American Indian, Black, White, atc. Specify:		
	3 ▼ Widowed 4 □ Divorced					7.1				орчану	White			
	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)			ECEDENT'S Give kind of v m. Do NOT us	USUAL OCCUPA vork done during se retired.)	TION most of workin	ng	16b. KIND OF BUSINESS/INDUSTRY						
	12	Homem	CONTRACTOR OF THE PARTY OF THE				Hom							
	17. FATHER'S NAME (First, Middle, Last)	<u>_</u>			18. MOTHER'S NAME (First, Middle, Maiden Surname)									
	James Pre	ston Bra						Sarah Josephine Lester tural Route Number, City or Town, Stete, Zio Code)						
	Charles J. Rhodes									ersburg, MD. 20879				
	20a. METHOD OF DISPOSITION		20b.PLACE	AND DATE	OF DISPOSITION		ce i		20c. LOC					
	1 X Burial 2 Cremation 3 Remarks 4 Donation 8 Other (Specify)		Resur	ematory or ot recti	on Cem	etery			/8 Clir					
1	21 SHINKTHURE OF FUNERAL BERVICE LIC	ofter /	100		22. NAME	AND ADDRES	SS OF FA	CILITY	DeVol I	une	cal H	ome		
1	Melin	2//	selfi	in				DR.	, Gait	hers	burg,	MD. 20877		
	23. PART I. Enter the diseases, Dr c shock, or heart feilure.	omplications the	t caused the de	esth. Do n	ot enter the	node of dyl	ng, sucl	h ss cen	diec or respir	ratory an	rest,	Approximete interval Between		
	IMMEDIATE CAUSE (Finel disease or condition	0										Onset and Death		
	resulting in death)	DUE TO	(OR AS A CONSE	OUENCE OF	II.							Lyeous		
	Compositelly, list data-	X												
	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO	(OR AS A CONSE	OUENCE OF	F):									
		DUE TO	(OR AS A CONSE	OUENCE OF	F):							1		
	resulting in death) LAST	1												
COMPLETION										24h 1	WERE AUTOPSY EINDINGS			
										AVAILABLE PRIOR TO COMPLETION OF CAUSE				
ı										OF DEATH?				
	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			26. OTHER:	PLACE OF D	EATH (Che	eck only or	96)					
	1 TYES 2 SMO 27. MANNER OF DEATH	1 Inpetient 2 28a. DATE OF		28b. TIM	Nursing H	ome 5 Re	sidence		CRIBE HOW IN	LILIBY OO	CHRED			
	1 Netural 5 Pending 2 Accident Investigation	(Month, D			URY	WORK?	NO	avu. DE	POTENTIAL NOW IN	JUNI UC	CONED			
	2 Accident 3 Suicide 8 Could not be determined determined determined and formal forma										ute Number,			

29a. CERTIFIER
(Check only one)

2 MEDICAL EXAMINER: On the basis of examination and/or investigation in the page of examination and/or investigation in the page of examination and/or investigation in the page of examination and/or investigation in the page of examination and/or investigation in the page of examination and/or investigation in the page of examination and/or investigation in the page of examination and/or investigation in the page of examination and or investigation and or

2 MEDICAL EXAMINER: On the beals of exemination end/or investigation, in my opinion, desth occurred at the time, data and place, and due to the cause(a) and menner as stated.

CAITHERSBURG

	generally and the process of the time, data and process, a	and due to the cause(e) and member as state
296. SICHATUHE AND TITLE OF CERTIFIER	29c. LICENSE NUMBER	29d. DATE SIGNED (Month, Day, Year)
John & Muleuch Mis	D19294	11/4/94

AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

JOHN R. MELUCH GIL RUSS ELL
31. DATE FILED (MOTHER, DAY, YOUR)

32. REGISTRAR'S SIGNATURE

32. REGISTRAR'S SIGNATURE
Julia Davidson-Randall

BALTIMORE, MARYLAND 21215-0020

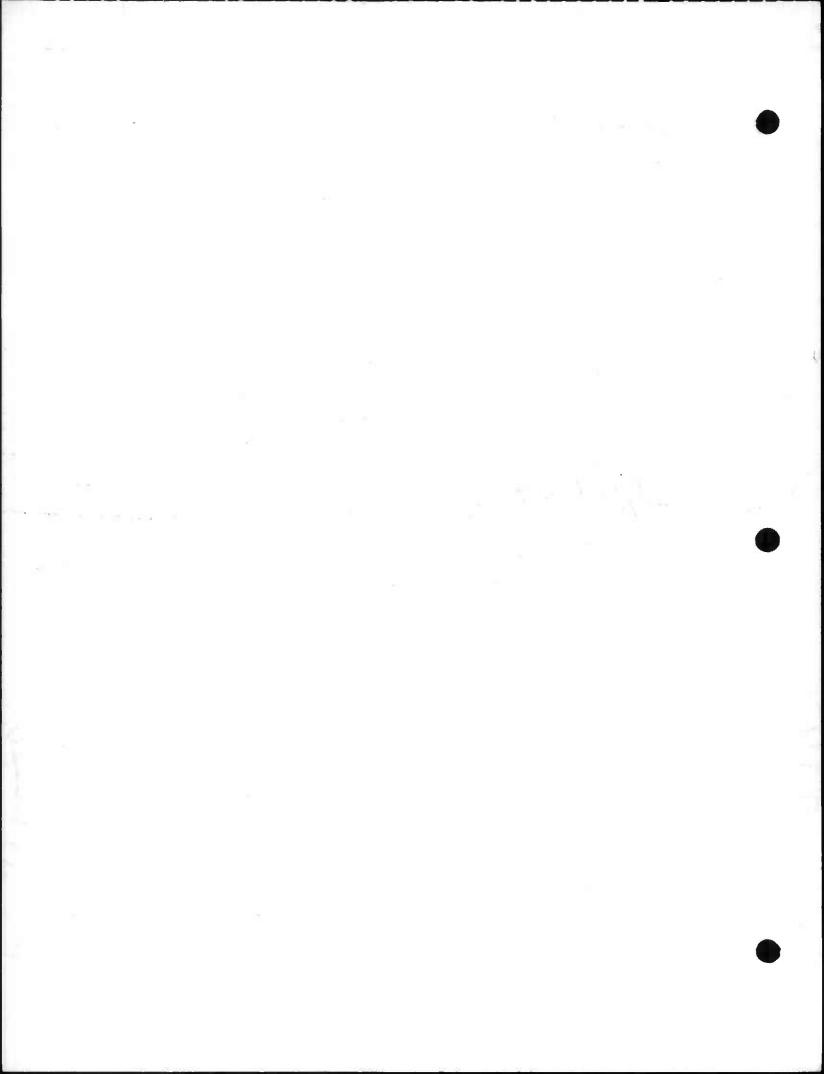
FOR STATE REGISTRAR

1 -

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

1										MEG. INC	<i>,</i>			
		1. DECEDENT'S NAME (FIRST,	4ND	ER H			RUHL			2. DATE OF DEATH MONTH DAY YEAR.			TIME OF DEATH	
		4. SOCIAL SECURITY NUMBER 218-24-0453		5. SEX 1 N 2 N F	6. AGE (In yr.	s. last birthday) YRS.	MONTHS C	EAR IF UND AYS HOURS	MIN.	eb. 13,	1928	Country)	ACE (State or Foreign	
2, 3 should	~	9e. FACILITY NAME (If not institution, give street and number)					9b. CITY, TO	OWN OR LOCA	TION OF OEAT			COUNTY OF DEATH		
1, 2, 3	DIRECTOR	Suburban Hospital					В	ethesd	a	M	Montgomery			
Pages 1,	E	10a. STATE	10b. COUNTY		10c. CITY, TO			OCATION				10	d. INSIDE CITY LIMITS?	
permit		Maryland 100. STREET AND NUMBER	Mor	ntgomery			Chev	Chas			100 CITI		YES 2 NO	
nsit p	ER	7702 De:	lfield	Street				20 40 10	0815			ted S		
burial-transit	FUNERAL	11. MARITAL STATUS 1 Never Married 2 📉	Married	12. WAS DECEDEN FORCES? 1			13. WA	DECENDENT	OF HISPANIC	ORIGIN? (Specify Yes		14. RACE -	American Indian, White, etc.	
as the b	Э ВУ	3 Widowed 4 Divo	rced	IF YES, GIVE W	AR OR DATES			YES 2 X N			Specify: White			
n Se	TED	(Specify only	edent's Educ highest grade of	completed)	(Give kind of a	vork done dun	IPATION ng most of wor	king	16b. KIND OF BU	ISINESS/IND	USTRY			
Ded 19	COMPLET	Elementary/Secondary (0	1-12)	College (1-4 or 5 +)	Contr				Self Em	ploye	d		
e detach	CO	17. FATHER'S NAME (First, Middle, Last)								(First, Middle, Maide	Sumame)			
ould be	B	Alexander		υŢ		19h MAII ING	Annese /			Wurdeman te Number, City or To	On 1 7/2	0.74		
runeral director, page 5 should be detached for xaminer must be notified at once.	2	Molly Q. Ruhl								Chevy Ch			and 20815	
must be		20a. METHOD OF OISPOSITI	cemeter)	CEAND DATE	her place)					City or Town				
iner n		Montgomery Crematorium, Inc. Bethesda, Maryland 1. SIGMATURE OF FUNE ALL SERVICE FOR SERV												
		22. NAME AND ADDRESS OF FACILITY Funeral Home/Bethesda- RODER'T A. Pumphrey Funeral Home/Bethesda- Chevy Chase, Inc., 7557 Wisconsin Avenue Bethesda, Maryland 20814-3501												
or prepared in oy and comment of the medical event, the medical		23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory street, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in desth) Due TO (OR AS A CONSEQUENCE OF): Approximate interval as cardiac or respiratory street, and a cardiac or respira												
signed by the authoring physician and completely filled in by the Health and Mental Hygiene prior to burial, cremation, or removal was any injury, or other traumatic event, the medical event.	CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events CAUSE (Disease or Injury that initiated events)												
mtal Hyg	CERI	resulting in death) LAST												
signed by the act Health and Menta Ws any injury,		PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PINDINGS AMILABLE PRIOR TO COMPLETION DE CAUSE												
Health WS and	MEDICAL	1 YES 2 NO OF										DEATH?		
5 5 5		DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN										YES 2 W NO		
he State Dept.	SICIAN:	25. WAS CASE REFERRED TO EXAMINER?		HOSPITAL:		PLACE OF DEAT	H (Check only	one)						
the S	PHYS	1 YES 2 NO 27. MANNER OF DEATH		1 Inpetient 2 4	INJURY	28b. TIM	4 - Nursing	Home 5 🗆 I		Other (Specify)	INJURY OCC	CURED		
death with the	BY P		Pending Investigation	(Month, De	(Month, Day, Year)			WORK?						
28 I		3 Sulcide 8 Could not be 28a. PL			PLACE OF INJURY — At home, farm, atreet, factory, offit building, etc. (Specify)			office	ffice 281. LOCATION (Stree City or Town, Str			t and Number or Rural Route Number, e)		
hin 72 hours NT: It item	COMPLE	29a. CERTIFIEN Check on the Control of the Dest of my knowledge, death occurred at the lime, date end place, and due to the cause(a) and manner as stated. Selection of the Certifien of the Dest of my knowledge, death occurred at the lime, date end place, and due to the cause(a) end manner as stated.												
be filed within 72	BE	296. BIONATURE AND TITLE OF CERTIFIER 1296. DATE SIGNED (Mgnth, Day, Year) 1296. LICENSE NUMBER 1296. DATE SIGNED (Mgnth, Day, Year)											goth, Day, Year)	
	2	FRANCIS C	MITGE	COMPLETED CAUS	S FE	(ITEM 27) (Type,	Print)	B	ETHE	SBH M	10 2	08/7	106	
		31. DATE FILEO (MONTH, Day, Year) NOV 1 0 1994 Suna Javidson-Randelle												
l-c				9									DHMH-16 Rev 1/89	

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

STEVE

31. DATE FILED (Month,

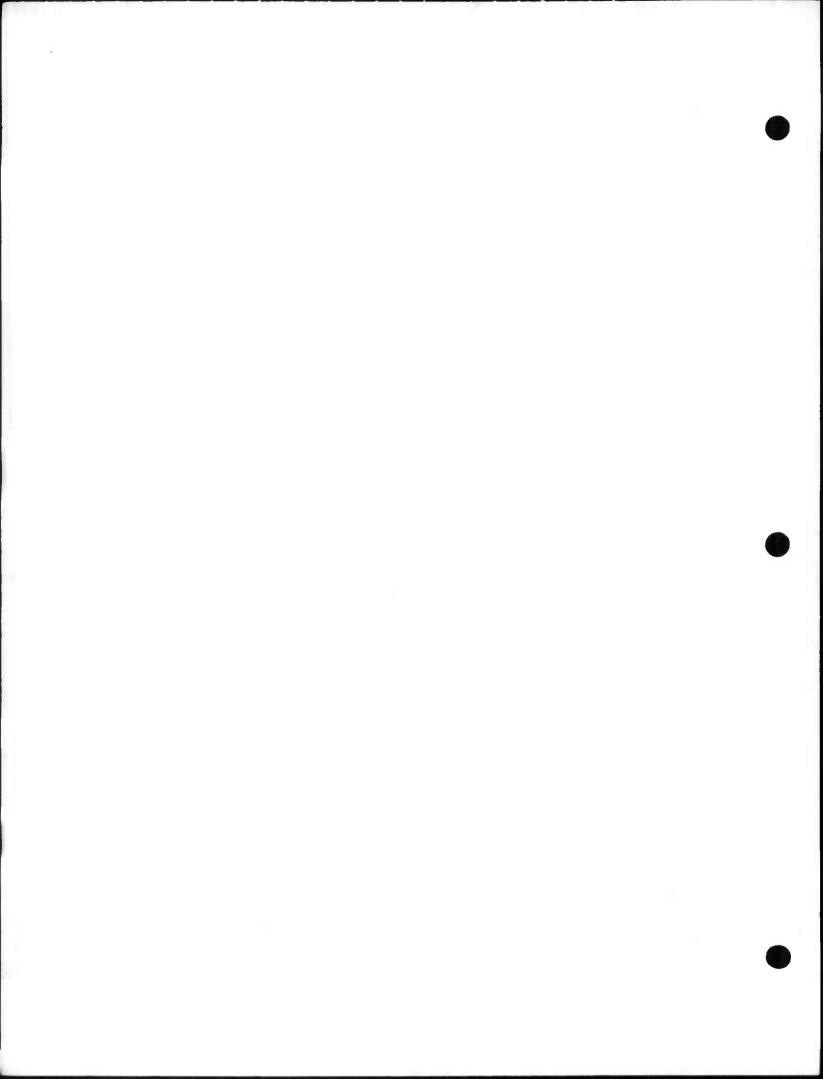
V 0 9

	FOR 1 - STATE REGISTRAR	STATE OF I	MARYLAND /				IEALTH DEA		MENTA	L HYGIEN	E			
	1. DECEDENT'S NAME (First, Middle, Last)								2. DAT	F OF DEATH			3. TIME OF DEATN	
1	Elsie Roemer No									NOV 2, 1994			11:45 P. M	
	4. SOCIAL SECURITY NUMBER	5. SEX	5. SEX 6. AGE (In yrs. lest birthday)				IF UNDER 1 YEAR IF UNDER 24 HRS.			7. DATE OF BIRTH 8.			PLACE (State or Foreign	
	029-26-2445 9e. FACILITY NAME (If not institution, give	1 □ M 2 ☑ F	84					MIN.	(Month, Day, Year) Aug 19, 19		Count		ngary	
DIRECTOR	Hebrew Home of G	shingtor	on Rockville					Seath Sectionary of Dispersion Montgome						
	RESIDENCE OF DECEDENT 10e, STATE 10b, COUNT	Υ		100 CIT	V TOWN	001004	TION							
	New York Suf		Hampton Bays							10d. INSIDE CITY LIMITS? YE YES 2 NO				
FUNERAL	1 Donellan Road		101. ZIP CODE 11946						HAT COUNTRY?					
BY FUN	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	T EVER IN U.S. AR YES 2 NAR OR DATES	2 NO If yes, specify Cuben, Mexica					an, Puerto Rican, etc.) Biac				- American Indian, t, Whita, etc. White	
	15. DECEDENT'S EDU	CATION	16e. DE	CEDENT'S	USUAL	OCCUPATI	ON		16	b. KIND OF BUS	INESS/IND			
COMPLETED	(Specify only highest grade Elementary/Secondary (0-12)	(Gi	Do NOT us	work done se retired.	during mo	ost of working	19		Public					
Ž	47 FATUEDIO MANE EL MANE			Secre	car	<u> </u>) <u>T</u>		
BE CC	17. FATHER'S NAME (First, Middle, Last) Nathan Hertz Josephine Liebross													
10	196. INFORMANT'S NAME (Type/Print) 196. MAILING ADDRESS (Street and Number or Rural Floute Number, City or Town, State, Zip Code) Peter Roemer 1421 Highland Drive, Silver Spring, Md 20910													
	20s. METHOD OF DISPOSITION 20b PLACE AND DATE OF DISPOSITION (Normal)													
	12 Suriei 2 Cremetion 3 Removal from State 4 Donation 5 Other (Specify) Beth Israel Cemetery 11/6 Woodbridge, New Jersey													
	21. SIGNATURE OF FUNERAL SERVICE LIGHTSEE 22. NAME AND ADDRESS OF FACILITY Edward Sagel Funeral Direction 1091 Rockville Pike, Rockville, Md 20852													
	23. PART I. Enter the diseases, pr	complications tha	t ceused the de	eth. Do r	not ente	r the mo	de of dy	ing, suc	h as cer	diac or respi	ratory arm	est,	Approximata	
	shock, or heart fellure. IMMEDIATE CAUSE (Final disease or condition		-		1.1/1			(- A)			Onset and Death			
	resulting in death)	URINARY TRACT INFECTION 4DI									4 NA 13			
ATION	IV-										YEARS			
CERTIFICATION	CAUSE (Disease or Injury that Initiated events resulting in death) LAST C. DUE TO JOR AS A CONSEQUENCE OF):													
التا	PART II. Other significant condition	s contributing to	death but not n	esulting	In the ii	nderlyin	n cause o	alven in	Part I	24- MACAN	ALITOREY	245	WERE AUTOPSY FINDINGS	
PHYSICIAN: MEDICA	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. ANGINA 244. WAS AN AUTOPSY PERFORMED? 1 □ YES 2 NO									AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?				
N.									_				1 YES 2 NO	
N S	25. WAS CASE REFERRED TO MEDICAL EXAMINER?					28. PI	ACE OF D	EATH (Ch	eck only o	ne)				
SIG	1 TES 2 NO	HOSPITAL:	ER/Outpatient 3	□ DOA	OTHE 4 X Nu		e 5 🗆 Re	sidence	8 🗆 Othi	er (Specify)				
	27. MANNER OF DEATH 1 Natural 5 Pending	28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK?							28d. DESCRIBE HOW INJURY OCCURED					
ED BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY — At home, term, street, tectory, office building, etc. (Specify)						28t. LOCATION (Street and Number or Rural Route Number, City or Town, State)						
LETI		CANA							12.0					
COMPLET	(Check only CENTIFTING PRYS	CIAN: To the best of											end manner ee atated.	
ПС	296. SICHARMS AND TITLE OF CERTIFIE			_				NSE NUN						
TO BE	30 NAME AND ADDRESS OF PERSON WILL	7000	n /	MI)		D	05	88	5	29d. DATE SIONED (Mahth, Day, Veer)			

PERSON WHO COMPLETED CAUSE OF DEATH | ITEM 27) (Type, Print)

LIPSON, 6/2/ MONTROSE ROCKVILLE ROAD

N, 6/2/ MONT
32. REGISTRAR'S SIGNATURE
Julia Davidson-Randall



0
876
68
×
BOX
$\mathbf{\omega}$
P.O.
DS
H.
\ddot{c}
<u></u>
L.
Ā
>
OF.
Z
<u> </u>
<u> </u>
=

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE OF M	ARYLAND / DEP/ CERTI	ARTMENT OF I		MENTAL HYGIEN				
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH		3. TIME OF DEATH		
1 10	Dinah L. Robinson				November 5	1994	11:45 P M		
	4. SOCIAL SECURITY NUMBER 5. SEX	6. AGE (In yrs. last birthda	"	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	S. BIR	THPLACE (State or Foreign ntry)		
	577-60-3104 1 M 2 F 9a. FACILITY NAME (If not institution, give street and number)	84 YRS		OR LOCATION OF DE	March 17,	1910 Ru	ssia		
DIRECTOR	Rockville Nursing Home		Rockv			Montgo			
EC	10e. STATE 10b. COUNTY	10c. (CITY, TOWN OR LOCA	TION		10d. INSIDE CITY			
	Maryland Montgomery	R	ockville				LIMITS?		
FUNERAL	10e. STREET AND NUMBER			f. ZIP CODE		10g. CITIZEN OF WHAT COUNTRY?			
ÉH	10201 Grosvenor Place #14	10		20852		United States			
Į.		EVER IN U.S. ARMED YES 2 NO	13. WAS DE	CENDENT OF HISPAN	NIC ORIGIN? (Specify Yearn, Puerto Rican, etc.)	or No- 14. RA	CE — American Indian, ick, White, atc.		
B	3 Wildowed 4 Divorced	R OR DATES		2 XNO Specify		Sp	ecity:		
	15. DECEDENT'S EDUCATION	18a. DECEDENT	T'S USUAL OCCUPAT	ON	16b. KIND OF BUS	SINESS/INDUSTRY	White		
	(Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +	life Do NO	of work done during m T use retired.)	ost of working					
COMPLETED	4	Public	ation Ana	lyst	Govern	ment			
8	17. FATHER'S NAME (First, Middle, Last)	- Schrodowald	ATTOCK OLD-LINE		ME (First, Middle, Maiden	Sumame)			
B	Saul Losev			1	Gerstein				
2	19a, INFORMANT'S NAME (Type/Print)				Route Number, City or Town				
	Lawrence T. Robinson (Son				. Potomac.				
	1 5 Burial 2 Cremation 3 Removal from State 4 Donetion 5 Other (Specify)	cemetary, crematory of			1	CATION — City or			
	21. SIGNATURE OF AUNERAL SERVICE LICENSEE		22. NAME A	Lebanon NO AODRESS OF FA	11-8 Ade	lphi, Ma	aryland		
	NO AL		Danza	nsky-Gol	dberg Memo	rial Cha	apels, Inc.		
\dashv	22 PADT I Seter the diseases or completions that	sme	1170	Rockvill	e Pike Roc	kville.			
	23. PART I. Enter the disesses, or complications that ahock, or heart fellure. List only one cause	e on each line.	o not enter the m	de of dying, suc	h ss cerdiec or reepi	ratory arrest,	Approximete interval Between		
	iMMEDIATE CAUSE (Finel disease or condition resulting in death)	ESTIVE	HEART	FAILUR	€		Onsat and Death		
z	ORONARY ARTERY DISEASE								
CERTIFICATION	If any, leading to immediate OUE TO (OR AS A CONSEQUENCE OF):								
2	CAUSE (Disease or Injury	OR AS A CONSEQUENCE	00.						
Ē	thet initiated events resulting in death) LAST	ON AS A CONSCOUNCE	OF):						
CEI	d								
AL	INSULIN OBEN DENT	leath but not resulting	g in the underlying	g ceuse given in	Part I. 24s. WAS AN PERFOR		Ib. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO		
PHYSICIAN: MEDIC			-2 ///0	UITUS	1 TES 2	NO NO	COMPLETION OF CAUSE OF DEATH?		
ME		NOROME					1 TYES 2 NO		
AN	DID TOBACCO USE CONTRIBUTE TO CAU			UNCERTAIN	<u> </u>				
Sic	EXAMINER? HOSPITAL:		OTHER:						
HYS	27. MANNER OF DEATH 28a. DATE OF 1	ER/Outpatient 3 DOA		URY AT	6 Other (Specify) 28d. OESCRIBE HOW II	N ILIBY OCCUPED			
	1 Natural 5 Pending (Month, Da	(Year)	INJURY W	PRK? YES 2 NO	Edd. OLGONIDE HOW A	NOON OCCORED			
) BY	2 Accident Investigation 3 Suicide 6 Could not be	INJURY — At home, farm			28f. LOCATION (Street a	and Number or Rura	l Route Number,		
COMPLETED	4 Homicide detarmined	tc. (Specify)			City or Town, State)				
2	29a. CERTIFIER (Check only 1- CERTIFYING PHYSICIAN: To the best of r	ny knowledge, death occi	urred at the time, date	and place, and dua	to the cause(s) and man	ner as stated.			
MO	one) 2 MEDICAL EXAMINER: On the basis of axi	mination and/or investiga	ntion, in my opinion,	leath occured at the	Ilme, data and place, an	d dua to the cause	(s) and manner as stated.		
	295 AUGUSTUS AND TITLE OF CERTIFIER			29c. LICENSE NUN	ABER	29d. DATE SIGNE	EO (Month, Day, Year)		
O BE	A Ulicia (1)			0265	71	► 1117	194		
2	RING MIZUS MO	OF DEATH (ITEM 27) (Ty	DELR	AY A	IF BET	HESDA	1, MD 288/4		
	31. DATE FILED (Month, Day, Year) 32. REGISTRAR	's SIGNATURE avidson-Randa	00						
- 1	NOV 0 9 1994 Julia D	uriason-Nanae	(Julian						

DALLIMONE, MARTLAND ZIZIS-000
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be interested by the northing or animong and
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detaiched for use as the burn be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

									94	35	5556	
	FOR 1 - STATE REGISTRAR	STATE OF MARYL				IEALTH AND DEATH	MENT	TAL HYGIEN REG. NO.	E			
	1. DECEDENT'S NAME (First, Middle, Last))	OLITTI	TOATE		DEATH		TE OF DEATH			3. TIME OF DEATH	
	RAYMOND RUSSE	NTH DAY YEAR		YEAR	9:25P M							
	4. SOCIAL SECURITY NUMBER		(In yrs. last birthday			IF UNDER 24 HRS		TE OF BIRTH		6 BIOTHO	ACE /Stein or Familia	
	214189672	XXM 2 □ F	7.4 YRS.	MONTHS	DAYS	HOURS MIN.	3 /	onth, Day, Year)		D = 1	Maryland"	
	9a. FACILITY NAME (If not institution, give	street end number)		96. CITY, TOWN OR LOCATION OF DEATH					9c. COU	NTY OF DE		
DIRECTOR	Perry Point VA	Medical C	enter	Per	ry	Point	, Mo	i	Ce	cil		
) H	10a. STATE 10b. COUN	ry	10c. C	TTY, TOWN O	R LOCAT	TION					10d. INSIDE CITY	
\ <u>\a</u>		Howard		E11i	cot	t City					LIMITS?	
BY FUNERAL	10e. STREET AND NUMBER				101	, ZIP CODE			10g. CIT	ZEN OF W	HAT COUNTRY?	
	3355 S. Rogers A					21043			Un	ited	States	
레흔	11. MARITAL STATUS 1 Never Married 2 X Married	12. WAS DECEDENT EVER I	N U.S. ARMED	13. V	WAS DEC	ENDENT OF HISP ecity Cuben, Mex	ANIC ORI	GIN? (Specify Yea	or No—	14. RACE Black,	- American Indian, White, atc.	
`≿	3 Widowed 4 Divorced	IF YES, GIVE WAR OR D	ATES	1	☐ YES	2 NO Spe	cify:	To the stary		Specify		
	15. DECEDENT'S ED	UCATION	16a. DECEDENT	'S USUAL OC	CLIDATIO	ON.		16b. KIND OF BUS	INESC /INI	DIETEV	White	
ETE	(Specify only highest grad	le completed) College (1-4 or 5+)	(Give kind o	of work done di use retired.)	uring mo	st of working						
1 2	High School	Conege (1-4 or 5+)	Vice	Presi	lden	t		St	eel	Co.		
COMPLETED	17, FATHER'S NAME (First, Middle, Lest)					16. MOTHER'S	NAME (Fire	st, Middle, Meiden	Surname)			
BE O	Raymond W. Russe	ell Sr.				Mary	,	Lambert				
TO BE	19a, INFORMANT'S NAME (Type/Print)							umber, City or Town				
2 5	Virginia Sigismo	Virginia Sigismondi 3355 S. Rogers Avenue Ellicott City MD 21043										
event, the medical examiner must be notified at once. TO BE COM	20a. METHOD OF DISPOSITION 1	1 Buriet 2 X Cremetion 3 Removal from State opmetery, grematory or other placeh.										
in in in in in in in in in in in in in i	21. SIGNATURE OF FUNERAL SERVICE L	CENSEE		22. N	AME AN	ND ADDRESS OF	FACILITY	P 1	77	*g*		
Exa		Coewner		4	112	Old Co	lumb		E11	icott	City21043	
egica adica	23. PART i. Enter the diseases, or complications that ceueed the deeth. Do not enter the mode of dying, such as cerdisc or raepiratory errest, ehock, or heart failure. List only one cause on each line. Approximate interval Between											
Ē	IMMEDIATE CAUSE (Finel	and only one caose on e	oon mie.								Onset and Dasth	
5	disease or condition resulting in death)	. Aspiration	on pnet	ımoni	a							
	EAST-STORY CONTRACTOR	DUE TO (OR AS	A CONSEQUENCE	OF):								
N S	Sequentially list conditions,	b. Cerebrova	ascular	Eve	nt							
TIFICATION	If any, leeding to immediate cause. Enter UNDERLYING			OF):								
	CAUSE (Disease or Injury	- Hypertens	SION	OE):								
RTI	that initisted evente resulting in death) LAST			J. 7.							İ	
<u>ĕ</u> ö		d									+	
MEDICAL C	PART ii. Other significent condition	ne contributing to deeth t	out not reculting	in the und	derlying	g ceuee given	In Part i.	24a. WAS AN PERFOR			WERE AUTOPSY FINDINGS	
	Alzheimer's							1 TYES	(XNO		COMPLETION DF CAUSE OF DEATH?	
	Seizure diso										YES 2 NO	
PHYSICIAN:	DID TOBACCO USE CONT	RIBUTE TO CAUSE C				UNCERTA	NN 🗆					
티	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	28. PLACE OF DE	OTHER								
Z S	1 ☐ YES 2 XXO 27. MANNER OF DEATH	XIXInpatient 2 - ER/Outs		4 🗆 Nursi	ing Hom	e 5 🗆 Residenc	_					
	1 X Ketural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)		IME OF NJURY		RK?	28d. [DESCRIBE HOW II	NURY OC	CURED		
E 00	2 Accident Investigation	28a. PLACE OF INJURY	/ At home form			YES 2 NO						
COMPLETED	3 Suicide 6 Could not be 4 Homicide determined	building, atc. (Spe	city)	, alleet, tecto	y, omic		287. L	OCATION (Street a ity or Town, State)	nd Number	or Hural Ro	ute Number,	
	29a. CERTIFIER XX CERTIFYING PHYS	SICIAN: To the best of my know	rledge, death occu	rred at the tin	ne, date	and place, and d	us to the	Cause(a) and man	ner en etel	ted.		
E S		IER: On the basis of exemination									and manner as stated.	
-	20h CIOMPELIDE AND TITLE OF OFFICE					29c. LICENSE N					Month, Day, Year)	
E H	Janual Or	ues m. Q	4			STO ENGENGE N	JMOLN		AUG. DAI	E SIGNED (month, Day, Todij	

D. Perry Point VA Medical
32. REGISTRAR'S SIGNATURE
Shullar Raydall

646224

29b. SIGNATURE AND TITLE OF CERTIFIER

Daniel Dries MD

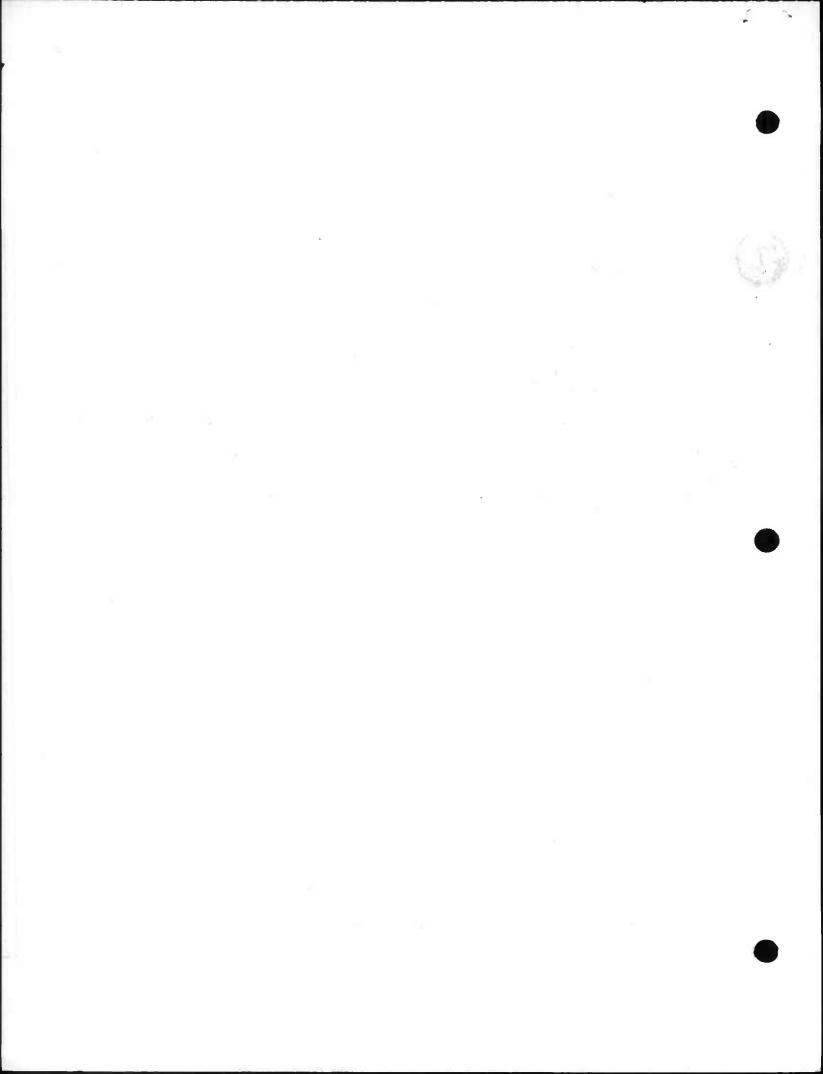
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

5

Daniel Drie 31. DATE FILED (Month, Day, Year)

Dries

NOV 07

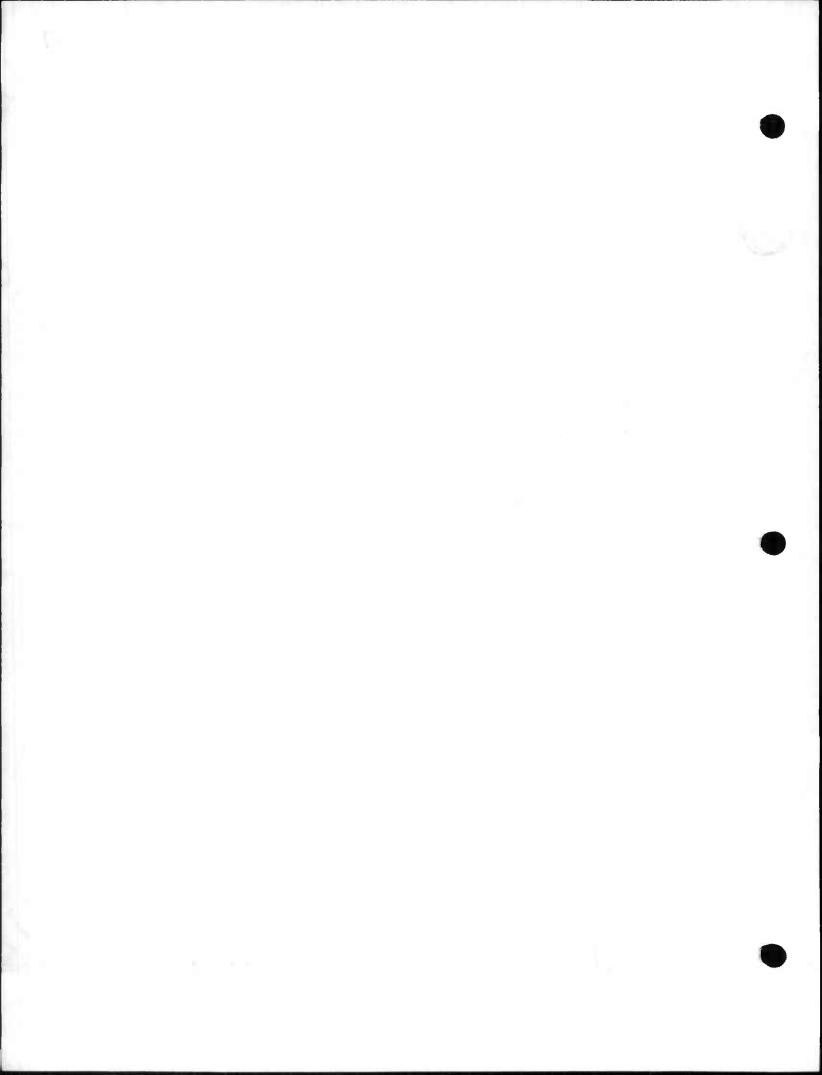


DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burist-frame filled within 72 hours after death with the State Dest. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

		1 - STATE REGISTRAR	STATE OF I	MARYLAI	ND / DEPAI CERTIF					MENT	AL HYGIEN REG. NO.	E		
	i	1. DECEDENT'S NAME (First, Middle, Last)									E OF DEATH		T	3. TIME OF DEATH
		Ida C. Robbins Nov. 13, 1994									YEAR	9:15 p. M		
		4. SOCIAL SECURITY NUMBER	5. SEX	5. SEX 6. AGE (In yrs. last birthday			IF UNDER 1 YEAR			7. DAT	E OF BIRTH		8. BIRTHE	PLACE (State or Foreign
	3	218-48-5824	1 🗆 M 2 💢 🗡 F	84	YRS.	MONTHS	DAYS	HOURS	MIN.		t 15 , 1	910	Country	Maryland
		9a. FACILITY NAME (If not institution, give s	street end number)				r, TOWN C		ON OF D			9c. COUN		ATH
	on I	Deer's Head Cent	er			Sa	lisb	ury				Wico	mico)
	DIRECTOR	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNT	Υ		10c CI	Y. TOWN	OR LOCAT	204						10d. INSIDE CITY
	<u> </u>	Maryland W	icomico			alis								LIMITS?
		10e. STREET AND NUMBER		÷		dillo		. ZIP COD	F			10a CITIZ		HAT COUNTRY?
	2	Deer's Head Cent	er				1696	100	- 1801			log. Orriz	US	IIAI COONTATT
4	FUNERAL	11. MARITAL STATUS	12. WAS DECEDEN	IT EVER IN U	J.S. ARMED	13,	WAS DEC			•	IN? (Specify Yes	or No-		- American Indian
		1 Never Married 2 Married	FORCES? 1	MAR OR DATE	XX NO		If yes, spi	ecify Cubi	ırı, Mexica	in, Puerk	o Rican, etc.)			- American Indian, White, etc.
	BÁ	X∭ Widowed 4 ☐ Divorced						X.X.	opvon	, ·			opeca	r White
	COMPLETED	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	- 1	6a. DECEDENT'S	work done	CCUPATIO	ON st of worki	ng	11	Sb. KIND OF BUS	SINESS/INDI	JSTRY	
ļ		Elementary/Secondary (0-12)	College (1-4 or 5	+)	iiia. Do NOT u									
	\$	8			Hom	emak	er							
		17. FATHER'S NAME (First, Middle, Last)						18. MOT			, Middle, Malden			
	BE	Joseph Leo Kos 194. INFORMANT'S NAME (Type/Print)	k1		The same						eth Mit			
	2	Laura E. Wright									erick,			21701
2	,	20a. METHOD OF DISPOSITION		20h P	LACE AND DATE				ve I			CATION — C	_	
	1	XX Burial 2 Cremation 3 Rem	oval from State	cemete	ery, cremetory or corchest	ther plece)	emor	ial	Park	11	/16 Ca			Maryland
	- 1	21. SIGNATURE OF ANNERAL SERVICE UN	CENSEE		01 011000	22.	NAME AN	O ADDRE	SS OF FA	CILITY	719 00	moi id	60,	nar y rand
	- 1	D 12 1 1	hm /				homa							
-	┪	23. PART I. Enter the diseases, pr	complications the	t caused t	he death Do	not enter	OO L	ocus	t St	ree	t Cambr	idge,	Mar	yland 21613
		shock, or heart failure.	List only one can	nse Du esc	h line.	INT GING	tire mo	ue or uy	mg, suc	III MM CO	rollac or respi	ratory arre	rast,	Approximate interval Between
		IMMEDIATE CAUSE (Final disease or condition Sepsis									Onset and Death			
	ı	resulting in death) DUE TO (OR AS A CONSEQUENCE OF):										3 days		
	, I	Pneumonia Pneumonia												
	2 ∥	Sequentially list conditions, If any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):												
	5	cause. Enter UNDERLYING CAUSE (Disease or injury	_ Urinar				n							
	≐	that initiated events resulting in death) LAST	DUE TO	(OR AS A C	ONSEQUENCE O	F):								
	CERTIFICATION	Tooling in county and	d											
	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	PART II. Other significant condition	na contributing to	death but	not resulting	in the ur	nderlying	cause	given in	Part I.	24s. WAS AN			WERE AUTOPSY FINDINGS
		Organic brain syn	ndrome, s	evere	contra	ctur	es,	chro	nic		PERFOR			AMAILABLE PRIOR TO COMPLETION OF CAUSE
	MEDI	Methicillin resis									' ' ' ' '	27.10	- 1	OF DEATH?
	z I	conjunctivitis, d	liabetes	melli	tus - t	ype	II							
	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSBITAL					ACE OF D	EATH (Ch	eck only	one)			
	2	1 TYES 2 XNO	HOSPITAL:	ER/Outpati	lent 3 🗆 DOA	OTHEI		• 5 □ Re	esidence	8 🗆 Ott	her (Specify)			
	5	27. MANNER OF DEATH 1 Netural 5 Pending	28a. DATE QF (Month, D		28b. Tik	IE OF JURY	28c. INJI WO	URY AT RK?		28d. D	EŞCRIBE HOW II	NJURY OCC	JRED	
2	2	2 Accident Investigation				M		/ES 2 [] NO	L				
		3 Suicide 6 Could not be 4 Homicide determined	28a. PLACE C building,	otc. (Specify	At home, farm,	street, faci	tory, office			28f. LC	CATION (Street a ly or Town, State)	ind Number o	or Rural Ro	oute Number,
Suicide 4									d.					
										and manner as stated.				
		29b. SIGNATURE AND TITLE OF CERTIFIE	R			_		29c. LIC	ENSE NUI	MBER		29d. DATE	SIGNED	(Month, Day, Jimir)
- 13	H H	Elya W	. Com	u.	M	(1)	. 1	פוס	5093			> /	11	14/01
P	2 ∦	30. NAME AND ADDRESS OF PERSON WH	Q COMPLETED CAU	SE OF DEAT	H (ITEM 27) (Type	, Print)		UI.	,0,0				///	777
		Elsa M. Goris, M	1.D., Dee	r's H	lead Cer	iter.	P.C	. Bo	x 20	018,	Salish	oury,	MD :	21802-2018
		31. DATE FILED (Month, Day, Year)		AR'S SIGNAT										
		NUV 1 6 1994	Hava au	madax,	randally									

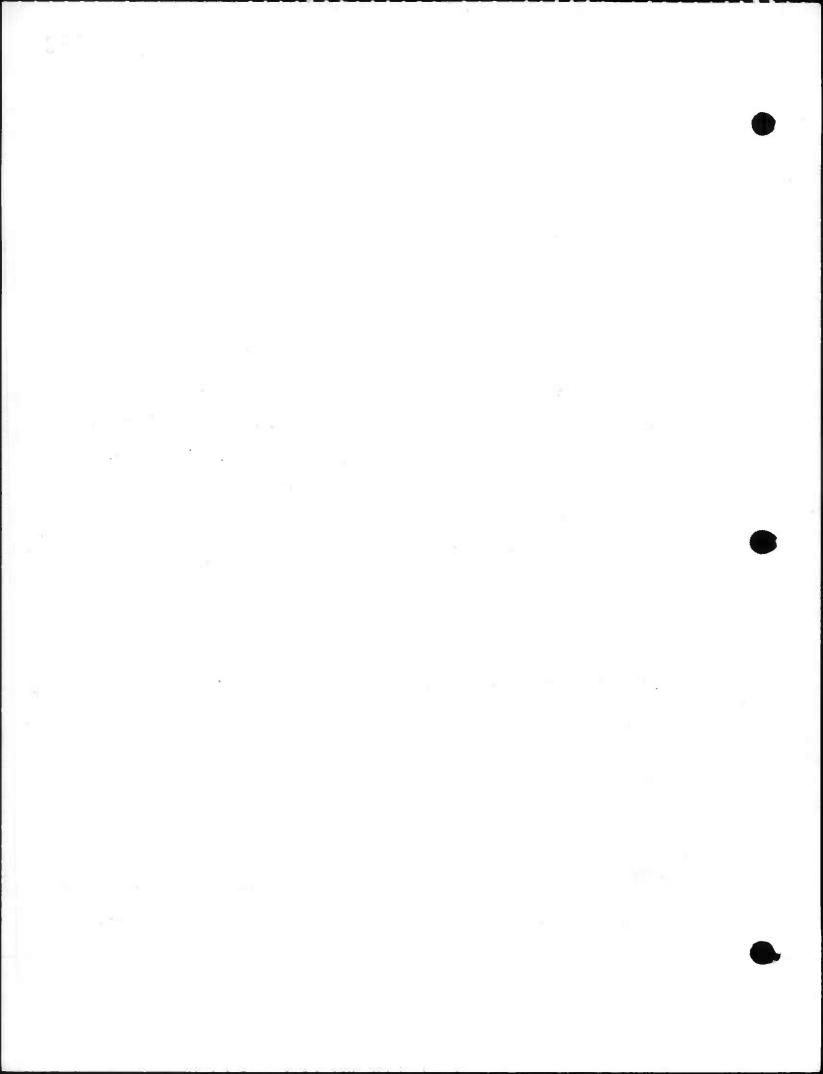


0
===
Ò
-
N
0
Ž
Q.
Œ
Ø
$\mathbf{\Sigma}$
-
ш
α
0
ž
≤ .
F
_
4
8
_

ıı.	å	
æ	nay	
O	9	
BALTIMORE,	HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within periours after death. Page 6 may be	
AL	death.	
m	after	
_	None	
÷	=	
9	with	
87	rtec	
9	э	
6	2	
m	ate	
Ċ	THE THE	
~	9	
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	death	
ä	e e	
ĸ	at	
Ö.	S	
Ш	quire	
Y	.e	
_	M.	
٩	The	
5	N.	
1	30	
0	¥	
Z	6.0	
0	ON	
7	IEN	1
>	A	-
5	OR	1
	TAL	
	SPI	1
	H	

STATE OF MARYLAND / DEPARTMENT OF HEALTH		MENTAL	HYGIENE
 CERTIFICATE OF DEAT	TH .		REG. NO.

		1 - FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTI CERTIFIC	MENT OF H	EALTH AND		YGIENE EG. NO.		
	1	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF S		YEAR 3. TIME OF DEATH	
	8	Eleanor Cathar	ine Richard	is			Novemb			M
				Me	F UNDER 1 YEAR	HOURS MIN.	7. DATE OF B (Month, De)	NRTH 1908	B. BIRTHPLACE (State or Foreign Country)	
pin		310 17 2337	1 □ M 2 X F 86				Septem		Maryland	
i, 2, 3 should	FUNERAL DIRECTOR	9a. FACILITY NAME (If not institution, give street Washington Adventines) RESIDENCE OF DECEDENT				na Park	EATH		Montgomery	
Sec		10a. STATE 10b. COUNTY			TOWN OR LOCAT	TION			10d. INSIDE CITY	
020 physician. burial-transit permit. Pages 1,			Georges	Mt.	Rainie	r			LIMITS?	
T berr		10e. STREET AND NUMBER			101	. ZIP CODE		10g. CITIZE	EN OF WHAT COUNTRY?	
an. transi		3806 30th Street				20712			S.A.	
020 physician. burial-tran	J.	11. MARITAL STATUS 1 X Never Married 2 Married	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 7 NO	13. WAS DEC	ENDENT OF HISPAI ecify Cuban, Mexica	NIC ORIGIN? (S; an, Puerto Rican	pecify Yaa or No- 1 , etc.)	 RACE — American Indian, Black, White, atc. 	
a ge a	ВУ	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DAT	TES	1 TYES	2 NO Specif	ly:		Specify: White	
1215-0020 r attending physic use as the burial	ED	15. DECEDENT'S EDUCA (Specify only highest grade co	TION	16a. DECEDENT'S US	UAL OCCUPATION	ON	16b. KIN	D OF BUSINESS/INDU		\exists
21 for 1			College (1-4 or 5 +)	life. Do NOT use r	k done during mo etired.)	st or working				
AND the hospital detached to once.	COMPLET	12		Bookkeep	er		Ed	ucation		
RYLAND ed by the hospit uld be detached ed at once.	-	17. FATHER'S NAME (First, Middle, Last)				200	ME (First, Middle	e, Maiden Surname)		7
MARYLAND retained by the hospit 5 should be detached notified at once.	BE	John M. G. Richar	ds			Tina		Chalone		
MAR retained 5 should notified	2	Michael G. Richar	da					ity or Town, State, Zip C		
		20a. METHOD OF DISPOSITION	20h I	PLACE AND DATE OF			DATE DATE	aryland 2		\dashv
ORE e 6 may ector, pag		1 X Burial 2 Cremation 3 Remove 4 Donation 5 Other (Specify)	al from State ceme	tery, crematory or other dar Hill	plece)	rv 11/1		Suitland,		
		21. SIGNATURE OF FUNERAL SERVICE LICEN		dur mili	22. NAME AN	ID ADDRESS OF FA	CILITY		-	\dashv
ALTIN death. Pag tuneral di. I.		> (fame)	Famel					Funeral H		
B/ rs after of n by the removal.		23. PART i. Enter the diseesea, or con	mplications that caused	the death. Do not	enter the mo	niversit	y BIVd	.,W. Sil.	Spr., MD 20901	4
D D D E		shock, or heart fellure. Lit IMMEDIATE CAUSE (Finel	at only one cause on ea	ch lina.		ar or aying, and		or rouphatory arror	intervel Between Onset and Death	
# \$ £ €		disease or condition resulting in death)	men	neone	PL /				112	٦
1760, ted within completely ial, cremat		resoluting in dealth) , a,	DUE TO (OR AS A	CONSEQUENCE OF):					- I	۲
ceecuted with and complete o burial, crem	N	Sequentially liet conditions, b.								
De pe lor t	AT	if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A	DUE TO (OR AS A CONSEQUENCE OF):						
O. B. ertificate ing physical prigition prigition prigition prigition of the price	FIC	CAUSE (Disesse or Injury that initiated events	OUE TO (OR AS A	CONSEQUENCE OF):						4
V. SEE P	CERTIFICATION	resulting in death) LAST								
the death y the atte d Mental injury, o		PART II, Other eignificent conditions	acatribution to do the bu-	A A I I I						4
4 5 5 5	CAL	Senile Deu	LAGUATO	t not resulting in	the underlying) ceuse given in		PERFORMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	1
0 = 2 = 9	EDIC	O'ENTER OFFI	of the state of				10	YES 2 10	OF DEATH?	1
REC v requires been sign ft. of Heal	Σ	DID TOBACCO USE CONTRI	RUITE TO CAUSE OF	DEATH VEC		LINICEDTAII			1 NES 2 NO	
AL has has Dep	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL		6. PLACE OF DEATH		UNCERTAII				4
	Sic		HOSPITAL:	0	THER:	a 5 🗆 Rasidenca	e Other /Snr	noth.		1
1. 0 5 5	¥	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Yeer)	28b. TIME C	F 28c. INJI	URY AT		E HOW INJURY OCCU	RED	\exists
ON OF ING PHYSI of this cleath with marked,	ВУ	1. Natural 5 Pending 2 Accident Investigation	NIA	INJUR		ES 2 NO				1
OGADWI	60	3 Suicide 8 Could not be	28a. PLACE OF INJURY - building, atc. (Specifi	- At home, larm, stre	el, factory, office		281. LOCATION City or Tox	N (Street and Number or	Rural Route Number,	1
DIVISION OR ATTEN DIRECTOR: hours after them 28 in		4 Homicide detarmined								╛
DIV TAL OR A AL DIREC 72 hours It item	4P		N: To the bast of my knowle							7
	COMPL	2 MEDICAL EXAMINER:	On the basis of examination	end/or investigation, i	n my opinion, de	eath occured at the	time, data and	place, end due to the	ceuse(e) end manner ee stated.	1
TO THE HOSPI TO THE FUNER be filed within	H	29b. SIGNATURE AND TITLE OF CERTIFIER	/	0		29c. LICENSE NUI	MBER	29d. OATE	SIGNEO (Month, Day, Year)	1
₽ ₽ 3 %	6	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CALLES OF STATE	TH ATEM OT AT		201	077	- 11	-15-99	_
		PAUL A. DI	EVURE MI	1 4203	Dee	nubur	y Ro	ad Hy	i thrille MD	
		31. DATE FILED (MONTH Pay: 8ar) 1994	32. AEGISTRAB'S SIGNAT						20181	1



68760,
BOX 687
, P.O.
RECORDS, I
OF VITAL
DIVISION

30. NAME AND ADDRESS OF PER RAKESH P
31. DATE FILEO (MORTH, Day, Year)

NOV 1

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 flours after death. Page 6 may be retained by the hospital or attending physician.	ificate has been signed by t	be filed within 72 hours after death with the State Dept, of Health and Memtal Hygiene prior to burial, cremation, or removal.	IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
--	------------------------------	--	--

	FOR_	STATE OF I	MARYL	AND / DEPA	RTMEN'	T OF H	EALTH AND	MENTAL HYGI	ENE		
	1 - STATE REGISTRAR						DEATH	REG. I			
,	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE OF DEATH			3. TIME OF DEATH
1	Margaret	Mary	Dad.	ford				11 O	8 1	994	11:30 P M
	4. SOCIAL SECURITY NUMBER	5. SEX		In yrs. last birthday	IF LINDE	R 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH			HPLACE (State or Foreign
	The state of the s	1 M 2 F			MONTHS	DAYS	HOURS MIN.	(Month, Day, Year	, 1713	Coun	(ry)
	578-32-6009	41	8	1 1110.	100			January			nington,D.C.
_	9a. FACILITY NAME (If not institution, give a	treet and number)					OR LOCATION OF D		1	UNTY OF	
5	Villa Rosa Nursin	ig Home			M	litch	rellville	e	Pri	nce (Georges
BY FUNERAL DIRECTOR	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNT	v		100.0	ITY, TOWN	OB LOCA	ION			_	10d. INSIDE CITY
											LIMITS?
۹.		ice Georg	e's	U	pper						1 TES 2 NO
₹	10e. STREET AND NUMBER					10	. ZIP COOE		-		WHAT COUNTRY?
	9118 Grandhaven A	lvenue					20772		1	U.S.A	A.
5	11. MARITAL STATUS	12. WAS DECEDEN			13.			NIC ORIGIN? (Specify		14. RAC	E — American Indian, ck, White, atc.
	1 Never Married 2 Married	FORCES? 1					2 NO Speci	an, Puerto Rican, etc.; /y:	,	Spec	
	3 X Widowed 4 Divorced									Wh:	ite
	15. OECEOENT'S EOU (Specify only highest grade			16a. OECEOENT	'S USUAL C	CCUPATI	ON set of working	16b. KIND OF	BUSINESS/II	NOUSTRY	
	Elementary/Secondary (0-12)	College (1-4 or 5	+)	Ille. Do NOT	use retired.))	st of working				
ᆲ	12			Homema	ker						
COMPLETED	17. FATHER'S NAME (First, Middle, Last)						18. MOTHER'S NA	AME (First, Middle, Mai	den Surname)		
	Nicola Lour	iola					Ma-	ria	Maruc	ci	
BE	19a. INFORMANT'S NAME (Type/Print)	1014		19b. MAILH	IG ADDRES	SS (Street		Route Number, City or			20722
2	Jerry Radford							e Upper			
	20a, METHOD OF DISPOSITION		200	b. PLACE AND OA					LOCATION -		
	N Burial 2 ☐ Cremation 3 ☐ Ram	loval from Stata	of	cemetary, cremato	ry or other	place)		1			
	4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LI	CENSES	_ <u>ro</u>	rt Linc			ery II	/1 1/94 Br	entwo	od, Ma	aryland
	21. SIGNATURE OF FUNERAL SERVICE E	A. O						llins Fun	eral :	Home.	Inc.
	Limothy	SX) Cc	ino	bull	- 1						,MD 20901
	23. PART I. Enter the diseases, pr										Approximate
	shock, or heert failure. List only one ceuse on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, DIE TO (OR AS A CONSEQUENCE OF): DIE TO (OR AS A CONSEQUENCE OF):										
- 1	disease pr condition	100	1	Ho	+ 1	- ~·	· lun 0				11/0/0
-	resulting in death)	e. 7CU	LOB AS	CONSECUENCE	OE:		(lace				1118/94
		\- 1 I	, (on no)	1 A	J (Ca.	1'-1/11	· Cula.	-6°C	~	
S	Sequentielly list conditions,	P 2/0	764	CONSECUENCE	OF.	Can	an o va	suia .	Ser X	ex	128/90
Ě	if any, leading to immediate ceuse. Enter UNDERLYING	DOE 4	י פא חטן י	N CONSEQUENCE	OFJ.						1 ' ' 7
RTIFICATION	CAUSE (Disesse or Injury	C	(OD 40)	A CONSEQUENCE	00.						<u> </u>
	that initiated events resulting in deeth) LAST	DOE 10	(OH AS	A CONSEQUENCE	OF):						
#		d									
2	PART II. Other significant condition	ns contributing to	death l	but not resultin	g in the u	inderlyin	g ceuse given in	Part I. 24a. WAS	AN AUTOPS	Y 24	b. WERE AUTOPSY FINDINGS
PHYSICIAN: MEDICAL	Cancer OF	BARG	2+	and	Cal	0			FORMED?		AMILABLE PRIOR TO COMPLETION OF CAUSE
		15 00	<u>~_1</u>		-01			¹ 🗆 YE	S 2 10		OF DEATH?
Σ								—	/	- 1	1 YES 2 NO
z											
ਰੇ	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			ОТНЕ		LACE OF OEATH (C	theck only one)			
Z Z	1 TES 2 THO	1 Inpatient 2	☐ ER/Out	patient 3 DOA			ne 5 🗆 Residence	6 C Other (Specify)			
H	27. MANNER OF OEATH	26a. DATE O (Month,	F INJURY Day, Year)		IME OF	28c. IN	JURY AT ORK?	26d. DEŞCRIBE H	OW INJURY C	CCURED	
BY	1 Natural 5 Pending 2 Accident Investigation				М	1 🗆	YES 2 NO				
	3 Suicide 6 Could not be		OF INJUR	Y — At home, farr	n, street, fe	ctory, offi	00	261. LOCATION (St City or Town, S		ber or Runa	I Route Number,
	4 Homicide determined		1-10-0								
ا تِ	29a. CERTIFIER 1 CERTIFYING PHYS	SICIAN: To the best (of my know	viedge, death occ	urred at the	time, det	and place, and du	is to the cause(s) and	manner as s	tated.	
COMPLE	One)										e(a) and manner as stated.
_											
BE	296. SIGNAFURE AND TITLE OF CERTIFIE	and	29	MD)		1 29c. LICENSE NO	108	294. 0	// /	ED (Month, Day, Year)
잍	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CA	USE OF D	EATH (ITEM 27) (7)	rpe, Print)					-	11/
	RAKESH A	OFA, N	1.1.	14300	GAL	LAV	VTFO	XLN#2	22.13	OWI	3MD207/6

rulia Davidson-Randalle

rmit. Pages 1, 2, 3 should

	ŏ		
	ansi		
Cla	2-15		
200	Suri		
2	he		
2	as t		
ě	Se		
5	10		
5	pa 1		
2	ach		63
2	de		9
5	be		4
2	pino		led
2101	SP		otif
3	36 5		-
db.	pac		4
	701,		SIL
2	direc		
2	ral C		Ine
i i	une		am.
5	the f	5	i ex
3	7	mo	Ica
2	.⊑	N re	Ped
1	filled	JU, C	e
	Ely .	ratio	##
	plete	rem	ent
3	mo	a, c	9
3	DQ C	Pari	atic
5	In a	2	E
í	sicia	rior	2
1	E d	Je p	ē
3	Bui	gier	the state of
	end	£	0
3	att	enta	حَ
2	the	N.	클
9	by	and	L A
3	gnec	alth	8 3
-	I Si	He	O.W.
	peer	t. 0	S
3	Jas	Ded	23
the state of the s	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transf	ate	item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
	tific	S	Jr H
	Cer	#	d, o
	this	W	rke
)	tter	ath	E
	F. A	r de	99
1	9	afte	28
	9EC	SIN	E
)	ö	0	9

hours item

BE

2

Amended #15 11/17/94 MRT Montgomery

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR STATE REGISTRAR CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH DAY 3. TIME OF DEATH YEAR Anne Helene Rota November 12, 1994 10:45 PM 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year) IF UNDER 1 YEAR | IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign Country) MONTHS DAYS HOURS MIN 1 M 2 F YRS. 150-07-9074 74 July 12,1920 New Jersey 9e. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c COUNTY OF DEATH DIRECTOR 3357 South Leisure World Boulevard Silver Spring Montgomery RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d, INSIDE CITY Maryland Montgomery Silver Spring 1 YES 2X NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 3357 South Leisure World Boulevard 20906 U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 27 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-14. RACE — American Indian, Black, Whits, etc. 1 Never Merried 2 Merried If yes, specify Cuban, Mexicen, Puerto Rican, etc.) 1 YES 2 NO Specity: BY Specify 3 Widowed 4 Divorced White COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade completed) 18e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working) 16b. KIND OF BUSINESS/INDUSTRY (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5 +) Homemaker Homemaker Own Home 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surneme) Patrick Cannon O'Brien BE Margaret 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) 2 James V. Rota 1208 Brantford Avenue Silver Spring, Maryland 20904 20e. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State 20e. METHOD OF DISPOSITION

1

Suriel 2

Cremetion 3

Removal from State

4

Donation 5

Other (Specify) DATE Gate of Heaven Cemetery 11/17/94Silver Spring, Maryland 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY
Francis J. Collins Funeral Home, Inc. ach 500 University Blvd., W. Sil.Spr., MD 20901 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heart fallure. List only one cause on each line. Interval Batween IMMEDIATE CAUSE (Final Onset and Death disease or condition Respiratory reaulting in death) DUE TO (OR AS A CONSEQUENCE OF) ovarian cancer CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PERFORMED? AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO OF DEATH? 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO TUNCERTAIN PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) **EXAMINER?** t ☐ YES 2 MO OTHER: 1 | Inpatient 2 | ER/Outpatient 3 | DOA Nursing Home 5 E Residence 8 Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED 5 Pending Investigation 1 M Natural м 1 YES 2 NO В 2 Accident 28e. PLACE OF INJURY — At home, term, street, factory, office building, etc. (Specify) 3 Suicide 28f. LOCATION (Street end Number or Rural Route Number, City or Town, State) 8 Could not be COMPLETED 4 Homicide 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, desth occurred at the time, data end piace, end due to the cause(a) end menner as stated.

2 MEDICAL EXAMINER: On the besis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 296. SIGNATIONS AND TIPLE OF CENTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 11/14/94 MO 1741740 30. NAME AND ADDRESS OF REPSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Lin, M.D. Jeffrey Y. 2150 Pennsylvania Avenue, N.W. Washington, D.C. 20037 31. DATE FILED (Month, Day, Year)

NOV 1

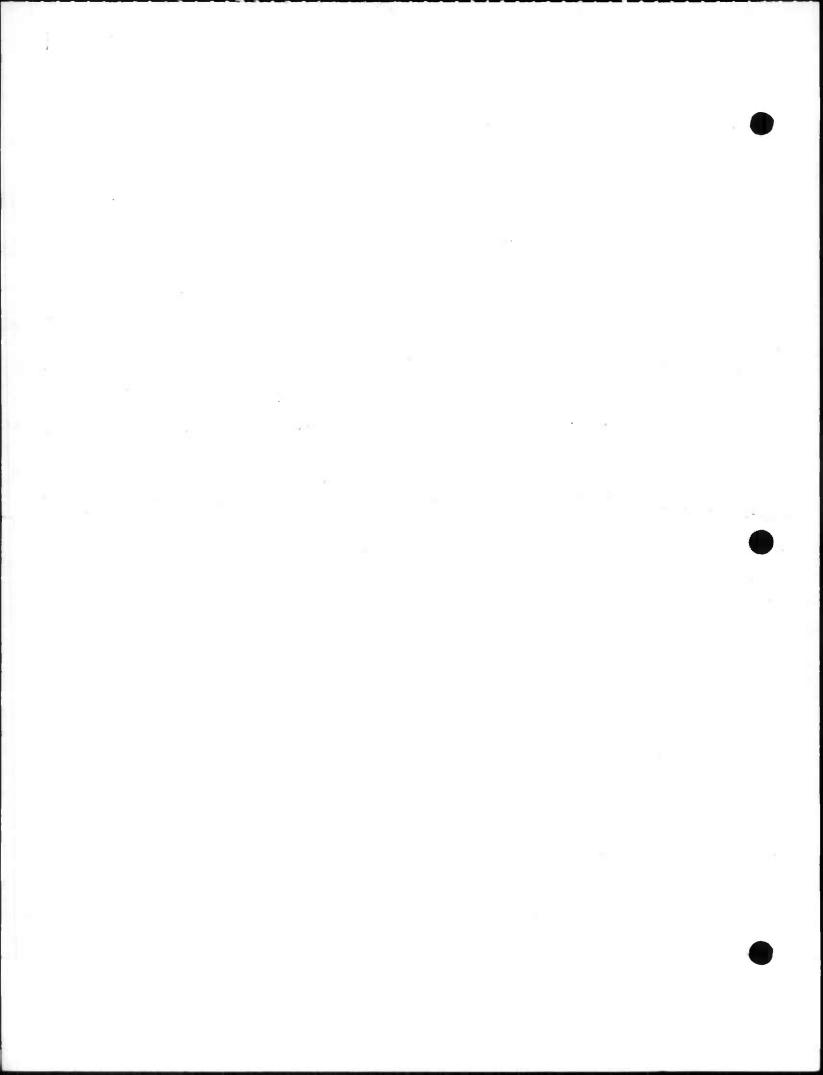
32. REGISTRAR'S SIGNATURE ulia Davidson-Randall 3.7

9
ည်
=
2121
T-
2
Ω
7
•
_
\succ
œ
Ø
5
-
n.F
-
Œ
0
5
F
Ή.
4
8
ш
Ť
O
(0)

DIVISION OF VITAL RECORDS, P.O. BOX 6876

-4	Ta.	9	
9	Spi	hed	
BALTIMORE, MARYLAND 2	프	etac	
	5	9	
≿	5	d b	
H	inec	100	
\geq	eta	S	
- F	9	96	
<u> </u>	35	pa	
5	E	tor,	
$\frac{1}{2}$	90	ile.	
=	To	a d	
5	E.	ner	
⋖	de	2	
m	ffer	=	
	50	5	
	8	P	
		#	
Ų		e ×	٠
Ö	with	plet	
7	20	E	
89	ecu	B	
×	8	a a	,
0	20	icia	
8	Cat	1	
o.	and a	00	
<u> </u>	5	Du .	:
	Jeat	atte	
27	he	the	
~	at t	3	•
0	==	Per	
S	Jire	Sig	
7	Pe	en en	,
_	A.	S	
⋖	9	ha	6
	-	cate	
>	SAN	utif	
+	VSIC	es ce	4.5
_	H	THE STATE OF	
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	NG	fter	
2	Q	Y. A	1
2	E	Ď.	4
2	RA	REC	
2	0	0	
	ITA	RAL	ĺ
	88	JNE	
	I	E .	
	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within securing after death. Page 6 may be retained by the hospital	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached to	i
	2	2	

		1 - FOR STATE REGISTRAR	STATE OF MARYL		MENT OF H		ENTAL HYGIENI REG. NO.	E	
)		1. DECEDENT'S NAME (First, Middle, Last	•	4 5	140	MATT	DATE OF DEATH DA	Y O'E	3. TIME OF DEATH
,		4. SOCIAL SECURITY NUMBER			IF UNDER 1 YEAR		NOU . 1	- 7	IRTHPLACE (State or Foreign
_	- 3	218-66-3350	1 M 2 □ F 90	VDC A	ONTHS DAYS	2-32-2	(Month, Day, Year)		rinidad
should		9a. FACILITY NAME (If not institution, give			96. CITY, TOWN O	R LOCATION OF DEAT	ugust 4.	9c. COUNTY C	
physician. burial-transit permit. Pages 1, 2, 3 should	DIRECTOR	7620 Maple Aven	ue Apt. 213		Takoma	Park		Montg	omery
ages	REC	10a. STATE 10b. COUN		10c. CITY,	TOWN OR LOCAT	ION			10d. INSIDE CITY LIMITS?
mit. P		Maryland Mc	ntgomery	Tal	coma Par				1 YES 2 NO
sit per	RAL				101.	ZIP CODE			OF WHAT COUNTRY?
ilcian. al-tran	FUNER	7620 Maple Avenu	12. WAS DECEDENT EVER IN		13. WAS DECI	20912 ENDENT OF HISPANIC	ORIGIN? (Specify Yes	or No- 14. F	nidad ACE — American Indian.
g phys	BY F	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES		If yes, spe	cify Cuban, Mexican, to 2 NO Specify:			Black, White, etc. Specify:
al or attending for use as the	ED B	15. DECEDENT'S ED	DUCATION	16a. DECEDENT'S U	PILLAL DOCUMENTO				st Indian
or use		(Specify only highest grade (Specify only highest grade Elementary/Secondary (0-12)			rk done during mos		16b. KIND OF BUS	INESS/INDUSTF	N .
the hospital detached force.	MPL	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Hindu Pri	est		Religio	us	
the hose detach	COMP	17. FATHER'S NAME (First, Middle, Lest)	_			18. MOTHER'S NAME	(First, Middle, Maiden S	Surname)	
ould be	BE	Ramjattan Sadhau 19a. INFORMANT'S NAME (Type/Print)		105 MAII INC A	Dones (Over 1)	Bhagratt	10	nknown	-
s should notified	임	Alfred Ramiattan				nue Silv			
nay be		20a. METHOD OF DISPOSITION 1X Burlel 2 Cremetion 3 Re	20b.	PLACE AND DATE OF	DISPOSITION (Nat	ne of 11/15/9	40ATE 20c. LOC	ATION — City of	
ige 6 ma director, p		4 Donation 5 Other (Specify)	Ge	etery, crematory or othe orge Wash	ington	Cemetery		phi, M	aryland
ter death. Page 6 m the funeral director, val.		21. SIGNATURE OF FUNEBAL SERVICE L	LICENSEE / / ///	//		S J. Coll		al Hom	e. Inc
the fu oval.	Щ	Mara 1	· // llll	la	500 Un	iversity	Blvd. W.	Sil Sp	r.MD 20901
fours after death. Page 6 may be retained by the hospital or attending physician. d in by the tuneral director, page 5 should be detached for use as the burial-tran or removal. medical examiner must be notified at once.		23. PART I. Enter the diseasee, or shock, or heart failure	r complications that caused a. List only one cause on ea	the deeth. Do no ech iine.	t enter the mod	de of dying, such e	s cerdiec or reepir	etory errest,	Approximate Interval Between
E 2 €		IMMEDIATE CAUSE (Finel disesse or condition	2.6		00.00	to He	t (Socie	Onset and Death
rted withlin completely fille ial, cremation, covent, the	ŀ	resulting in deeth)	DUE TO (OR AS A	CONSEQUENCE OF):	rece .			2/5	
executed within and complete to burial, cremit matic event,	NO	Sequentially list conditions,	b					·	
ficate be execute physician and come prior to buriane prior to buriane traumatic	ATIC	if any, leading to immediate couse. Enter UNDERLYING	OUE TO (OR AS A	CONSEQUENCE OF):					
e p	IFIC	CAUSE (Diseese or injury thet initiated events	OUE TO (OR AS A	CONSEQUENCE OF):					
end H	CERTIFICATION	resulting in deeth) LAST	d						
The the	AL C	PART ii. Other significent condition	one contributing to deeth bu	It not resulting in	the underlying	ceuse given in Pa			24b. WERE AUTOPSY FINDINGS
s that the ned by a lith and any in	DIC						PERFORI		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATN?
equire en sig of Hea hows	MEDIC.						_		1 YES 2 NO
law ras be Dept. 23 s	AN	DID TOBACCO USE CON 25. WAS CASE REFERRED TO MEDICAL		F DEATH YES		UNCERTAIN			
Item	PHYSICIAN:	EXAMINER?	HOSPITAL:	1	THED.	5 Residence 8 [Other (December)	_	
VSICIA s certi th the	Ž.	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME	OF 28c. INJU	JRY AT 21	d. DEŞCRIBE HOW IN	JURY OCCURE)
VG PH ter thi ath wi	ВУ	t Natural 5 Pending 2 Accident Investigation			M 1 🗆 Y	ES 2 NO			
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that TO THE FUNERAL DIRECTOR: After this certificate has been signed by be filed within 72 hours after death with the State Dept. of Health an IMPORTANT: If Item 28 is marked, or Item 23 shows any	B	3 Suicide 6 Could not be determined	28a. PLACE OF INJURY building, etc. (Special	— At home, larm, str fy)	eet, lactory, office	20	BI. LOCATION (Street as City or Town, State)	nd Number or Ru	rel Route Number,
DIRECT HOURS	H	29s. CERTIFIER 1 CERTIFYING PHY	SICIAN: To the beat of my knowle	rdgs, death occurred	at the time, data	and place, and due to	the cause(e) and many	ner sa stated.	
OSPITA JNERAL Ithin 72 INT: If	COMPLET		NER: On the beele of examination						se(e) and manner ae stated.
THE H filed w	BE (29b. SIGNATURE AND TITLE OF CERTIFI	ER			29c. LICENSE NUMBE	R		NED (Month, Day, Yber)
₽₽2 ₹	2	30. NAME AND ADDRESS OF PERSON W	THO COMPLETED CAUSE OF DEA	TH (ITEM 27) (Type P	riot)	408	2 10	120	0.12 97
		3/2	Law Sec			60 65 6	we 14) +	<i>عد</i> 4	Between
		31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNA	TURE			2100	1	3
		NOV 1 6 19	194 Julia David	son-Aandell					



or attending physician. BALTIMORE, MARYLAND 21215-0020

permit. Pages 1, 2, 3 should

1 for

DIRECTOR

FUNERAL

BY

ETED.

COMPL

BE notified

9

aţ

pe

must

examiner

medical

the

event,

traumatic

or other

Injury.

any

Shows

23

Hem

6

marked,

28 is

MPORTANT: If item

CERTIFICATION

MEDICAL

PHYSICIAN:

BY

COMPLETED

8E

2

DR.DAVID

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE

FOWLER M.D.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp	O THE FUNEAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached	
5	e d	
5	d b	
line(Inor.	
reta	S	
å	90	
Jay.	pa	
9	cto,	
90	dire	
4	E	
ath	nue	
- o	le f	100
afte	3	16E
FILE	.⊑	F re
2	led	C
124	y fi	flor
Ē	ete	еща
3	E C	5
ute	3	ina ina
Xec	and	ğ
ag	Jan	10
ate	Sign	Du
tific	ig D	ene
e	din	DA
att.	tten	100
e	le a	Леп
\$	2	P
thai	2	h ai
res	- Bu	ealt
edu	E L	H 10
- ≥	8	of.
9	has	å
E	ate	tate
A	ij	Sel
Sic	8	#
PH	T)	Ž
NG	fter	eath
S.	¥	Ď
H	Ë	afte
A.	REC	SIN
0 7	0	Ř
TA	RA	2
SS	NE NE	Ė
H	H	3
E	F	Ę,
9	9	9

94 35562 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH 3. TIME OF DEATH YEAR DOROTHY NOV. ROACH 2.0 94 7:30 AM 4. SOCIAL SECURITY NUMBER 5 SEY 6. AGE (In yrs. lest birthday) IF UNDER 24 HRS. IF UNDER 1 YEAR 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign DAYS 1 - M 2 X F YRS. 213 22 4188 68 03/25/1926 Penna 9e. FACILITY NAME (If not institution, give street end num 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH 7-CENTER SECTION ROAD MIDDLE RIVER BALTIMORE RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Baltimore Co. Middle River 1 YES 2 1 NO 10e. STREET AND NUMBER 101 ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 7 Center Section Road 21220 U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or NoIf yee, specify Cuben, Mexicen, Puerto Rican, stc.)
 \(\bullet{\subset} \) YES 2 \(\bullet{\subset} \) NO \(Specify: \) 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Merried Specify: White 3 Widowed 4 Divorced 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest Elementary/Secondary (0-12) College (1-4 or 5+) Homemaker Home 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Delbert Orange Pensyl Lavada Coughenour 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Center Section Road Middle River, Md

21220 Ralph Roach 20e. METHOD OF DISPOSITION
1 □ Burlel 2 □ Cremetion 3 🕏 Removal from State
4 □ Donation 5 □ Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE Zeigler Funeral Home 11/20/94 Hyndman Penn. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY
BRUZDZINSKI FUNERAL HOME P.A. 1407 Eastern Ave. Baltimore, Md. 21221 23. PART a finter the dissass, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate IMMEDIATE CAUSE (Finsi Onset and Death disesse or condition resulting in death) Arteriosclerotic Cardiovascular Disease DUE TO (OR AS A CONSEQUENCE OF): Sequentisity list conditions. DUE TO (OR AS A CONSEQUENCE OF) if any, isading to immediats CRUSA Enter UNDERLYING CAUSE (Disesse or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24s. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1□ YES XXNO Inquiry 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES ₹ NO UNCERTAIN □ 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL: OTHER: 1 | Inpetient 2 | ER/Outpetient 3 | DOA 4 Nursing Home 54 Assidence 8 Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED XX_{Natural} INJURY 1 YES 2 NO 2 Accident Investigation 28e. PLACE OF INJURY — At home, term, street, fectory, office 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 8 Could not be 4 Homicide 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(s) end manner ee stated. 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date end piece, end due to the ceuse(s) end menner ea stated. 29b. SIGNATURE AND THELE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month. Day, Year) O.C.M.E NOV. 20,1994

111 Penn Street, Baltimore, Maryland 21201

the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS P.O. ROX 68760

	DALLINGTE, MANIE CALL SIZIO-0020
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	if death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 shobled be filed within 72 hours after death with the State Dept. of Health and Mental Myglene prior to bunal, cremation, or removal.	he funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should be detached for use as the bunal-transit permit.
IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	examiner must be notified at once.
TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	TO BE COMPLETED BY FUNERAL DIRECTOR

				•			9	14 3	35563
	FOR 1 STATE	STATE OF MARYL	AND / D	EPARTMEN	IT OF HEALTH AND	MENTAL HYGIEN	IE 31		
	REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last)		CEF	RTIFICAT	E OF DEATH	REG. NO).		
							MY	YEAR	TIME OF QEATH
	CLARENCE W. ROOP 4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE ()	a circulation and	(at at a 1 m anna		November	10	1994	3:00P. M
		1 M 2 F	n yrs. last bi	YRS. MONTHS	DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	3005	Country)	ACE (State or Foreign
	219 18 4767 9e. FACILITY NAME (If not institution, give :	Δ	69		TY, TOWN OR LOCATION OF C	April 6,		Maryl NTY OF DEAT	
DIRECTOR	PERRY POINT VA ME					1D	Ceci		
M I	10e. STATE 10b. COUNT	Υ	1	10c. CITY, TOWN	OR LOCATION			10	d. INSIDE CITY
	MD Ha	arford		На	vre de Grac	е		1	LIMITS?
A	10e. STREET AND NUMBER				10f. ZIP CODE		10g. CIT	IZEN OF WHA	T COUNTRY?
띮	2317 Titan Te	rrace			21078			USA	
FUNERAL	11. MARITAL STATUS 1 Never Married 2 Merried	12. WAS DECEDENT EVER IN FORCES? 1 X YES		D 13	. WAS DECENDENT OF HISPA If yes, specify Cuben, Mexic	NIC ORIGIN? (Specify Year, Puerto Rican, etc.)	e or No-	14. RACE — Black, W	American Indien, /hite, etc.
BY	3 Wildowed 4 Divorced	WW II	TES		1 ☐ YES 2 NO Speci			Specify:	White
	15. DECEOENT'S EDU	CATION	18e. DECE	DENT'S USUAL	DCCUPATION	16b, KIND OF BU	SINESS/INC	OUSTRY	Wille
H	(Specify only highest grade Elementary/Secondary (0-12)	completed) College (1-4 or 5 +)	(Give	kind of work done NOT use retired.	during most of working	753, 14115 61 65	OMEGO/III	7001117	
교	12		Tra	aining	Instructor	Feder	al Go	overnn	nent
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					AME (First, Middle, Maiden			
BE (Estil C. Roop Augusta S. Griest								
10	19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)								
-	Mr. Terrence C. Roop 2317 Titan Terrace, Havre de Grace, MD 21078								
	20e. METHOO OF DISPOSITION DATE 20c. LOCATION - City or Town, State								
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Mitchell-Smith Funeral Home, P.A.								
	1 200	X.V ~	7		Witchell-Smit	h Funeral	Home	e, P.A	<u>\</u> .
	23. PART I. Enter the diseeses, or	complications that caused	the death	Do not ante	Havre de Gr	ace, IVID	2107	8-3197	
1	23. PART I. Enter the diseases, or complicatione that ceueed the deeth. Do not anter the mode of dying, such as cardiec or reapiratory arrest, ahock, or heart feliure. Liet only one ceuse on each line. Approx Interval								
	IMMEDIATE CAUSE (Finel disease or condition		_						Onaat and Death
	reaulting in death)	e. Restrictive	CONSEQUE	g Disea	se, Severe				-
z									İ
FICATION	Sequentielly list conditiona, if any, leading to immediate	OUE TO (OR AS A	CONSEQUE	ENCE OF):					
S	cause. Enter UNDERLYING CAUSE (Disease or Injury								
	that initiated events	DUE TO (OR AS A	CONSEQUE	ENCE OF):					
CERT	resulting in death) LAST	d							
	PART ii. Other algnificant condition	ne contributing to deeth bu	it not raai	uiting in the L	inderiving ceuse given in	Part I. 24a. WAS AN	AUTOPSY	24h Wi	RE AUTOPSY FINDINGS
2				-	, 3	PERFO	RMED?	AW	AILABLE PRIOR TO IMPLETION OF CAUSE
						1 TYES	≥X NO	OF	DEATH?
Σ	DID TOBACCO USE CONT	DIBLITE TO CALISE OF	DEATH	VEC 🗆	NO III IINGERTAL			1 [YES 2X NO
AN	25. WAS CASE REFERRED TO MEDICAL			OF OEATH (Chec		и 🗆 📗			
PHYSICIAN: MEDICAL	EXAMINER? 1 ☐ YES 2 ☑ NO	HOSPITAL:	-0.0	OTHE	R:	a. [] au			
Ħ	27. MANNER OF GEATH	28e. DATE OF INJURY		8b. TIME OF	28c. INJURY AT	28d. OESCRIBE HOW	INJURY OC	CUREO	
	1 Natural 5 Pending Investigation	(Month, Day, Year)		INJURY	WORK?			2072	
р ву	2 Accident Investigation 3 Suicide a Could not be	28e. PLACE OF INJURY	At home,	, ferm, street, fe		281. LOCATION (Street	end Number	or Rural Rout	e Number,
E	4 Homicide determined	building, etc. (Speci	(1)			City or Town, State;	Jr. 1912-201		
COMPLETED	29e. CERTIFIER 1 X CERTIFYING PHYS	ICIAN: To the beat of my knowle	dge, death	occurred at the	time, date end place, and de-	to the cause(a) and ma	nner ee etel	ted	
M		ER: On the beele of examination							d menner ee atated.
ا ک								,-, 3	

Hernorder 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

29c. LICENSE NUMBER 027578 29d. DATE SIGNED (Month, Day, Year) 11-10-94

AVELINA C. HERNANDEZ M.D., PERRY POINT VA MEDICAL CENTER 31. DATE FILED (Month, Day, Year)

NOV 1 5 1994

39h, SIGNATURE AND TITLE OF CERTIFIER

2

Lis allubban hardak

BALTIMORE, MARYLAND 21215-0020

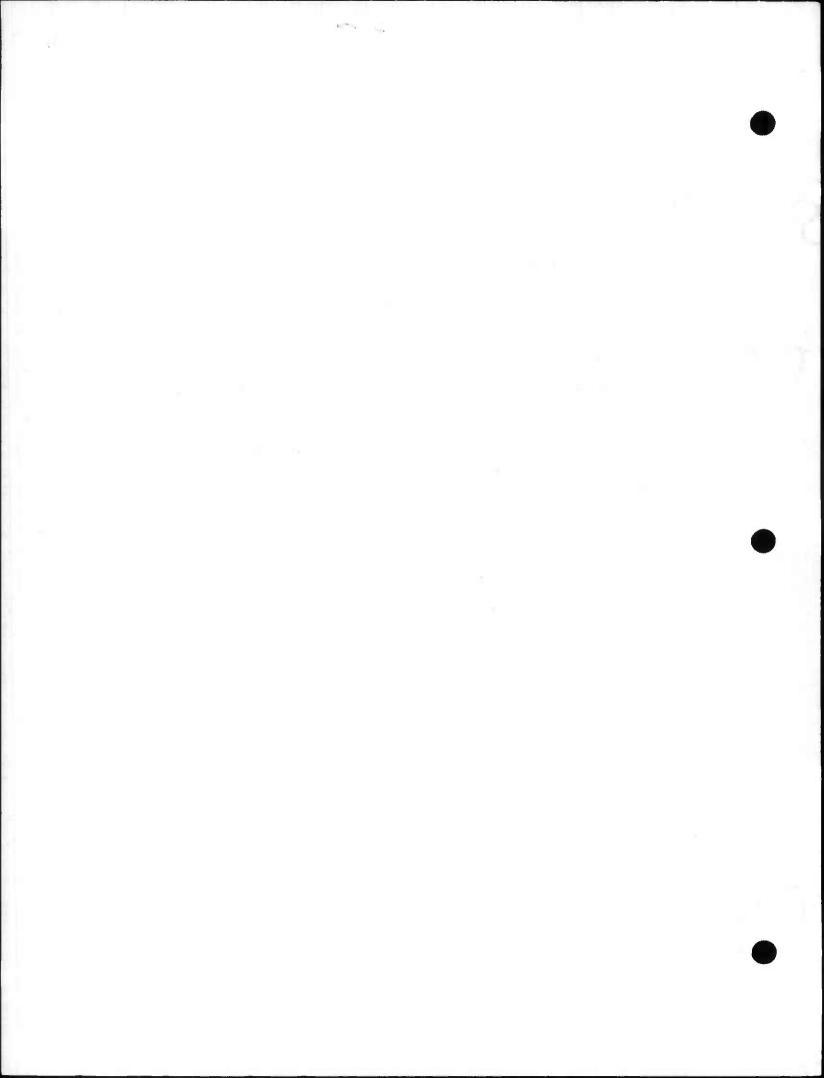
DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with. Jours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	REGISTRAN			CENTIF	CALE	IL DEW	II III	REG. NO.					
	1. DECEDENT'S NAME (First, Middle, Last) FLORENCE ANN	EITE RAZ	ΔB			2. DATE OF DEATH DAY YEAR NOVEMBER 13, 1994 9:20 AM							
	4. SOCIAL SECURITY NUMBER	5. SEX		B. AGE (In yrs. last birthday) IF UNDER t YEAR									
	Committee of the commit	1 M 2 K F			MONTHS DA		MIN.	7. DATE OF BIRTH (Month, Day, Year)	-	6. BIRTHPLA Country)	CE (State or Foreign		
-	579-38-8125	_73				Feb. 24, 1		921 Pennsylvania		sylvania			
	9n. FACILITY NAME (If not institution, give st				9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEA					NTY OF DEATH	1		
OR	3909 Longley Road	đ		_		Abingdon Harfo					ford		
5	RESIDENCE OF DECEDENT									LOIG			
DIRECTOR	Maryland 106. COUNTY		10c. CIT	Abingdon						LIMITS? YES 2 🔀 NO			
	10e. STREET AND NUMBER					101. ZIP COD	ne .		10a CITI				
FUNERAL	3909 Longley Ro	and.				101. 217 000			10g. CITIZEN OF WHAT COUNTRY?				
岁	11. MARITAL STATUS				1		21009		Щ,	USA			
5	1 Never Married 2 Married	12. WAS DECEDEN FORCES? 1						ORIGIN? (Specify Yea Puerto Rican, etc.)	or No-	14. RACE — / Black, Wi	American Indian, nita, etc.		
BY	3 Widowed 4 Divorced	IF YES, GIVE V	AR OR DATES		1 🗆	YES 2X NO	Specify:		- 1	Specify:	1.11		
										1	white		
E	15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)	16a	Give kind of	USUAL OCCU vork done durin e retired.)	PATION a most of work	ina	16b. KIND OF BUS	SINESS/IND	DUSTRY			
Щ	Elementary/Secondary (0-12)	College (1-4 or 5	·)	life. Do NOT us	e retired.)			1					
틸	12			Hor	nemake	r			-				
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					18. MOT	THER'S NAME	E (First, Middle, Maiden	Sumame)				
	John Michael Petri	ick				El	izabe	th (unkn	own)	Bugai	n		
BE	19a. INFORMANT'S NAME (Type/Print)			19b. MAILING	ADDRESS (St			ute Number, City or Town			-		
2	Joyce A. Garner							ngdon, Ma		,	009		
	20a, METHOD OF DISPOSITION						, AUI		-				
	1 Buriel 2 K Cremetion 3 Remo	ovel from State	20b.PLA cemetery	CE AND DATE (her place)	N (Neme of	_	DATE 20c. LO	CATION —	City or Town,	Stata		
	4 Donation 6 Other (Specify)	1.	R.A	. Ferr	LS & C	o., In	c. 1	1/15/ 94	West	t Ches	ter, PA		
	21. BIGHAPURE OF FUNERAL SERVICE LIC	THISE !	/	74/	/ 22. NAN	IE AND ADDRE	ESS OF FACIL	as III Fu					
	> / Towast K	MIC	и.	W							*		
	23. PART I. Enter the diseases, or o	1000	-cure	2				Road, Abi					
	shock, or heart fellure.	List Dnly Dne cau	ise on each	iine.	iot enter the	mode of dy	/ing, auch	aa cerdlec or reapi	ratory arr	reat,	Approximete Interval Between		
	0.14												
	disease or condition resulting in death) - a Carlio Lespiratory Arcst												
	disease or condition resulting in death) a. Carlio Permaton Arcst Due to (or as a conscouence or: Authorized Metastams b. Carlio Permaton Arcst												
_	- Puluzvarz Metastans												
₫	Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A DONSEQUENCE OF):												
A	cause. Enter UNDERLYING	Endon	eton	DC.	me					1			
CERTIFICATION	CAUSE (Disease or injury thet initiated events	DUE TO	(OR AS A COR	NSEQUENCE OF	n:								
Ē	resulting in deeth) LAST		,		,-					ĺ			
與		d											
	PART II. Other aignificant condition	a contributing to	deeth but n	ot reaulting	in the under	lying ceuse	given in Pa	art i. 24e. WAS AN	AUTOPSY	24b. WEI	RE AUTOPSY FINDINGS		
EDICAL		_						PERFOR		AVA	ILABLE PRIOR TO WPLETION OF CAUSE		
								1 YES 2	DHO		DEATH?		
								_		1 [YES 2 NO		
PHYSICIAN: M													
ا ۲	25. WAS CASE REFERRED TO MEDICAL EXAMINER?					8. PLACE OF I	DEATH (Checi	k only one)					
S	1 YES 2 NO	HOSPITAL:	ER/Outpetlan	H 3 DOA	OTHER:	Home 5 🗆 B	Realdence 6	☐ Other (Specify)					
۱ ≟	27. MANNER OF DEATH	28a. DATE OF	INJURY	28b. TIM		INJURY AT	T-	28d. DEŞCRIBE HOW II	NJURY OC	CURED			
	1 Netural 5 Pending	(Month, D	lay, Year)		URY	WORK?							
B	2 Accident Investigation	00 PL 405 0											
	3 Suicide 6 Could not be 4 Homicide determined	building,	atc. (Specify)	It home, farm,	treet, factory,	offica	1	28f. LOCATION (Street a City or Town, State)	and Number	or Rural Route	Number,		
E I	Tronscion detailment												
ا ج	29a, CERTIFIER 1 CERTIFYING PHYSI	CIAN: To the best of	my knowledge	, desth occurr	ed at the time,	data and place	a, and dua to	the cause(a) and mar	ner as stat	ted.			
COMPLETED	one) 2 MEDICAL EXAMINE										f manner as stated.		
ၓ၂													
8	296. SIGNATURE AND TITLE OF CERTIFIES	15,00	V.			29c. LIC	ENSE NUMB	ER	29d. DAT	E SIGNED (Mo	nttl. Day, Year)		
2	, share	pecel				101	9110	>	- /	1/12/	40		
	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAU	SE OF DEATH	(ITEM 27) (Type,									
	MICHAEL L	3. DIL	Low	MO	MICHARIC B. DILLON MO SSON BROADONAY BALT, MD 21205								
	MICHAEC L 31. DATE FILED (Month, Day, Year)	32. REGISTRA	AR'S SIGNATUR	MD RE	5501	1.17K07	400019	LY DAG	-1 /	20 2	1205		
	31. DATE FILED (Month, Day, Year) NOV 1 5 199	32. REGISTRA 4. Julia	AR'S SIGNATURE	Revolate	3501	U. 13R07	400VM	LY DAG	-1 /	402	1205		



- 6	
0	
876	
00	
9	
_	
×	
~	
$\mathbf{\circ}$	
\mathbf{m}	
. BO	
$\dot{\sim}$	
0	
۵.	
ш.	
ഗ	
0	
Щ	
\circ	
\sim	
O	
Ш	
Œ	
_	
AL	
9	
_	
>	
P	
0	
_	
7	
=	
0	
=	
w.	
-	
>	
=	
-	

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a flour stee death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be within 72 hours that death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

MINDORIANT II Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY FUNERAL DIRECTOR

STATE (OF MARYLAND	/ DEPARTMENT	0F	HEALTH	AND	MENTAL	HYG	IENE
	C	ERTIFICATE	OF	DEAT	'H		REG	NO

FOR STATE REGISTRAR	8	STATE OF MA		DEPART				MENTA	AL HYGIEN	E		
1. DECEOENT'S NAME (First, Middle,	Last)							2. DAT	E OF DEATN			3. TIME OF DEATH
NAMON		ROSE						OCT (ÖBER 3		94	8:30P M
4. SOCIAL SECURITY NUMBER			AGE (In yrs. Id	- "	IF UNDER	1	IF UNDER 24 HRS.	7. DATI	e OF BIRTH 1	911	8. BIRTHI	PLACE (State or Foreign
577-09-7219 1 KM 2 F 83 YRS.						September 12, Virginia						
Prince Georges GEneral Hospital							verly	LAIN				eorges
10a. STATE 10b. CC				10c. CITY	TOWN	OR LOCATIO	N					10d. INSIDE CITY
Maryland Pr	ince	Georges			Lan	dover						1 X YES 2 NO
7111 Sherif	f R	oad				10f. Z	20785			-		States
11. MARITAL STATUS	12.	WAS DECEDENT E	ER IN U.S. A	RMED	13.	WAS DECEN	DENT OF NISPA	NIC ORIG	IN? (Specify Yes	or No-	14. RACE	- American Indian,
1 Never Married 2 Married 3 Wildowed 4 Divorced FORCES? 1 YES 2/(2)NO IF YES, GIVE WAR OR DATES						Il yes, speci 1 YES 2	fy Cuban, Maxica	en, Puerto	Rican, atc.)		Specif.	
15. DECEDENT'S	EDUCATION	ON		ECEDENT'S (16	b. KIND OF BU	SINESS/IND	USTRY	Black
(Specify only highest Elementery/Secondary (0-12)		pleted) ollege (1-4 or 5+)	- 6	Give kind of wi e. Do NOT use	ork done retired.)	during most	of working	0	C.Dep	t. of	Pub	lic Works
8th grade			Sup	ervis	or/I	Emerg	ency Cr	ew	Dept.	of Sa	antat	ion
17. FATHER'S NAME (First, Middle, Las	1)					1	8. MOTHER'S NA	AME (First,	Middle, Malden	Surname)		
Robert		niel		Rose			Virgi	_				Jones
19a. INFORMANT'S NAME (Type/Print) Linda C. Rose		(daught					Road . A				,	d 20706
20e METHOD OF DISPOSITION 1 A Burlel 2 Cremation 3			20b. PLACE	ANDDATEO	FDISPOS	SITION (Name	of	OA.	TE 20c. LO	CATION —	City or Toy	vn, Slate
4 Donation 5 Other (Specify)			Natio	onal H			emorial					
and the same of th	22. NAME AND ADDRESS OF FACILITY Latney's Funeral Home 3831 Georgia Avenue, N.W.; Wash.D.C. 20011											
23. PART I. Enter the diseases shock, or heart fail	or com	plications that ca	used the d	aath. Do no	t enter	r the mode	of dying, suc	h as ca	rdiac or reapi	retory arm	eat,	Approximate
IMMEDIATE CAUSE (Final disease or condition reaulting in death)		Ceres	rd Va	28Cu	lav	Ac	rideu	7.				Onset and Death
			4	EOUENCE OF								
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	b			EOUENCE OF								
resulting in death) LAST	d											
PART II. Other algnificant cond	litions co	entributing to de	ferre	reaulting in	the ur	nderlying o	ause given in	Part I.	24s. WAS AN PERFOR	MEO?		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE
Colon	Ca	ucer.	,			-				X		OF DEATN?
DID TOBACCO USE CO	NTRIB	UTE TO CAUS	E OF DE	ATH YES		NO 🗆	UNCERTAIL	N 🗆				
25. WAS CASE REFERRED TO MEDIC EXAMINER?		OSPITAL:	28. PLA	CE OF OEATI								
1 TES 30 NO		Inpatient 2 ER	/Outpatient		OTHEI		5 - Reeldenca	s 🗆 Oth	er (Specify)			
27. MANNER OF DEATN Netural 5 Pending		28a. DATE OF INJ (Month, Day, Y	JRY ear)	28b. TIME INJU		28c. INJUR WORK 1 YES	.7	28d. DE	SCRIBE HOW I	NJURY OCC	URED	
2 Accident Investigs 3 Suicide 8 Could no		28a. PLACE OF IN building, atc.	JURY — At h	ome, lerm, at	rest, laci		2 10	28f. LO	CATION (Street &	and Number	or Rural Ro	oute Number,
4 Homicide datermin		ounding, atc.	[Зреспу)					City	y or Town, State)			
		To the best of my										and manner as stated.
296. SIGNATURE AND TITLE OF CERT	TIFIER	un				2	9c. LICENSE NUI	MBER	à	29d. OATE	SIGNED	(Month, Day, Year)
30. NAME AND ACCRESS OF PERSO	N WINO CO		F OEATH (ITE	M 27) (Type, 1	Print)	es la D	d Che	700	1	10	1/3	795
W. DATE FILEO (Month, Day, Year)	CA	65 c		,auo	IUVC		a che	ver	ry 1	40	00	100.
NUV U 9 1994	Ju	ia Davidson		2								

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE OF M.	ARYLAND /	DEPARTM	ENT OF H	EALTH AND	MENTAL HYGIEN REG. NO.	E		
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATN		3. TIME OF DEATH	
- 9	Hazel Andina RHONF					MONTH DA	¥ 1994	(. 5 0 T) M	
- 8		8. AGE (In yrs. la	st birthday) IF I	UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	8. BIRT	MPLACE (State or Foreign	
	141-12-0095 1□M2ĀF	84	YRS. MON	THS DAYS	HOURS MIN,	(Month, Day, Year) MARCH 29,1	Count	try)	
. 1	9a. FACILITY NAME (If not institution, give street and number)		9b.	CITY, TOWN C	R LOCATION OF D		9c. COUNTY OF		
DIRECTOR	DOCTOR'S HOSPITAL RESIDENCE OF DECEDENT			I	LANHAM		PRINCE	GEORGE'S	
H H	10a, STATE 10b, COUNTY		10c. CITY, TO	WN OR LOCAT	ION		10d. INSIDE CITY LIMITS?		
	MARYLAND PRINCE GEORG	E'S	E	BOWIE			1X YES 2 □ NO		
A I	100. STREET AND NUMBER 12711 HASKEL LANE			101	ZIP CODE	C	10g. CITIZEN OF WHAT COUNTRY?		
FUNERAL	12 / 11 HASKEL LANE 11. MARITAL STATUS 12. WAS DECEDENT	SUFFR BLUE A			2071			SA	
	1 Never Married 2 Married IF YES, GIVE WA	YES 27	NO NO	If yea, spe		NIC ORIGIN? (Specify Yas in, Puarto Rican, atc.)	Blec	E — American Indian, k, White, etc.	
B	3 Widowed 4 Divorced	N ON DATES		1 1 1 1 1	ZA NO Specif	у.	Spec	BLACK	
	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16e. DE	ECEDENT'S USU	AL OCCUPATIO	ON st of working	16b, KIND OF BUS	SINESS/INDUSTRY		
	Elementery/Secondary (0-12) College (1-4 or 5+)	life	Do NOT use reti	ired.)			21100	- 1	
COMPL	4YRS.		SEAMST	RESS			PVT.		
- 1	17. FATNER'S NAME (First, Middle, Lest)					ME (First, Middle, Maiden		i	
H	MARQUIS HICKS 198. INFORMANT'S NAME (Type/Print)				· · · · · · · · · · · · · · · · · · ·	LLEN MARS			
2	ALDA POWELL/ DAUGHTE					BOWIE, I		D 20716	
	20s. METNOD OF DISPOSITION		AND DATE OF DE		_		CATION — City or To		
	1 Buriel 2 Cremation 3 Xemoval from State 4 Donation 5 Other (Specify)	cemetary, cre	ematory or other o	lace)		L11-14PAR			
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	A	JE WASH	22. NAME AN	D ADDRESS OF FA	CILITY			
	MUQUOQUA &	(3)1	NAM	7474	B. JENK LANDOV	INS FUNEI ER ROAD I	RAL HOM LANDOVE	E 20785 R,MARYLAND	
	23. PART I. Enter the diseases, Dr complications that	caused the de	eth. Do not e	enter the mo	de of dylng, suc	h es cerdiac or respl	ratory errest,	Approximate	
	ahock, or heert fallure. List only one caua IMMEDIATE CAUSE (Finel	e Dn eech line	в.					Interval Between Onset and Death	
	disease or condition resulting in deeth) e. Subarachnoid hem or hage DUE TO (OR AS A CONSEQUENCE OF):								
Z	Sequentially list conditions, Due to (or As a consequence of):								
HILICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): C. DUE TO (OR AS A CONSEQUENCE OF):								
		OR AS A CONSE		UIN	41	W 0 50	ensis	10 drs	
		stap h	au	rens	DI	neumon.	itis	3 d.	
S	PART II. Other algnificent conditions contributing to d				/				
S S	The state against obligations obligations to	eem out not i	resulting in th	ie underlying	ceuse given in	PERFOR	MED?	AWAILABLE PRIOR TO COMPLETION OF CAUSE	
MEDIC						1 _ YES 2	PNO	OF DEATH?	
Σ.	DID TOBACCO USE CONTRIBUTE TO CAU	SE OF DEA	TH VEC [J NO E	UNCERTAI			1 TYES 2 NO	
Y Y	25. WAS CASE REFERRED TO MEDICAL		CE OF DEATH (C		UNCERIAL	1			
	EXAMINER? 1 YES 2 NO 1 Inpatient 2		ОТ	HER:	s 5 Residence	8 Other (Specify)			
PHYSICIAN:	27. MANNER DF DEATN 28e. DATE OF III	JURY	28b. TIME OF	28c. INJI	URY AT	28d. DESCRIBE HOW IN	JURY OCCURED		
2	1 Natural 5 Pending 2 Accident Investigation	rear)	INJURY		RK? 'ES 2 NO				
- 8		INJURY — At ho c. (Specify)	ome, ferm, atreet	, factory, office		28t. LOCATION (Street a City or Town, State)	nd Number or Rural	Route Number,	
COMPLETED									
ž	(Check only 1 CERTIFYING PHYSICIAN: To the best of m							www.menenereur	
3	one) 2 MEDICAL EXAMINER: On the beals of axa	4 days	1 - DI				d due to the cause(a) and manner as stated.	
N N	29b. SIGNATURE AND TITLE OF CERTIFIER	Porta		Pician	29c. LICENSE NUI	WBER 3	29d. DATE SIGNED	(Month, Day, Year)	
2 ∥	30. NAME AND ADDRESS OF PERSON WNO COMPLETED CAUSE	OF DEATH (ITE	M 27) (Type. Print	1)	2160		B-11-7	<u>-97</u>	
	David A. Boetch	er, u	ND	4300	69/1	ant Fox	m,	4/18	
	31. DATE FILED (Month, Day, Year) NOV 1 0 1994 Junia	SIGNATURE	Randall						
	NOV 1 0 1994 Julia	him don	1						

BALTIMORE, MARYLAND 21215-0020

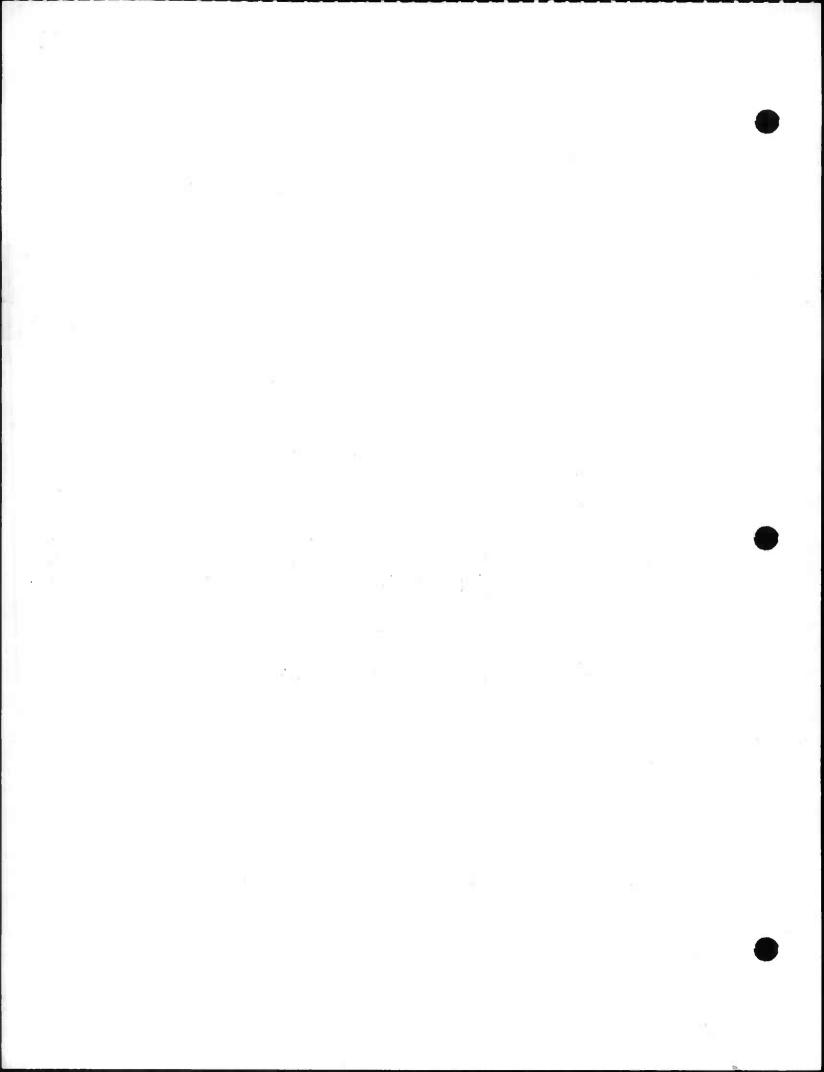
DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR 1 - STATE REGISTRAR	STATE OF MARYLAN		ENT OF HEALTH AND ATE OF DEATH	MENTAL HYGIENE REG. NO.	E				
- 1. Talenta	1. DECEDENT'S NAME (First, Middle, Legt)	by Ransc	n)		2. DATE OF DEATH MONTH DAY		3. TIME OF DEATH			
	578-68-5330	XM2 □ F 4	75. last birthday) F (INDER 1 YEAR IF UNDER 24 HRS THS DAYS HOURS MIN.	Advanta Day Maria					
TOR	90. FACILITY NAME (If not institution, give stree HUMHEVILLE HEA/HU RESIDENCE OF DECEDENT	t end number) CAYE Carte	2 H	CITY, TOWN OR LOCATION OF	F DEATH Sc. COUNTY OF DEATH A 20783					
DIRECTOR	10e. STATE 10b. COUNTY	e Georges		wn or Location			10d. INSIDE CITY LIMITS? 1 YES 2 NO			
FUNERAL	100. STREET AND NUMBER	Rd		10f. ZIP CODE	783	10g. CITIZEN OF WHAT COUNTRY? U.S.A.				
BY FUNE	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	2. WAS DECEDENT EVER IN U. FORCES? 1 YES :	EXE NO	It yes, specify Cuben, Mex	3. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— It yes, specify Cuben, Mexicen, Puerto Rican, etc.) 1 YES 2 NO Specify: Specify:					
PLETED	15. DECEDENT'S EDUCAT (Specify only highest grade cor Elementery/Secondary (0-12) 1.2	(ION mpleted) 18 College (1-4 or 5 +)	e. DECEDENT'S USUA (Give kind of work of life. Do NOT use reti Order	ork done during most of working netired.)						
BE COMPL	17. FATHER'S NAME (First, Middle, Last)	nown		16. MOTHER'S	NAME (First, Middle, Maiden S					
0	190. INFORMANT'S NAME (Type/Print) Saundra McDanie	el		RESS (Street end Number or Run						
	20s_METHOD OF DISPOSITION 1 □ Burlel 2 □ Cremetion 3 □ Remove 4 □ Donation 5 □ Other (Specify)	of from State cemeter	ACE AND DATE OF DIS ry, crematory or other parmony Me		DATE 20c. LOC	ndover.M				
	21. SIGNATURE OF FUNERAL DESIVICE LICEN	leffen	#642	22. NAME AND ADDRESS OF 389 Rhode Is1	FACILITY Frazier	s Funera	1 Home			
23. PART I. Enter the gladeases, or fromplications that caused the death. Do not enter the mode of dying, such as califoliated or respiratory errest, shock, or heart failure. List only one ceuse on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) But TO (OR AS A CONSEQUENCE OF): Sequentielly list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A C										
IO BE CO	30. NAME AND ADDRESS OF PERSON WHO C	MIN	MO	29c LICENSE N		29d. DATE SIGNED				
	31. DATE FILED (MONT): Day, 1987) 1994	32. REGISTHAR'S BIGNATU	ne Randalle							



	r
0	
9	
N	
09289	
3	
9	
-	
BOX	
\cap	
=	
P.0.	
O	
-	
Δ.	
-	
Ś	
U)	
=	
Œ	
0	
$\mathbf{\mathcal{C}}$	
RECORDS	
-	
Ä	
α	
_	
TAL R	
A	
~	
\vdash	
5	
>	
OF	
0	
$\overline{}$	
_	
\sim	
-	
U)	
_	
IVISION	
_	
\Box	
_	

THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

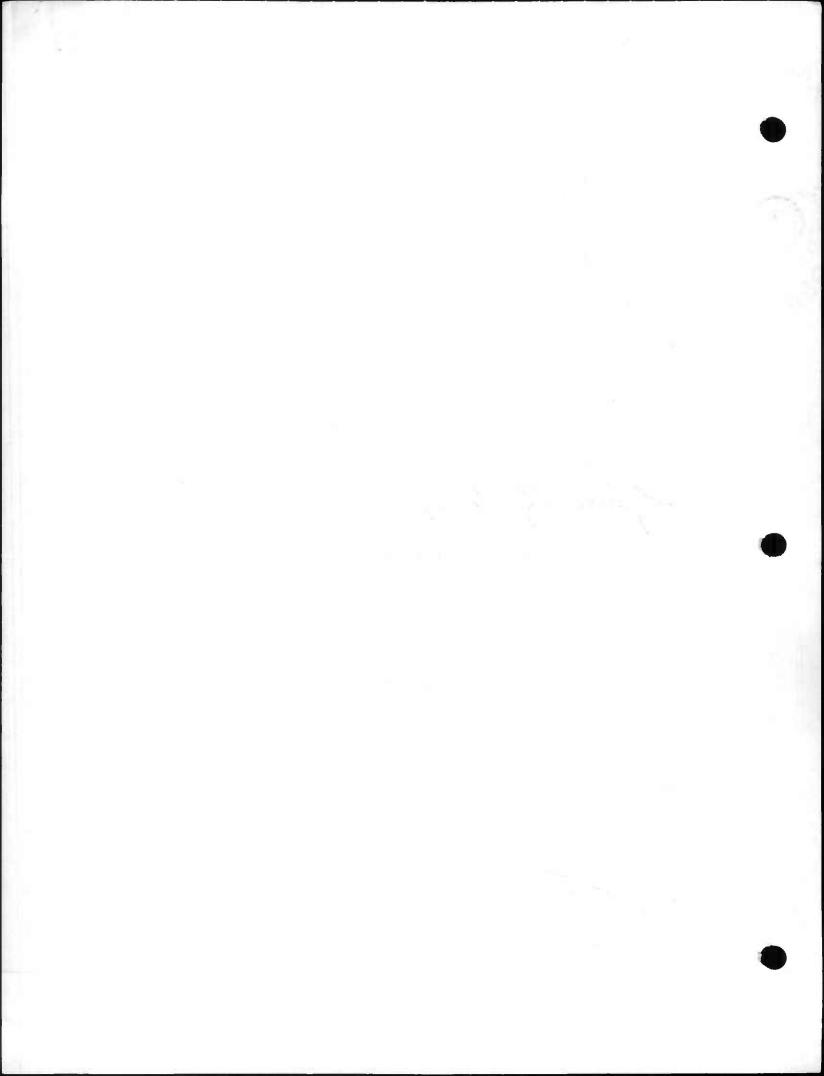
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	STATE OF MARYLA	AND / DEPARTM CERTIFIC			MENTAL HYGIEI					
	1. DECEOENT'S NAME (First, Middle, Lust) Janie	Victoria	Rai	ndall		2. DATE OF DEATH	6 9	YEAR	3. TIME OF DEATH 10:20 P M		
		□ M 2 XF 9	3 YRS. MO	UNDER I YEAR NTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) June 7,	1901	Mary.	land		
DIRECTOR	Greenbelt Nursing		96		enbelt	ATH	9c. COUNT		orge's		
	Maryland Princ	e George's	er Mar.	lboro		10d. INSIDE CITY LIMITS? 1 YES 2 NO					
FUNERAL	700 Crain Hwy, S.E		20772		l .	zen of what country? ced States					
В	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	2. WAS DECÉDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 NO	If yes, spe	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or N If yes, specify Cuben, Maxican, Puerto Ricen, etc.) 1 YES 2 Specify:				io— 14. RACE — American Indian, Black, Whita, atc.		
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade con Elementary/Secondary (0-12)	ION npleted) College (1-4 or 5+)	18a. DECEDENT'S USU (Give kind of work life. Do NOT use re Homemake	done during mo- tired.)	ON 16b. KIND OF BUSINESS/INOUSTRY OWN Home						
	17. FATHER'S NAME (First, Middle, Last) James Albert Lov	reless				IE (First, Middle, Maide	,				
BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING AD	DRESS (Street a		ne Helen S		Code)			
٩	John Randall (Son	1)	1						ryland 2077		
	20a, METHOD OF DISPOSITION XX Buriel 2 Cremation 3 Ramova 4 Donation 5 Other (Specify)	from State 20b.	PLACE AND DATE OF D	isposition/Na Mare Cem.	Nov10,19	994 Brei	ocation — ci	ty or Tow	n, stata ryland		
	21. SIGNATURE OF FUNERAL SERVICE LICENS	Butt							,Inc 6633 ,Md 20735		
	23. PAPT i. Enter the diseeses, or comehock, or heart fellure. Lie	plications that caused tonly one cause on ea	the deeth. Do not sch line.	enter the mo	de of dying, auch	as cardiec or resp	eliratory arre-	et,	Approximate Interval Between		
	iMMEDIATE CAUSE (Final disease or condition reaulting in death) a. RESPIRATORY INSUFFICIONCY. OUE TO (OR AS A CONSEQUENCE OF):										
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initisted events resulting in deeth) LAST	SENIUS OUE TO (OR AS A MAD N	CONSEQUENCE OF):	DEB TION EARL	121/1/21 · C	TEO POR	20511	Ç.,			
PHYSICIAN: MEDICAL (PART II. Other significent conditions of DTD, T. Romale	Part I. 24a. WAS AI PERFO	RMED?	6	WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?						
N.	DID TOBACCO USE CONTRIB	UTE TO CAUSE OF			UNCERTAIN				NA		
SICI		OSPITAL: Inputient 2 ER/Output		THEB:	5 🗆 Rasidenca (6	E Cother (Conside)					
PHY	27. MANNER OF DEATH	26a. OATE OF INJURY (Month, Day, Year)	26b. TIME OF		JRY AT	28d. DESCRIBE HOW	INJURY OCCU	RED			
B	1 Netural 5 Pending Investigation			M 19	25 2 NO						
TED	(3 Suicide 6 Could not be datarmined	28e. PLACE OF INJURY building, etc. (Specif	(y)	t, factory, office		City or Towg. State	and Number-o	r Rurai Roi	ute Number,		
COMPLET		N: To the best of my knowle on the besis of examination							and manner as stated.		
BE									Month, Day, Year)		
5	J. S. Rao MD	OMPLETEO CAUSE OF OEA			ille Rd #	214 Bowie	Mary]	Land	20716		
	31. DATE FILED (Month, Day, Year) NOV 0 9 1994	32. REGISTRAR'S SIGNA	TURE doon Randall	٤			_				

_	Miles
Ŋ,	24 n
60,	within
(687	executed
ŝ	200
0.8	certificate
, o	death
õ	the
¥.	that
YECC	reduires
3	38
4	The
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	PUTAL OR ATTENDING PHYSICIAN: The law requires that the death certificate he executed within 24 minus
NOISI	ATTENDING
5	80
_	PITAL

Elizabeth Carrie Russell A Conta Isounty names I SET A RECEIVE PART I STORE I SET A RECEIVE PART I SET A RECEIVE PART I SET A RECEIVE PART I SET BASE FROM I MANUAL PROPERTY SET BASE FROM I MANUAL STATUS BASE FROM I MANUAL STATU		FOR 1 - STATE REGISTRAR	STATE OF MARY				HEALTH /		NTAL HYGIEN REG. NO.	E		
Elizabeth Carrie Russell 4. BOCAL SCHIPT MAMER 5. SEZ A AGID (Party July 1 SHOOT SHEEL) 217-30-4108 1. BEZ (PARTY JULY 1 SHEEL) 8. CARRIE (Party July 1 S	1	1. DECEDENT'S NAME (First, Middle, Last)						2.			3. TIME OF DEATH	
217-30-4108 w 2 [X] 95 TYRS. worthing borner large of number 100 May 17 1899 Moral May 17 1899	1 1		Carrie Rus	sell				1	November 11 1		1994 11:40P	
Meridian Nursing Center Severna Park Anne Meridian Nursing Center Severna Park MD Anne Arundel Severna Park MD Severna Park MD Anne Arundel Severn	l h	217-30-4108	1 M 2 KF		MO			AAMA .	(Month, Day, Year)	399	BIRTHPLACE (State or Foreign Country) Maryland	
The STREET AND MUNISHER Solid Pille Oak Road 10. ZP PODE 109, CITIZEN OF WINA Solid Pille 12. MAS DECEDENT EVER IN U.S. ASMED 12.	11	Sa. FACILITY NAME (If not institution, give street	et end number)						1	9c. COUNTY OF DEATH		
The STREET AND MUNISHER Solid Pille Oak Road 10. ZP PODE 109, CITIZEN OF WINA Solid Pille 12. MAS DECEDENT EVER IN U.S. ASMED 12.	0	Meridian Nursing	Center			Seve	erna Pa	ark		1	Anne Arundel	
The STREET AND MUNISHER Solid Pille Oak Road 10. ZP PODE 109, CITIZEN OF WINA Solid Pille 12. MAS DECEDENT EVER IN U.S. ASMED 12.	Sign Sign Sign Sign Sign Sign Sign Sign				10c, CITY, TO	OWN OR LOC	ATION			10d, INSIDE CITY		
The State of Special Control of			Arundel								LIMITS? 1 YES 2 XHO	
The State of Special Control of	RA	THE STATE OF THE S										
The State of Special Control of	岁										nited States	
1 S. DECERTIFIED SUBJECT CONTINUED AS A CONSEQUENCE OF: 1 S. DECERTIFIED SUBJECT ON PROJECT SUBJECT ON CONTINUED SUBJECT ON STATE OF SUBJECT ON S			IED D	If yes,	specify Cyban,	, Mexican, P		or No-	 RACE — American Indian, Black, White, etc. 			
Benevirally Recordant (PLT) Benevirally Recordant (PLT) College (L4 or 5 *) HOME TARKS MARKE (PRIX, Medicin, Last) OWEN Lewis South Record Records And Records of Record Rec			·					Specify:			Specify: White	
OWEN LEWIS 19. MARLING ADDRESS (Street and Number or Paral Route Number, City or Town, State, Zp Code) 19. MALLING ADDRESS (Street and Number or Paral Route Number, City or Town, State, Zp Code) 19. MALLING ADDRESS (Street and Number or Paral Route Number, City or Town, State, Zp Code) 19. MALLING ADDRESS (Street and Number or Paral Route Number, City or Town, State, Zp Code) 19. MALLING ADDRESS (Street and Number or Paral Route Number, City or Town, State, Zp Code) 19. MALLING ADDRESS (Street and Number or Paral Route Number, City or Town, State, Zp Code) 19. MALLING ADDRESS (Street and Number or Paral Route Number, City or Town, State, Zp Code) 19. MALLING ADDRESS (Street and Number or Paral Route Number, City or Town, State, Zp Code) 19. MALLING ADDRESS (Street and Number or Paral Route Number, City or Town, State, Zp Code) 19. MALLING ADDRESS (Street and Number or Paral Route Number, City or Town, State, Zp Code) 19. MALLING ADDRESS (Street and Number or Route, Number, City or Town, State, Zp Code) 20. MALLING ADDRESS (Street and Number or Route, Number, City or Town, State, Zp Code) 19. MALLING ADDRESS (Street and Number or Route, Number, City or Town, State, Zp Code) 20. MALLING ADDRESS (Street and Number or Route, Number, City or Town, State, Zp Code) 21. MALLING ADDRESS (Street and Number or Route, Number, City or Town, State, Zp Code) 22. MALLING ADDRESS (Street and Number or Route, Number, City or Town, State, Zp Code) 23. MALLING ADDRESS (Street and Number or Route, Number, City or Town, State, Zp Code) 24. MALLING ADDRESS (Street and Number or Route, Number, City or Town, State, Zp Code) 25. MALLING ADDRESS (Street and Number or Route, Number, City or Town, State, Zp Code, Number, City or Town, State, Zp Code, Number, City or Town, State, Zp Code, Number, City or Town, State, Zp Code, Number, City or Town, State, Zp Code, Number, City or Town, State, Zp Code, Number, City or Town, State, Zp Code, Number, City or Town, State, Zp Code, Number, City or Town, State, City or Town, Stat	里			(Gha	n kind of work	done during	TION most of working		16b. KIND OF BUS	SINESS/IND	USTRY	
OWEN LEWIS 19. MARLING ADDRESS (Street and Number or Paral Route Number, City or Town, State, Zp Code) 19. MALLING ADDRESS (Street and Number or Paral Route Number, City or Town, State, Zp Code) 19. MALLING ADDRESS (Street and Number or Paral Route Number, City or Town, State, Zp Code) 19. MALLING ADDRESS (Street and Number or Paral Route Number, City or Town, State, Zp Code) 19. MALLING ADDRESS (Street and Number or Paral Route Number, City or Town, State, Zp Code) 19. MALLING ADDRESS (Street and Number or Paral Route Number, City or Town, State, Zp Code) 19. MALLING ADDRESS (Street and Number or Paral Route Number, City or Town, State, Zp Code) 19. MALLING ADDRESS (Street and Number or Paral Route Number, City or Town, State, Zp Code) 19. MALLING ADDRESS (Street and Number or Paral Route Number, City or Town, State, Zp Code) 19. MALLING ADDRESS (Street and Number or Paral Route Number, City or Town, State, Zp Code) 19. MALLING ADDRESS (Street and Number or Route, Number, City or Town, State, Zp Code) 20. MALLING ADDRESS (Street and Number or Route, Number, City or Town, State, Zp Code) 19. MALLING ADDRESS (Street and Number or Route, Number, City or Town, State, Zp Code) 20. MALLING ADDRESS (Street and Number or Route, Number, City or Town, State, Zp Code) 21. MALLING ADDRESS (Street and Number or Route, Number, City or Town, State, Zp Code) 22. MALLING ADDRESS (Street and Number or Route, Number, City or Town, State, Zp Code) 23. MALLING ADDRESS (Street and Number or Route, Number, City or Town, State, Zp Code) 24. MALLING ADDRESS (Street and Number or Route, Number, City or Town, State, Zp Code) 25. MALLING ADDRESS (Street and Number or Route, Number, City or Town, State, Zp Code, Number, City or Town, State, Zp Code, Number, City or Town, State, Zp Code, Number, City or Town, State, Zp Code, Number, City or Town, State, Zp Code, Number, City or Town, State, Zp Code, Number, City or Town, State, Zp Code, Number, City or Town, State, Zp Code, Number, City or Town, State, City or Town, Stat	اياا		College (1-4 or 5+)							doma		
OWEN LEWIS 19. MARLING ADDRESS (Street and Number or Paral Route Number, City or Town, State, Zp Code) 19. MALLING ADDRESS (Street and Number or Paral Route Number, City or Town, State, Zp Code) 19. MALLING ADDRESS (Street and Number or Paral Route Number, City or Town, State, Zp Code) 19. MALLING ADDRESS (Street and Number or Paral Route Number, City or Town, State, Zp Code) 19. MALLING ADDRESS (Street and Number or Paral Route Number, City or Town, State, Zp Code) 19. MALLING ADDRESS (Street and Number or Paral Route Number, City or Town, State, Zp Code) 19. MALLING ADDRESS (Street and Number or Paral Route Number, City or Town, State, Zp Code) 19. MALLING ADDRESS (Street and Number or Paral Route Number, City or Town, State, Zp Code) 19. MALLING ADDRESS (Street and Number or Paral Route Number, City or Town, State, Zp Code) 19. MALLING ADDRESS (Street and Number or Paral Route Number, City or Town, State, Zp Code) 19. MALLING ADDRESS (Street and Number or Route, Number, City or Town, State, Zp Code) 20. MALLING ADDRESS (Street and Number or Route, Number, City or Town, State, Zp Code) 19. MALLING ADDRESS (Street and Number or Route, Number, City or Town, State, Zp Code) 20. MALLING ADDRESS (Street and Number or Route, Number, City or Town, State, Zp Code) 21. MALLING ADDRESS (Street and Number or Route, Number, City or Town, State, Zp Code) 22. MALLING ADDRESS (Street and Number or Route, Number, City or Town, State, Zp Code) 23. MALLING ADDRESS (Street and Number or Route, Number, City or Town, State, Zp Code) 24. MALLING ADDRESS (Street and Number or Route, Number, City or Town, State, Zp Code) 25. MALLING ADDRESS (Street and Number or Route, Number, City or Town, State, Zp Code, Number, City or Town, State, Zp Code, Number, City or Town, State, Zp Code, Number, City or Town, State, Zp Code, Number, City or Town, State, Zp Code, Number, City or Town, State, Zp Code, Number, City or Town, State, Zp Code, Number, City or Town, State, Zp Code, Number, City or Town, State, City or Town, Stat	N N			1 1	Omema	anci	L 40 MOTHE					
205. PLACE AND DATE OF DISPOSITION 200. PLACE AND DATE OF GOSPOSITION Name of consistency committed of college places 205. PLACE AND DATE of GOSPOSITION Name of consistency committed of college places 205. PLACE AND DATE of GOSPOSITION Name of consistency committed of college places 205. PLACE OF DEATH 11/15/94 Annapolis, Mail and places of Conditions 205. PLACE OF INJURY 205. TIME OF DEATH 245. WAS CASE REFERRED TO MEDICAL EXAMINER: On the best of my knowledge, duesth occurred at the time, date and place, and due to the causes(e) and manner as stated. 205. DATE 205. DATE 206. LICATION Street and place, and due to the causes(e) and manner as stated. 205. DATE SIGNATURE AND TITLE OF CERTIFICITY 205. DATE SIGNATURE OF CERTIFICITY 205. DATE SIGNATURE OF CERTIFICITY 205. DATE SIGNATURE OF CERTIFICITY 205. DATE SIGNATURE OF CERTIFICITY 205. DATE SIGNATURE OF CERTIFICITY 205. DATE SIGNATURE OF CERTIFICITY 205. DATE SIGNATURE OF CERTIFICITY 205. DATE SIGNATURE OF CERTIFICITY 205. DATE SIGNATURE OF CERTIFICITY 205. DATE SIGNATURE OF CERTIFICITY 205. DATE SIGNATURE OF CHARMY 205. DATE SIGNATURE OF CERTIFICITY 205. DATE SIGNATURE OF CHARMY 205. DATE SIGNATURE OF CERTIFICITY 205. DATE SIGNATURE OF CHARMY 205. DATE SIGNATURE OF CERTIFICITY 205. DATE SIGNATURE OF CERTIFICITY 205. DATE SIGNATURE OF CHARMY 205. DATE SIGNATURE OF CERTIFICITY 205. DATE SIGNATURE OF CHARMY 205. DATE SIGNATURE OF CERTIFICITY 205. DATE SIGNATURE OF CHARMY 205. DATE SIGNATURE OF CHARMY 205. DATE SIGNATURE OF CHARMER 205. DATE SIGNATURE OF CHARMY 205. DATE SIGNATURE OF CHARMER 205. DATE SIGNATURE OF CHARMER 205. DATE SIGNATURE OF CHARMER 205. DATE SIGNATURE OF CHARMER 205. DATE SIGNATURE OF CHARMER 205. DATE SIGNATURE OF CHARMER 205. DATE SIGNATURE OF CHARMER 205. DATE SIGNATURE OF CHARMER 205. DATE SIGNATURE OF CHARMER 205. DATE SIGNATURE OF CHARMER 205. DATE SIGNATURE OF CHARMER 205. DATE SIGNATURE OF CHARMER 205. DATE SIGNATURE OF CHARMER	i m	Owen Lewis						Mary	Smith			
205. PLACE AND DATE OF DISPOSITION 200. PLACE AND DATE OF GOSPOSITION Name of consistency committed of college places 205. PLACE AND DATE of GOSPOSITION Name of consistency committed of college places 205. PLACE AND DATE of GOSPOSITION Name of consistency committed of college places 205. PLACE OF DEATH 11/15/94 Annapolis, Mail and places of Conditions 205. PLACE OF INJURY 205. TIME OF DEATH 245. WAS CASE REFERRED TO MEDICAL EXAMINER: On the best of my knowledge, duesth occurred at the time, date and place, and due to the causes(e) and manner as stated. 205. DATE 205. DATE 206. LICATION Street and place, and due to the causes(e) and manner as stated. 205. DATE SIGNATURE AND TITLE OF CERTIFICITY 205. DATE SIGNATURE OF CERTIFICITY 205. DATE SIGNATURE OF CERTIFICITY 205. DATE SIGNATURE OF CERTIFICITY 205. DATE SIGNATURE OF CERTIFICITY 205. DATE SIGNATURE OF CERTIFICITY 205. DATE SIGNATURE OF CERTIFICITY 205. DATE SIGNATURE OF CERTIFICITY 205. DATE SIGNATURE OF CERTIFICITY 205. DATE SIGNATURE OF CERTIFICITY 205. DATE SIGNATURE OF CERTIFICITY 205. DATE SIGNATURE OF CHARMY 205. DATE SIGNATURE OF CERTIFICITY 205. DATE SIGNATURE OF CHARMY 205. DATE SIGNATURE OF CERTIFICITY 205. DATE SIGNATURE OF CHARMY 205. DATE SIGNATURE OF CERTIFICITY 205. DATE SIGNATURE OF CERTIFICITY 205. DATE SIGNATURE OF CHARMY 205. DATE SIGNATURE OF CERTIFICITY 205. DATE SIGNATURE OF CHARMY 205. DATE SIGNATURE OF CERTIFICITY 205. DATE SIGNATURE OF CHARMY 205. DATE SIGNATURE OF CHARMY 205. DATE SIGNATURE OF CHARMER 205. DATE SIGNATURE OF CHARMY 205. DATE SIGNATURE OF CHARMER 205. DATE SIGNATURE OF CHARMER 205. DATE SIGNATURE OF CHARMER 205. DATE SIGNATURE OF CHARMER 205. DATE SIGNATURE OF CHARMER 205. DATE SIGNATURE OF CHARMER 205. DATE SIGNATURE OF CHARMER 205. DATE SIGNATURE OF CHARMER 205. DATE SIGNATURE OF CHARMER 205. DATE SIGNATURE OF CHARMER 205. DATE SIGNATURE OF CHARMER 205. DATE SIGNATURE OF CHARMER 205. DATE SIGNATURE OF CHARMER	0	The State of the S		19b.							,	
21. SIGNATURE OF PUMERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY JOHN M. Taylor Full 147 Duke of Gloucester st. Annapol 147 Duke of Gloucester st								K Roa				
21. SIGNATURE OF PUMERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY JOHN M. Taylor Full 147 Duke of Gloucester st. Annapol 147 Duke of Gloucester st	1	20e, METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of competery, crematory, or other place) 20c. LOCATION — City or Town, State								• • • • • • • • • • • • • • • • • • • •		
23. PART I./Enter the disease, or complications that caused the 'death. Do not enter the mode of dying, such as cardiac or respiratory streat, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Fine) disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, if say, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): DUE			NSEE	Cedar	Bluff	Cem	etery	11/15	/94 Ani	napoli	is, Maryland	
DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, and some property of the cause of the conditions of the cause cause. Enter UNDERLYING Co. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSE	1	Laine Lefting 147 Duke of Gloucester st. Annapolis, N										
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO OF 1 YES 2 NO OF 1 YES 2 NO OF 25. WAS CASE REFERRED TO MEDICAL EXAMINER: 1 YES 2 NO OF 26. PLACE OF DEATH (Check only one) 27. MANNERP? 1 YES 2 NO OF 28. PLACE OF DEATH (Check only one) 28. DATE OF INJURY AT WORK? 1 YES 2 NO OF 29. CERTIFIER (Check only one) 28. PLACE OF INJURY AT WORK? 1 YES 2 NO OF 28. INJURY AT WOR	ERTIFICATION	interval Between IMMEDIATE CAUSE (Finsi disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):										
26. PLACE OF DEATH (Check only one) 27. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		DAGT II Cohon classificant and the state of								24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
Accident Investigation I	호	EXAMINER?	HOSPITAL:		03		PLACE OF DE	ATH (Check	only one)			
Second S	YS			Section 1	DOA 4	Nursing Ho						
296. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the bests of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and manner as stated. 296. LICENSE NUMBER 296. LICENSE NUMBER 296. LICENSE NUMBER 296. DATE SIGNED (MEDICAL EXAMINER: On the bests of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and manner as stated. 296. SIGNATURE AND TITLE OF CENTIFIER 296. DATE SIGNED (MEDICAL EXAMINER: On the bests of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and manner as stated. 296. LICENSE NUMBER 296. DATE SIGNED (MEDICAL EXAMINER: On the bests of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and manner as stated. 296. LICENSE NUMBER	3Y PH	1 Histurni 5 Pending				,	VORK?		d. DESCRIBE HOW I	NJURY OCC	CURED	
296. SIGNATURE AND TITLE OF CENTIFIED (MC	Œ	3 Suicide 6 Could not be	28e. PLACE OF INJUI building, etc. (S)	RY — At hom pecify)	ie, ferm, stree	et, fectory, of	fice	26		and Number	or Rural Route Number,	
296. LICENSE NUMBER 296. LICENSE NUMBER 297. LICENSE NUMBER 297. LICENSE NUMBER 298. DATE SIGNED (MC	OMPLE	(Check only										
PI A II	BE	29b. SIGNATURE AND TITLE OF CERTIFIES	2						R		e signed (Month, Day, Year) ovember 14, 199	
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)	2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF I	DEATH (ITEM	27) (Type, Prir	nt)					11, 100	
Charles A. Seager, M.D. 269 Peninsula Farm Road Arnold, Maryland 21012 (410							ad Arı	nold,	Maryland	2101	2 (410-647-8600	
31. DATE FILED (MONTH), Day, Year) NOV 18 1994 July Davelson Randall		31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIG	GNATURE								



FOR

	ı
-	•
0	
9	
Ψ	
\sim	
BOX 68	
w	
×	
\sim	
\cup	
m	
_	
\sim	
$\mathbf{\mathcal{C}}$	
Α'	
о. О.	
_	
10	
9,	
n	
_	
Œ	
$\overline{}$	
0	
19	
COF	
HE WE	
=	
Œ	
_	
~	
~	
_	
_	
VITAL	
4	
5	
\neg	
_	
-	
<u>~</u>	
1	
_	
-	
ກ	
<u> </u>	
>	
_	
_	

TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR		CE				DEATH	REG. NO.	L		
	1. DECEDENT'S NAME (First, Middle, Last)		ESTEL	LA		TWI	FORD	2. DATE OF DEATH NOVEMBERT	5, 19	94EAR	3. TIME OF DEATH 9:00 P
	4, SQCIAL SECURITY NUMBER 212-74-4975	5. SEX 1 M 2 F	6. AGE (In yrs. last	t birthday) YRS.	IF UNDER	1 YEAR DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) March 20	,189	Country	PLACE (State or Foreign
DIRECTOR	9a. FACILITY NAME (It not institution, give s 103 HAWTHORNE DRI	,	DENCE)			, town o	R LOCATION OF DI	EATN		RLES	EATH
ᇤ	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY	Y		Y, TOWN C	OR LOCAT	ION		10d. INSIDE CITY			
뜸	MD Char	les			Pla					LIMITS?	
	10e. STREET AND NUMBER	100	Lar.				ZIP CODE		10q. CIT	IZEN OF W	THAT COUNTRY?
ER/	103 Hawthorne	Dr.					20646			J.S.	
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	TEVER IN U.S. ARI YES 2 THE WAR OR DATES	MED		3. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Y if yea, specify Cuban, Maxican, Puerto Rican, etc.) 1 YES 2 No Specify:				14. RACE	— American Indian, , White, atc.	
	15. DECEDENT'S EDUC	CATION	18a. DE0	CEDENT'S	USUAL O	CCUPATIO	N	16b, KIND OF BUS	INESS/INI	DUSTRY	WIIICC
COMPLETED	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5	+) #fe.	Do NOT us	work done se retired.)	during mos	of working				e Owner
MO	17. FATHER'S NAME (First, Middle, Last)		TI	CICI	lanc	_	18 MOTHER'S NA	ME (First, Middle, Maiden :	Cumanal		
	George Henders	on						Norman		dere	on
) BE	19a, INFORMANT'S NAME (Type/Print)		19b	. MAILING	ADDRESS	(Street er		Route Number, City or Town			OII
2	Curtis Twiford		P	.0.	box	332	2 Reedv	ville, Va.	225	539	
	20a. METNOD OF DISPOSITION 1X Buriel 2 Cremation 3 Rame	oval from State	20b PLACE A	NDDATE	OF DISPOS	ITION (Nat	me of	DATE 20c LOC	ATION -	City or Toy	vn, State
	4 Donation 5 Other (Specify)		Marbi	ury	Bap	tist	t Cem.	11/18/94	Mar	bur	y,MD
	21. SIGNATURE OF FUNERAL SERVICE LIC	C'I I	M009		A A	REH	ART-ECH ata,MD	IOLS FUNE	RAL	HOM	E, INC.
	23. PART I. Enter the diseases, or o	complications that	t caused the dea	ath. Do r	not enter	the mod	te of dying, auc	h as cardiac or reapi	ratory an	rest.	Approximate
	ahock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF):										
TION	Sequentially list conditions, If any, leading to immediate										
TIFICA	CAUSE (Disease or Injury that Initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST										
Hi Hi	d.										
DICAL CERTIFICATION	PART II. Other algolficant condition	a contributing to	death but not re	eaulting	In the un	derlying	cauae given in	Part I. 24a. WAS AN A PERFORI	MED?		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATN?
ME								'			1 YES 2 NO
PHYSICIAN:	DID TOBACCO USE CONTE	RIBUTE TO CA					UNCERTAIL	<u> </u>			
S	EXAMINER?	HOSPITAL:			OTHER	R:	1				
¥	27. MANNER OF DEATH	28s. DATE OF	ER/Outpatient 3	28b. TIM	4 Nun	ing Nome 28c, INJU		8 Other (Specify) 28d. DESCRIBE NOW IN	1 11 11 11 11	CHIDED	
	1 Natural 5 Pending	(Month, D	sy, Year)		URY M	WOF		280. DESCRIBE NOW IN	IJUHY OC	CORED	
red BY	2 Accident Investigation 3 Suicide 8 Could not be detarmined	28a. PLACE O building,	F INJURY — A1 home, 1arm, atreet, 1actory, offica atc. (Specify)				28f. LOCATION (Street in City or Town, State)	nd Number	or Rural Ro	oute Number,	
COMPLETED	29a. CERTIFIER CERTIFYING PHYSIC	CIAN: To the best of	my knowledge, dea	ith occurr	ed at the ti	me data i	and place, and due	to the cause(a) and man			
ğ	(Check only) 2 MEDICAL EXAMINE										and manner as stated,
BE C	29b. SIGNATURE AND TITLE OF CERTIFIER		700	\sim		\Box	9c. LICENSE NUM				(Month, Pay, Year)
2	30. NAME AND ADDRESS OF PERSON WHO	C COMPLETED CAN	SE OF DEATH (ITEM	27) (Type,	Print)	1	· [A	PLATE	W. '	W	1 mars
	31. DATE FILED (Month, Day, Year) NOV 1 6 1994	32. RPGISTRA	H'S SIGNATURE	rdalf	7						

TEMS: 23 PART I. 27. PER MEO FILM G-718 12/12/94 t.

TO THE HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed withing the death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

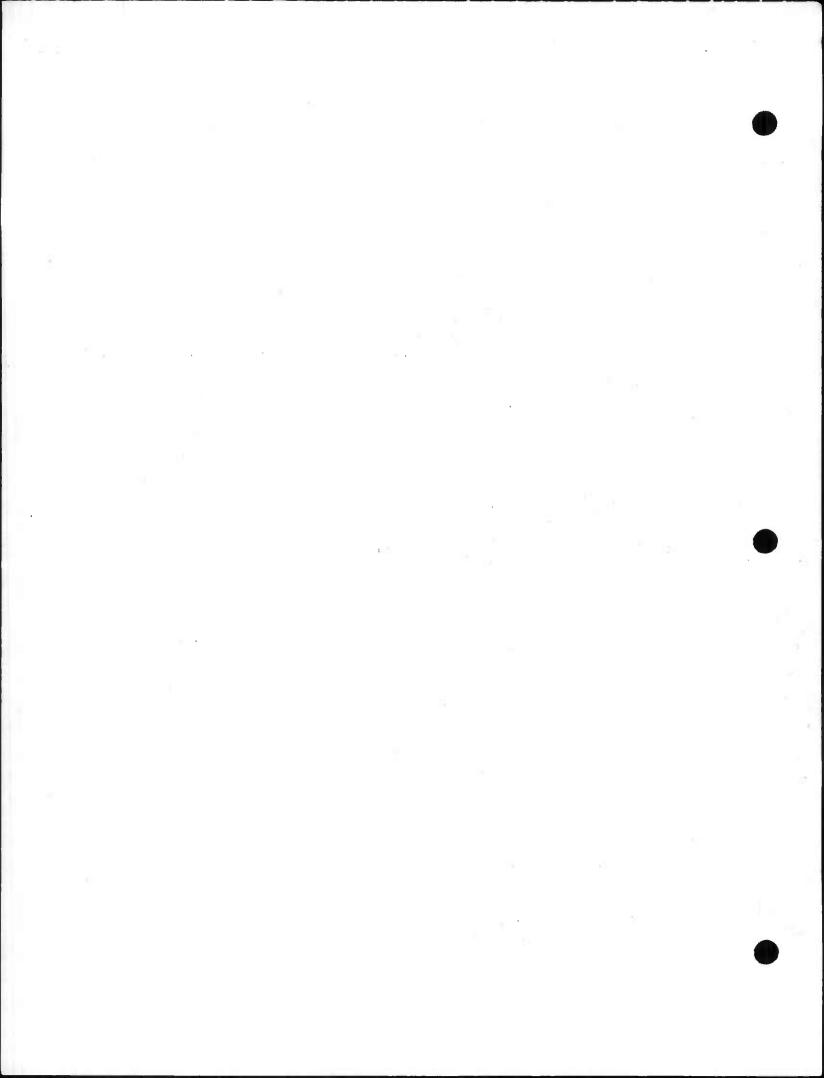
	112010111111	2					TOATE	. VI DE	2111	_	hed. NO.
ш	REGISTRAR				C	FRTI	FICATE	OF DE	ΔТН		REG. NO.
4	FOR STATE		STA	TE OF MA	ARYLAND	/ DEPA	RTMENT	OF HEALI	H AND	MENTAL	HYGIENE
		IIEMS:						12/12/94			

	REGISTRAR		OLI	1111110	ATE OF	DEAIII	H	EG. NO.														
1	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF	DEATH			3. TIME OF DEAT	1 -										
	STEPHON	TO	DRNEY				NOV.	8		94	0419	Ам										
	4. SOCIAL SECURITY NUMBER	5. SEX 6.	AGE (In yrs. last be	irthday) IE I	UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF	BIRTH			IPLACE (State or For											
	217-88-9451	1X□ M 2 □ F	25			HOURS MIN.	(Month, De	ly, Year)		Countr	ny)	orgri										
	Dec. 10, 1900 Ma									aryland												
					CITY, TOWN	OR LOCATION OF D	EATH		9c. COUN	ITY OF D	EATH											
DIRECTOR	ANNE ARUNDEL GET	VERAL HOSP	TAL E.F	?. .	ANNAPO	LIS			ANN	E AR	UNDEL											
5	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY 10e. CITY TOWN OR LOCATION 10d. INSIDE CITY																					
2	de di la control de de de de de de de de de de de de de								10d. INSIDE CITY LIMITS?													
	Maryland Anne		West	River					1 🗌 YES 2 🖔	OP												
AL	10e. STREET AND NUMBER				101	. ZIP CODE	10g. CITIZE			EN OF V	WHAT COUNTRY?											
6	1008 Cosimano Pla		20778					USA														
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT E	VER IN U.S. ARME	D	13, WAS DEC	ENDENT OF HISPA	NIC ORIGIN? (S	pecify Yee	or No.—	14. RACE	E — American India	0										
	1 Never Married 2 Married	12. WAS DECEDENT E FORCES? 1 I	YES 2 K NO		If yes, specify Cuben, Maxican, Puerto Ricen, etc.) Black,					k, White, atc.												
B	3 Widowed 4 Divorced	IF TES, GIVE WAR	ORDATES		I _ YES	Z M NO Specif	y:			Speci	rv: Black											
									NESS /IND	IETOV												
(Give kind of work done during most of working																						
COMPL			- 200	40020																		
응	17. FATHER'S NAME (First, Middle, Last) Wydee	Townsi				18. MOTHER'S NA			_													
B	<u> </u>	Torney					eloris		Sutt													
0	19a. INFORMANT'S NAME (Type/Print)					nd Number or Rural																
F	Ted Marshall		100	4 Cos:	imano	Place W	lest Ri	ver,	MD 2	2077	8											
	20a METHOD OF DISPOSITION A Burlai 2 Cremation 3 Ram		20b. PLACE AND	DATEOFDI	SPOSITION (Ne	me of	DATE	20c. LOC	ATION — (City or To	own, Stata											
	1\(ABurial 2 \subseteq Cremation 3 \subseteq Ram 4 \subseteq Donation 5 \subseteq Other (Specify)	ioval from State	St. Jo	tory or other p	Chr C	em 11/	14/94		Lust													
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	1 50. 50	1111 3		ID ADDRESS OF FA						_										
	. 0	0	^ ^	.			Se				Home											
	Spancer	7. Del	well		1451 D	ares Bea	ch Rd.	Pri	nce F	red	.,MD 206	78										
	23. PART i. Enter the diseases, or	complications that co	euced the deet	h. Do not e	nter the mo	de of dying, suc	h es cerdiec	or respir	story erro	est,	Approxima	to										
	ehock, or heert fallure.	Liet only one cause	on each line.								Intervei Ba											
	IMMEDIATE CAUSE (Finel disease or condition CARRIAGE ARGUNTUME)																					
	e. CARDIAC ARRHYTHMIA																					
	DUE TO (OR AS A CONSEQUENCE OF):																					
Z	Sequentially list conditions,																					
Ĕ	if eny, leading to immediate																					
∑	CAUSE (Disease or Injury	C																				
<u> </u>	that initiated evente	DUE TO (OF	AS A CONSEQUE	ENCE OF):																		
E	resulting in death) LAST	L that initiated evente DUE TO (OR AS A CONSEQUENCE OF):																				
		d.										u.										
		d																				
	PART ii. Other significent condition	d	eth but not ree	ulting In th	e underlylng	g ceuse given in	Part i. 24	. WAS AN A		24b	WERE AUTOPSY FIN											
	PART II. Other significent condition	dns contributing to de	eth but not ree	ulting In th	e underlylnç	g ceuse given in	Ι,	PERFORM	IED?	24b	AVAILABLE PRIOR 1	O										
EDICAL	PART ii. Other significent condition	dns contributing to de	eth but not ree	ulting in th	e underlylnç	g ceuse given in	Ι,		IED?	24b	AVAILABLE PRIOR 1 COMPLETION OF CO OF DEATH?	O NUSE										
MEDICAL							'')	PERFORM	IED?	24b	AVAILABLE PRIOR 1	O NUSE										
MEDICAL	DID TOBACCO USE CONT		SE OF DEATH	I YES [□ NO □		'')	PERFORM	IED?	24b	AVAILABLE PRIOR 1 COMPLETION OF CO OF DEATH?	O NUSE										
MEDICAL	DID TOBACCO USE CONT 25. WAS CASE REFERRED TO MEDICAL EXAMINER?		SE OF DEATH	YES [NO ['')	PERFORM	IED?	24b	AVAILABLE PRIOR 1 COMPLETION OF CO OF DEATH?	O NUSE										
MEDICAL	DID TOBACCO USE CONT 25. WAS CASE REFERRED TO MEDICAL	RIBUTE TO CAUS	SE OF DEATH	YES [NO [heck only one)		- ')	YES 2	IED?	24b	AVAILABLE PRIOR 1 COMPLETION OF CO OF DEATH?	O NUSE										
MEDICAL	DID TOBACCO USE CONT 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1) X YES 2 NO 27. MANNER OF DEATH	RIBUTE TO CAUS	SE OF DEATH 26. PLACE (7/Outpatient 3 □	TYES DE DEATH (CA	NO Lineck only one) HER: Nursing Hom 28c. INJ	UNCERTAII	- ')	PERFORM YES 2	NED?		AVAILABLE PRIOR 1 COMPLETION OF CO OF DEATH?	O NUSE										
PHYSICIAN: MEDICAL	DID TOBACCO USE CONT 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 X SES 2 NO 27. MANNER OF DEATH 1 X Netural SIN Pending	RIBUTE TO CAUS	SE OF DEATH 26. PLACE (7/Outpatient 3 □	H YES [DEATH (CO	NO [heck only one) HER: Nursing Hom 28c, INJ	UNCERTAII	N 🗹 1)	PERFORM YES 2	NED?		AVAILABLE PRIOR 1 COMPLETION OF CO OF DEATH?	O NUSE										
BY PHYSICIAN: MEDICAL	DID TOBACCO USE CONT 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 X YES 2 NO 27. MANNER OF DEATH 1 Natural 2 Accident 1 restligation	HOSPITAL: 1 Inpatient XXEF 28e. DATE OF IN. (Month, Day.)	SE OF DEATH 26. PLACE (A/Outpatient 3 □ BURY 2 BURY At home	TYES [DO DOA 4 DOA 1 INJURY	NO Lineck only one) HER: Nursing Hom WO 1 U	UNCERTAII 5 Residence URY AT RK7 /ES 2 NO	6 Other (Sp. 28d. DE\$CRIII	PERFORM YES 2 Pecify) BE HOW IN	HED?	URED	AMILABLE PRIOR I COMPLETION OF CO OF DEATH?	O NUSE										
BY PHYSICIAN: MEDICAL	DID TOBACCO USE CONT 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 X SES 2 NO 27. MANNER OF DEATH 1 X Netural SIN Pending	RIBUTE TO CAUS HOSPITAL: 1 Inpetient XXEF 28e. DATE OF IN. (Month, Day,	SE OF DEATH 26. PLACE (A/Outpatient 3 □ BURY 2 BURY At home	TYES [DO DOA 4 DOA 1 INJURY	NO Lineck only one) HER: Nursing Hom WO 1 U	UNCERTAII 5 Residence URY AT RK7 /ES 2 NO	6 Other (Sp. 28d. DE\$CRIII	YES 2 (HED?	URED	AMILABLE PRIOR I COMPLETION OF CO OF DEATH?	O NUSE										
BY PHYSICIAN: MEDICAL	DID TOBACCO USE CONT 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 X YES 2 NO 27. MANNER OF DEATH 1 X Natural 2 Accident 3 Suicide 8 Could not be determined	HOSPITAL: 1 Inpatient XXEF 28e. DATE OF INJ (Month, Day, 1) 28e. PLACE OF IN building, etc.	26. PLACE (R/Outpatient 3 Divery Very) NJURY — At home (Specify)	1 YES [DF DEATH (C) DOA 4 D 18b. TIME OF INJURY	NO [heck only one) HER: Nursing Hom 28c. INJ WO 1 1 V	UNCERTAII • 5 Residence URY AT RK7 (ES 2 NO	6 Other (Sp. 28d. DE\$CRIII	VES 2 VES 2	JURY OCC	URED or Rural F	AMILABLE PRIOR I COMPLETION OF CO OF DEATH?	O NUSE										
BY PHYSICIAN: MEDICAL	DID TOBACCO USE CONT 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 X YES 2 NO 27. MANNER OF DEATH 1 Natural 2 Accident 3 Suicide 4 Homicide 29a. CERTIFIER (Check only) 1 CERTIFYING PHYS	HOSPITAL: 1 Inpatient XXEF 28e. DATE OF IN. (Month, Day.)	26. PLACE (R/Outpatient 3 Divery Very) NJURY — At home (Specify)	1 YES [DF DEATH (C) DOA 4 D 18b. TIME OF INJURY	NO [heck only one) HER: Nursing Hom 28c. INJ WO 1 1 V	UNCERTAII • 5 Residence URY AT RK7 (ES 2 NO	6 Other (Sp. 28d. DE\$CRIII	VES 2 VES 2 VES 1	JURY OCC	URED or Rural F	AMILABLE PRIOR I COMPLETION OF CO OF DEATH?	O NUSE										
BY PHYSICIAN: MEDICAL	DID TOBACCO USE CONT 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 X YES 2 NO 27. MANNER OF DEATH 1 Natural 2 Accident 3 Suicide 8 Could not be determined 29a. CERTIFIER (Check only) 1 CERTIFVING PHYS	HOSPITAL: 1 Inpatient XXEF 28e. DATE OF INJ (Month, Day, 1) 28e. PLACE OF IN building, etc.	26, PLACE (3/Outpatient 3 1/URY 2 1/URY 4/URY At home (Specify) 2 1/URY 4/URY 1 YES DEATH (C. DOA 4 TIME OF INJURY	heck only one) HER: Nursing Hom 28c, INJ WO 1 V	UNCERTAII 5 Residence USTY AT RK? (ES 2 NO	6 Other (Sp. 28d. DESCRI	PERFORM VES 2 VES 2 Pecify) BE HOW IN (Street er N, (Street er) and manner	JURY OCC	Or Rural F	AMALABLE PRIOR I COMPLETION OF C OF DEATH' 1 YES 2 N	O O											
COMPLETED BY PHYSICIAN: MEDICAL	DID TOBACCO USE CONT 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 X YES 2 NO 27. MANNER OF DEATH 1 Natural 2 Accident 3 Suicide 8 Could not be determined 29a. CERTIFIER (Check only) 1 CERTIFVING PHYS	RIBUTE TO CAUS HOSPITAL: 1 Inpetient XXEF 28e. DATE OF IN. (Morith, Day, 1) 28e. PLACE OF IN. building, etc. ICIAN: To the best of my	26, PLACE (3/Outpatient 3 1/URY 2 1/URY 4/URY At home (Specify) 2 1/URY 4/URY 1 YES DEATH (C. DOA 4 TIME OF INJURY	heck only one) HER: Nursing Hom 28c, INJ WO 1 V	UNCERTAII 5 Residence URY AT RK? /ES 2 NO and place, and due eath occured at the	8 Other (Sp. 28d. DESCRI	PERFORM VES 2 VES 2 Pecify) BE HOW IN (Street er N, (Street er) and manner	JURY OCC	Or Rural F	AMALABLE PRIOR I COMPLETION OF C OF DEATH YES 2 N N Route Number,	O O											
BY PHYSICIAN: MEDICAL	DID TOBACCO USE CONT 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 X YES 2 NO 27. MANNER OF DEATH 1 X Natural 2 Accident 3 Suicide 8 Could not be determined 29a. CERTIFIER (Check only one) 2 X MEDICAL EXAMINI	RIBUTE TO CAUS HOSPITAL: 1 Inpetient XXEF 28e. DATE OF IN. (Morith, Day, 1) 28e. PLACE OF IN. building, etc. ICIAN: To the best of my	26, PLACE (3/Outpatient 3 1/URY 2 1/URY 4/URY At home (Specify) 2 1/URY 4/URY 1 YES DEATH (C. DOA 4 TIME OF INJURY	heck only one) HER: Nursing Hom 28c, INJ WO 1 V	UNCERTAII 5 Residence USTY AT RK? (ES 2 NO	6 Other (Sp. 28d. DESCRIII 28f. LOCATIOn City or To to the couse(s time, date and	PERFORM VES 2 VES 2 Pecify) BE HOW IN (Street er N, (Street er) and manner	JURY OCC JURY OCC Ad Number ser as attate due to the	or Rural F	AMALABLE PRIOR I COMPLETION OF	O O											
BE COMPLETED BY PHYSICIAN: MEDICAL	DID TOBACCO USE CONT 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 X YES 2 NO 27. MANNER OF DEATH 1 Notural 2 Accident 3 Suicide 8 Could not be determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINI 29b. SIGNATURE AND TITLE OF CERTIFIE	RIBUTE TO CAUS HOSPITAL: 1 Inpatient XXEF 28e. DATC OF INJ (Month, Day, 1) 28a. PLACE OF IN building, etc. ICIAN: To the best of exam	SE OF DEATH 26. PLACE (R/Outpatient 3 2	1 YES [DF DEATH /CLD DOA 4 DOA 14 DOA 15 DOA	NO Lineck only one) HER: Nursing Hom 28c. INJ WO 1 No 1, factory, office the time, date my opinion, di	UNCERTAIL e 5 Residence URY AT RK? rES 2 NO and place, and due eath occured at the	6 Other (Sp. 28d. DESCRIII 28f. LOCATIOn City or To to the couse(s time, date and	PERFORM VES 2 VES 2 Pecify) BE HOW IN (Street er N, (Street er) and manner	JURY OCC JURY OCC Ad Number ser as attate due to the	or Rural F	AMALABLE PRIOR I COMPLETION OF C OF DEATH YES 2 N N Route Number,	O O										
E COMPLETED BY PHYSICIAN: MEDICAL	DID TOBACCO USE CONT 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 X YES 2 NO 27. MANNER OF DEATH 1 X Natural 2 Accident 3 Suicide 8 Could not be determined 29a. CERTIFIER (Check only one) 2 X MEDICAL EXAMINI	RIBUTE TO CAUS HOSPITAL: 1 Inpatient XXEF 28e. DATC OF INJ (Month, Day, 1) 28a. PLACE OF IN building, etc. ICIAN: To the best of exam	26. PLACE (R/Outpatient 3 2 R	1 YES [DF DEATH /C. DOA 4 DOA 4 DOA 1 DOA 4 DOA 1 DOA	NO Lineck only one) HER: Nursing Hom 28c, INJ WO 1 No 1, factory, office the time, date my opinion, de	UNCERTAII • 5 Residence UNY AT RK7 (ES 2 NO and place, and due eath occured at the 29c. LICENSE NUI O • C • M •	5 Other (Sp. 28d. DE\$CRIII or for for the ceuse(s time, date and MBER	PERFORM VES 2 VES 3 VES 2 VES 2 VES 2 VES 3 VES 3 VES 4 V	JURY OCC JURY OCC And Number as state due to the NC	or Rural F	AMALABLE PRIOR I COMPLETION OF	O O										
BE COMPLETED BY PHYSICIAN: MEDICAL	DID TOBACCO USE CONT 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 X SES 2 NO 27. MANNER OF DEATH 1/X Natural 2 Accident 3 Suicide 8 Could not be determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINI 29b. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WE	RIBUTE TO CAUSE HOSPITAL: 1 Inpetient XXEP 28e. DATE OF IN- (Month, Day, 28e. PLACE OF IN- building, etc. ICIAN: To the best of my ER: On the bests of exam	SE OF DEATH 26. PLACE (R/Outpatient 3 28. PLACE (R/Outpatient 3 29. PLACE (R/Outpatient 3 20. PLACE (R/Outpatien	1 YES [DF DEATH /C. DOA 4 DOA 4 DOA 1 DOA 4 DOA 1 DOA	NO Lineck only one) HER: Nursing Hom 28c, INJ WO 1 No 1, factory, office the time, date my opinion, de	UNCERTAIL e 5 Residence URY AT RK? rES 2 NO and place, and due eath occured at the	5 Other (Sp. 28d. DE\$CRIII or for for the ceuse(s time, date and MBER	PERFORM VES 2 VES 3 VES 2 VES 2 VES 2 VES 3 VES 3 VES 4 V	JURY OCC JURY OCC And Number as state due to the NC	or Rural F	AMALABLE PRIOR I COMPLETION OF	O O										
BE COMPLETED BY PHYSICIAN: MEDICAL	DID TOBACCO USE CONT 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 X YES 2 NO 27. MANNER OF DEATH 1 Notural 2 Accident 3 Suicide 8 Could not be determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINI 29b. SIGNATURE AND TITLE OF CERTIFIE	RIBUTE TO CAUSE HOSPITAL: 1 Inpetient XXEP 28e. DATE OF IN- (Month, Day, 28e. PLACE OF IN- building, etc. ICIAN: To the best of my ER: On the bests of exam	SE OF DEATH 26. PLACE (R/Outpatient 3 28. PLACE (R/Outpatient 3 29. PLACE (R/Outpatient 3 20. PLACE (R/Outpatien	1 YES [DF DEATH /C. DOA 4 DOA 4 DOA 1 DOA 4 DOA 1 DOA	NO Lineck only one) HER: Nursing Hom 28c, INJ WO 1 No 1, factory, office the time, date my opinion, de	UNCERTAII • 5 Residence UNY AT RK7 (ES 2 NO and place, and due eath occured at the 29c. LICENSE NUI O • C • M •	5 Other (Sp. 28d. DE\$CRIII or for for the ceuse(s time, date and MBER	PERFORM VES 2 VES 3 VES 2 VES 2 VES 2 VES 3 VES 3 VES 4 V	JURY OCC JURY OCC And Number as state due to the NC	or Rural F	AMALABLE PRIOR I COMPLETION OF	O O										

1	
O	
68760	
~	
~	
~~	
9	
\times	
ВОХ	
Q	
∞ .	
_	
\circ	
P.0	
n i	
_	
10	
0)	
\Box	
~	
-	
0	
()	
RECORDS	
ш	
œ	
/ITAL	
⋖	
_	
=	
>	
Ц,	
0	
_	
~	
0	
_	
DIVIS	
_	
>	
=	

ITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within dours after death. Page 6 may be retained by the hospital or attending physician.	DIRECTOR: After this certificate has been signed by the attending physician and completing the attending physician and completing after death with the State Dept. of Health and Mental Hygiene prior to bunal, cremited the state of the state	AND THE COLUMN TO SERVICE AND THE COLUMN THE
HE HOSPITAL	THE FUNERAL filed within 72	Ormeanty, as
-	→ □	č

	FOR 1 - STATE REGISTRAR	STATE OF MARY	YLAND /	DEPARTI	MENT OF	HEALTH AND	MENTAL HYGIE				
	1. DECEDENT'S NAME (First, Middle, La	ist)					2. DATE OF DEATH	<u>. </u>		3. TIME OF DEATH	
	Lhar es	H. Thor		JR			NOV -	DAY 149	YEAR 4	14:20 M	
	220-26-4962	5. SEX 6. AC	GE (In yrs. les		DNTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Your) June 17,	1920	Countr	PLACE (State or Foreign y) rginia	
	9e. FACILITY NAME (If not institution, gir	ve street end number)		9	b. CITY, TOWN	TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH					
띩	Holy Cross Hos			r Spring			tgon				
5	RESIDENCE OF DECEDENT										
DIRECTOR	10e. STATE 10b. COU			10c. CITY, TOWN OR LOCATION						10d. INSIDE CITY LIMITS?	
	Maryland	Montgomery		Wheaton					1 YES 2 X NO		
HA!	2614 Newton S	+ ~ +							. CITIZEN OF WHAT COUNTRY?		
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVE	5 101 11 5 15							States	
BY FU	1 Never Merried 2 Merried 3 Wildowed 4 Divorced FORCES? 1 YES 2 N IF YES, GIVE WAR OR DATES WW II									E — Americen Indien, t, White, etc. fy: White	
	15. DECEDENT'S E (Specify only highest gr	EDUCATION	18e. DE	CEDENT'S US	UAL OCCUPATI	ON	16b. KIND OF B	USINESS/IND	JSTRY		
COMPLETED	Elementery/Secondary (0-12)	College (1-4 or 5+)	life	. Do NOT use n	k done during m etired.)	ost of working	7.77				
M M	12 Manager						Window	& Flo	or (Coverings	
8	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S NA	ME (First, Middle, Maide	n Surname)			
BE	Charles H.	Thorpe, Sr.					l Lambert				
ဥ	19e. INFORMANT'S NAME (Type/Print) Mary R. Thorpe						Route Number, City or To				
	20e. METHOD OF DISPOSITION		2	614 Ne	wton S	treet, W	heaton, Ma			20902	
	1 Buriel 2 K Cremetion 3 R	INTROVER FROM STATE	cemetery, cre	imetory or otner	DIACE)	eme of 11/9/9	1	OCATION — C			
	21. SIGNATURE OF FUNERAL SERVICE	LIÇENSEE	Montg	omery	22 NAME A	Orium, I	CHITTY			ryland	
	Russel	Frank	MOO	198	1 300	west mon	raomery A	701110		Rockville,	
	23. PART I. Enter the piseeses, I	Dr complicatione thet ceu	sed the de	eth. Do not	Rock	Ville. M	arvland :	20850-	2805	Approximate	
	shock, Dr'heart fallui IMMEDIATE CAUSE (Finel	re. List only one ceuse or	n each line).		, , , , , , , , , , , , , , , , , , , ,		paratory and		Interval Between Onset and Death	
	disease or condition	other	lo In	cini	A Tala .	0	· ·			U.A.	
	disease or condition resulting in deeth) e. atherosclerotic cardiovisadadan disease Due to (or as a consequence of):									frans	
Z	Constant Honor do	b									
	Sequentielly list conditione, if any, leading to immediate cause. Enter UNDERLYING										
	CAUSE (Diseese Dr Injury	C. DUE TO (OR A	S A CONSE	DIJENCE OEN							
CERTIFICATION	that initieted events resulting in deeth) LAST		3 A CONSE	JOENCE OF J.							
- 11		_ d.									
¥	PART II. Other significent condit	lons contributing to deat					Part I. 24a. WAS A PERFO	N AUTOPSY	24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	
	cornany byper	s surgery	Can	dril l	ndarte	edeny	1 YES	2 (1)		COMPLETION DF CAUSE DF DEATH?	
Σ		7					_			1 TYES 2 NO	
BY PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL					400 00 00 00					
딩	EXAMINER?	HOSPITAL:	hutantlant 6		THER:	LACE OF DEATH (Ch					
Ë	27. MANNER OF DEATH	28s. DATE OF INJUR	TY .	28b. TIME C		ne 5 🗆 Residence	5 ☐ Other (Specily) 28d. DESCRIBE HOW	INJURY OCC	URED		
2	1 Natural 5 Pending	(Month, Day, Yes	r)	INJUR		YES 2 ND					
19	2 Accident Investigation 3 Suicide 8 Could not	28e. PLACE OF INJU	JRY — Al ho	me, ferm, atre	et, lectory, offic		281. LOCATION (Stree		or Rural A	loute Number,	
	4 Homicide determined		респу				City or Town, State	9)			
7	290. CERTIFIER (Check only	to the cause(s) end m	anner es state	d.							
29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(s) end many one)) end menner es stated.	
BEC	296. SIGNATURE AND TITLE OF CERTIF	FUER O O				29c. LICENSE NUI	ABER	29d. DATE	SIGNED	(Mpnth, Day, Year)	
0	Mla	hs/Even /	4/			000	1400	> /	118	194	
-	30. NAME AND ADDRESS OF PERSON		DEATH (ITE	< '	(40				
	31. DATE FILED (Month, Day, Year)	Rosey, Mp	0110	ハし	ror St	ring,	(4)				
	NOV 1 0 199	32. pegistran's si Julia David	MON-R	indell							
	A SE A BROOM	ten.								DHMH-16 Rev 1/89	



ITEMS: 23 PART I, 27, PER MEO FILM G-718 12/12/94 t.t

		FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTM			MENT/	L HYGIEN			
	1	1. DECEDENT'S NAME (First, Middle, Last)					2. DAT	E OF DEATH	AY Y	YEAR 3.	TIME OF DEATH
		JANE	MARIE		TREL)E	NÖN				:15 A
9		4. SOCIAL SECURITY NUMBER 215-72-9778	1 - M 2 🔀 F	38 YRS. MO	UNDER 1 YEAR ITHS DAYS	IF UNDER 24 HRS. HOURS MIN.	Aug	of BIRTH oth, Day, Year)		. BIRTNPLA Country) Mary	CE (State or Foreign
2, 3 should	10R									Y OF DEAT	
Jes 1,	DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT	TY	10c. CITY, TO	WN OR LOCA	TION				104	d. INSIDE CITY
020 physician. burial-transit permit. Pages 1, 2,		Maryland Mor	ntgomery	Roc	kville	f. ZIP CODE			I so CITIZE	1 (LIMITS? YES 2 X NO T COUNTRY?
nsit pe	ERA	13904 Parkland D)rive		"	20853					tates
YLAND 21215-0020 by the hospital or attending physician. be detached for use as the burial-tran at once.	BY FUNERAL	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 X NO	If yea, ap	ENDENT OF NISPA ecify Cuban, Maxici 2 NO Specif	en, Puerto	N? (Specify Yea Rican, atc.)		I. RACE — Black, W Specify:	American Indian, hits, atc.
15- trendir		15. OECEDENT'S ED	UCATION	16a. DECEDENT'S USU	AL OCCUPATION	ON	16	b. KIND OF BUS	SINESS/INDIIS		White
2121	ETED.	(Specify only highest grad Elementary/Secondary (8-12)	College (1-4 or 5+)	(Give kind of work life. Do NOT use ret	done during mo	ost of working		5. KM5 61 56	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,,,,	
Nospita Ched	COMPL		2	Secreta	ary			Roof	ing Co	mpan	У
YLAND 21 by the hospital or be detached for at once.		17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	AME (First,	Middle, Maiden	Surname)		
RYL build be	H	Robert S 19a. INFORMANT'S NAME (Type/Print)	Samuel Shaffne		DESC (Charles	and Number or Rural		rgaret			1
MAR retained 5 should notified	5	Raymond S. Trede		1		d Drive,					20853
ORE, e 6 may be ector, page	3	20a. METNOD OF DISPOSITION 1 🔀 Burlal 2 🗆 Cremation 3 🗆 Rer	206,1	PLACE AND DATE OF DE	SPOSITION /Na	ame of			CATION — CIT		
TIMOR Page 6 ma sral director, p		4 Donation 5 Other (Specify)	Ğa	te of Heav	ven Ce	metery	11	/5 Sil	ver Sp	ring	,Maryland
death death	_	SIGNATURE OF FUNERAL SERVICE L	2 D. Gill	bous		eer Parl	CILITY	DeVol	Funera	1 Ho	
hours ely filled in nation, or re		23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory errest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Bue to (or as a consequence of):									
P.O. BOX 68: h certificate be execute anding physician and co Hygiene prior to buria or other traumatic	CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): c. DUE TO (OR AS A CONSEQUENCE OF): d									
C # 65 -	MEDICAL	PART ii. Other aignificant condition	ns contributing to death bu	it not reaulting in th	e underlyin	g cauae given in	Part i.	24s. WAS AN PERFOR	MED?	AWA	RE AUTOPSY FINDINGS IILABLE PRIOR TO MPLETION OF CAUSE DEATN?
w requires the been signed of. of Health 3 shows any		DID TOPACCO LISE COAD	EDIRLITE TO CALICE OF	DEATH VEC	7 110 5	1 INTERPRET				1 [YES 2 NO
AL has begin	HYSICIAN:	DID TOBACCO USE CONT 25. WAS CASE REFERRED TO MEDICAL		8. PLACE OF DEATH (C		UNCERIA	и Ц	<u> </u>			
F VITAL SICIAN: The lan certificate has the State Dep	SIC	EXAMINER?	HOSPITAL: 1 Inputiont 2 ER/Output		HER: Nursing Hom	e 5XX aaldence	s 🗆 Oth	er (Specify)			
0 55	H	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	28c. INJ	1111		SCRIBE NOW II	NJURY OCCUP	RED	
ON OP DING PHYSI OLD After this c death with s marked,	ВУ	Natural 5 Canding investigation			M 1 🗆 1	rES 2 NO					
TSIC TTENDI TOR: A after d	8	3 Suicide s Could not be 4 Nomicide determined	28s. PLACE OF INJURY building, etc. (Specifi	— At home, farm, street (y)	, factory, offic		28f. LO	CATION (Street a or Town, State)	t and Number or Rural Route Number, e)		
SPITAL OR A NERAL DIREC Nin 72 hours NT: If item	COMPLET		ER: On the best of my knowledge:							ause(s) and	d manner as stated.
TO THE HOSPITAL OF THE FUNERAL IS DE filed within 72 h	BE	29b. SIGNATURE AND TITLE OF CERTIFIE	mist Chry	te no		O.C.M					nth, Day, Year) 1994
	ТО	30. NAME AND ADDRESS OF PERSON WI DENNIS J. CHUTE	. //			ceet, B	alt:	imore,	Mar	ylan	d 21201
		31. DATE FILED (Mouth, Day, Year) 1994	32, REGISTRAN'S SIGNAT	n-Randell				-			

Ó	
9	
~	
8	
BOX 6876	
×	
Q	
\mathbf{a}	
-	
O	
o.	
-	
S	
Q	
Œ	
$\overline{\bigcirc}$	
ŏ	
$\tilde{\mathbf{m}}$	
RECORDS, P.O.	
Ξ.	
_	
Q.	
>	
F VITAL	
<u></u>	
0	
Z	
0	
-	
(1)	
>	
$\overline{}$	
_	

FOR 1 - STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

_	REGISTRAR			ERIT	ICALE	Ur	DEA	IH	f	REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)	Ruth Lo	Nuo To	ousey					2. DATE OF MONTH		Y _	YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER		WE TO						Novemb		, 19	94	3:25 P M
	579-60-9522	1 M 2 F	87	YRS.	MONTHS	DAYS	HOURS	MIN,	7. DATE OF (Month, D.	ay, Year)	007	Count	
	9a. FACILITY NAME (If not institution, give si		07	1110.	AL CITY	TOWAL C	OR LOCATI	ON OF DE	Sept.	7, 1	.907		sachusetts
Œ	Collington Episcopal		omm mitv	,			llvi		AIH			INTY OF E	George's
DIRECTOR	RESIDENCE OF DECEDENT	LHC Care C	лино шсу		LITT	CHE	TTAT	TTG	-		LII	ince	George S
E I	10a. STATE 10b. COUNTY	r		10c. CIT	Y, TOWN O	R LOCAT	ION						10d. INSIDE CITY LIMITS?
		ce George	's	Mit	chel:	lvil	.le						1 TES 2 NO
≴∣	10e. STREET AND NUMBER					101	ZIP COO				10g. CIT	IZEN OF	WHAT COUNTRY?
FUNERAL	10450 Lottsford						20	0721			Uni	ted :	States
교	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT FORCES? 1	YES 2	VNO	lf.	yes, spe	ecify Cuba	n, Maxica	IIC ORIGIN? (S n, Puarlo Rica		or No-	14. RACI	E — American Indian, k, White, atc.
ĭ M	3 Wildowed 4 Divorced	FORCES? 1 [IF YES, GIVE WA	R OR OATES		1	YES	2X NO	Specify	<i>r</i> :			Spec	
ᇜᅵ	15. DECEDENT'S EDUC		16a. [DECEDENT'S	USUAL OC	CUPATIO	ON		16b. Kil	ND OF BUS	INESS/IN	DUSTRY	White
ᇦᅵ	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	- 1	(Give kind of vite. Do NOT us	vork done di e retired.)	uring mo	st of working	g					
<u>M</u>		5+		Homema	aker				Ow	n Hor	me		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)						16. MOTE	IER'S NAI	ME (First, Midd	lle, Maiden	Surname)		
띪	Alfred Lowe							Jisa					
ဝ	19a. INFORMANT'S NAME (Type/Print)		1				nd Number	or Rural F	Route Number,	City or Town	7, State, Zi	p Code)	
	Richard Tousey				e as	_			-				
	1 Burial 2 Cremation 3 Remarks Property Comments on 5 Other (Specify)	oval from Stata	cemetery, c	rematory or of	per place)	TION (Na	me of		DATE			City or To	
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	1 3000	ruan i			O ADDRES	SS OF FAC	TT-0	1211A	er S	prin	g, Maryland
Ì	· Son	11 /	1	0					Servic	es, i	P. A		
-	22 DADT I Enter the disease	N. 14	10		93	3 G	ist	Aven	ue, Si	lver	Spr	ing.	MD 20910
	23. PART i. Enter the diseases, or c ahock, or hasrt fallure.	List only one caus	e on aach lir	na.	ot anter t	tna mo	da of dyl	ng, suci	h ss cardiac	or respin	ratory ar	rest,	Approximata Interval Batween
	iMMEDIATE CAUSE (Final disease or condition		CV	A									Onaat and Dasth
H	resulting in death)	OUE TO (C	R AS A CONS	EOUENCE OF	n:								1271
z		a.											
일	Sequantially list conditiona, if any, leading to immediata	OUE TO (C	R AS A CONS	EQUENCE OF	7:		1						
2	CAUSE (Disease or injury	DUE 70 46					_						
RTIFICATION	that initiated events resulting in death) LAST	DOE 10 (C	R AS A CONS	EOUENCE OF	·):								
		1											
A	PART II. Other algnificant condition	a contributing to d	aath but not	rasulting I	n tha und	darlying	cause g	jivan in	Part i. 24	PERFOR		24b	. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
EDICAL									1	YES 2			COMPLETION OF CAUSE OF DEATH?
Σ									_				1 - YES 2 - XNO
HYSICIAN:	DID TOBACCO USE CONTR	RIBUTE TO CAU					UNC	ERTAIN	1 🗆				
	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	26. PL/	CE OF DEAT	H (Check or OTHER:	, ,							
± 3	1 TYES 2 X NO 27. MANNER OF DEATH	t Inpetient 2 I		3 DOA	4 XNursi	ng Hom	_	aldenca	8 Other (Se				
7 I	1 🔀 Natural 5 🗌 Pending	(Month, Day,	Year)		URY M		URY AT RK? 'ES 2	1 MO	28d. DEŞCRI	BE HOW IN	JURY OC	CURED	
à	2 Accident Investigation 3 Suicide	28a. PLACE OF	INJURY — At I	oma, farm, a	treet, factor			110	28f. LOCATIO	IN /Street a	nd Numbe	r or Rural I	Pouta Number
3	4 Homicide 8 Could not be determined	building, et	c. (Specify)			,,			City or K	own, State)	na wamba	or contain y	noute Number,
COMPLE	298. CERTIFIER 1 X CERTIFYING PHYSIC	CIAN: To the best of m	v knowledge, o	leath occurre	d at the tin	ne dete	and place	and due	to the cause(s) and man		dad.	
ŝ) and manner as stated.
	296. SIGNATURE AND TITLE OF CERTIFIER		1					NSE NUM					(Month, Day, Year)
# H	Som	n	1)					2 0	391				er 6, 1994
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE	OF DEATH (IT	ЕМ 27) (Туре,	Print)		<u> </u>		1		NU	4 GIIID	0, 1004
- 11	/TJ KELMA	W							•				
Ш													
	NOV 0 9 1994	32. REGISTRAR	S SIGNATURE	0 . 10								_	

er death. Page 6 may be retained by the hosp	he funeral director, page 5 should be detache	ABI.	i examiner must be notified at once.	
in 24 hours aft	th filled in by 1	ation, or remo	, the medica	
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the host	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunal, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
TO THE HOSPITAL OR ATTENDING	TO THE FUNERAL DIRECTOR: After	be filed within 72 hours after death	IMPORTANT: If item 28 Is mi	

TO BE

Oki

A	mended =	£ 16	q – NTE OF MA	//// ARYLAND / CE	4/9 DEPAR	TMENT	M OF H	RT EALTH DEAT	AND I	MONTAL HYO	TO W)li ner	35575 y
	1. DECEDENT'S NAME (First, Middl	le, Last)								2. DATE OF DEA			3. TIME OF DEATH
	Sant	iann				Ta	jes			Novembe	DAY	QQ A	5:00 A M
	4. SOCIAL SECURITY NUMBER	5. SE	C 8	. AGE (In yrs. last	hirthday	IF UNDER		IF UNDER	24 1400	7. DATE OF BIRT		v -	THPLACE (State or Foreign
	213-94-3379	10	M 2 🗌 F	92	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, Day, Y	ear)	Cour	ntry)
	9a. FACILITY NAME (If not institution	^		72	71101					July 25,			razil
œ								R LOCATIO		ATH		UNTY OF	
5	7620 Maple Av		7303			lai	coma	Park			Mc	ntgo	mery
DIRECTOR		COUNTY			10c. CIT	Y, TOWN C	OR LOCATI	ON					10d. INSIDE CITY
뜸	Maryland M	lontgome	erv		Tal	koma	Park	,					LIMITS?
بر	10e. STREET AND NUMBER	orrogome	<u> </u>		I I a	KUIIIa	_	ZIP CODE			10- 0	TIZEN OF	1 X YES 2 NO
RA	7620 Maple Av	enue d	#303										WHAI COUNTRY?
FUNERAL	11. MARITAL STATUS			EVER IN U.S. ARI	150	1 40 4		20912				azil	
3	1 Never Married 2 Merrie	ed FO	RCES? 1	YES 2 XN	O		if yes, spe	cify Cuban	, Mexica	IC ORIGIN? (Special, Puerto Rican, al	fy Yes or No — c.)	14. RAC Bia	CE — American Indian, ck, White, etc.
BY	3 Widowed 4 Divorced	IF.	YES, GIVE WAR	OR DATES		1 '	YES	2 💢 NO	Specify	:		Spe	White
Ω	15. DECEDENT	T'S EDUCATION		18a, DE0	CEDENT'S	USUAL O	CCUPATIO	N		16h KIND C	F BUSINESS/II	HALISTON	MIITCE
COMPLETED	(Specify only highs Elementary/Secondary (0-12)	est grade complete		(Gr	ve kind of v	work done i	during mos	t of working	7	100. KINO C	T BUSINESS/II	TOUSTRI	
7	8	Colle	ge (1-4 or 5 +)		vlor	-	To "	1 -		Clo	thing		
₹	17. FATHER'S NAME (First, Middle, I	l cott		re	19101		41	IOY					
8			Toice				ŀ			WE (First, Middle, N	aiden Surname)		
BE	Serapio 19a. INFORMANT'S NAME (Type/Pri		Tajes					Ina				Dua:	rte
2	Manager and Manager		10-							loute Number, City		,	07075
1	Leticia T. C	rawrord	(Daug						Lane				
ı	20a. METHOD OF DISPOSITION 1 Burlet 2 X Cremetion 3	☐ Removal fro	m Stata	20b. PLACE A	ND DATE	OF DISPOS	ITION (Nar	ne of			c. LOCATION -		
	4 Donation 5 Other (Speci			Subur	ban						Silver	Spr	ing, MD
	21. SIGNATURE OF FUNERAL SER	VICE LICENSEE	/	1				AODRES			. D	٨	
	· Cleer		1. 1	Kap	0					Service:			MD 20010
	23. PART i. Enter the disees	es, or complic	etiona that c	eused the dea	ath. Do r	not enter	the mod	LOC /	ng. such	De, SII	reeniratory s	rreet.	, MD 20910
	shock, or haert f	ellure. List on	ly one ceuse	on each line.				,					Intarval Batween
- 1	iMMEDIATE CAUSE (Fine) disease or condition			MICT	1/1		JALI	6/	-	Heta	chi	2	Onset and Death
	resulting in death)	e	OUE 70 /0	R AS A CONSEO			DUI (<i>X</i> /		1/0/	21,01	<u> </u>	240)
			002 10 (01	H AS A CONSEC	UENCE O	F):							
CATION	Sequentielly list conditions,	b	DUE TO (O	D 45 4 00M050	VIENOE O								
F	if any, leading to immediate ceuse. Enter UNDERLYING		ODE 10 (O	R AS A CONSEO	DENCE OF	r):							
-	CAUSE (Disesse or injury	c	OUE TO (OI	R AS A CONSEQ	LIENCE OF	n.							
Ē	that initieted events resulting in death) LAST		OOL 10 (O	n AS A CONSEC	DENCE OF	r):							İ
CERTIF		d											
	PART il. Other significant co	nditiona conti	ributing to de	eth byt not re	eulting	In the un	derlying	ceuse g	iven in		S AN AUTOPS	/ 24	b. WERE AUTOPSY FINDINGS
2	1)(4)	2010 (, D	ell in						- 1	RFORMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE
										_ ' '	ES 2 X NO		OF OEATH?
Σ	DID TOBACCO USE C	ONITRIBITITE	E TO CALI	SE OF DEAT	TU VE	c 🖂 .	IO PAI	LINICI	EDTAIN				1 TYES 2 X NO
PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MED		L TO CAU			TH (Check o	10 M	UNC	ERTAIN	<u> </u>			
2	EXAMINER?	HOS	PITAL:			OTHER	R:						
ίγs	27. MANNER OF DEATH			R/Outpatient 3					idenca	6 Other (Specify			
	1/2 Natural 5 Pendir		8a. DATE OF IN. (Month, Day,	Year)	28b. TIM INJ	URY	28c. INJU WOR	HC?		28d. DESCRIBE I	O YRULNI WOL	CCURED	
Β¥	2 Accident Investi	gation				М		ES 2 🗌	NO				
	3 Suicide 8 Could	not be	Be. PLACE OF II building, etc	NJURY — At hor :. (Specify)	ne, farm, s	street, fect	ory, office			281. LOCATION (S City or Town,	treet and Numb State)	er or Rural	Route Number,
COMPLETED	4 Hornicide daterm	Denni											
PLI	29a. CERTIFIER (Check only	G PHYSICIAN: To	the best of my	knowledge, dea	rth occurre	ed at the ti	me, data a	and place.	and due	to the cause(s) an	d manner as st	ated.	
MC													(s) and manner as stated.
ŭ	2 MEDICAL EXAMINER: On the beels of examination and/or investigation, in my opinion, death occured at the time, data and place, end due to the ceuse(s) and manner as stated. 290. SIGNATURE AND TITLE OF CERTIFIER												

tandell.

#201, Silver Spring, MD 20910

31. DATE FILED (Month, Day, Year) NOV 1 4 1994

D.

Μ.

Kwon,

30. NAME AND AGORESS OF PERSON WHO COMPLETED CAUSE OF GEATH (ITEM 27) (Type, Print)

1104 Spring Street,

32. REGISTRAR'S SIGNATURE
Julia Davidson

29d. DATE SIGNED (Month, Day, Year)
November 9, 1994

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with. Jours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

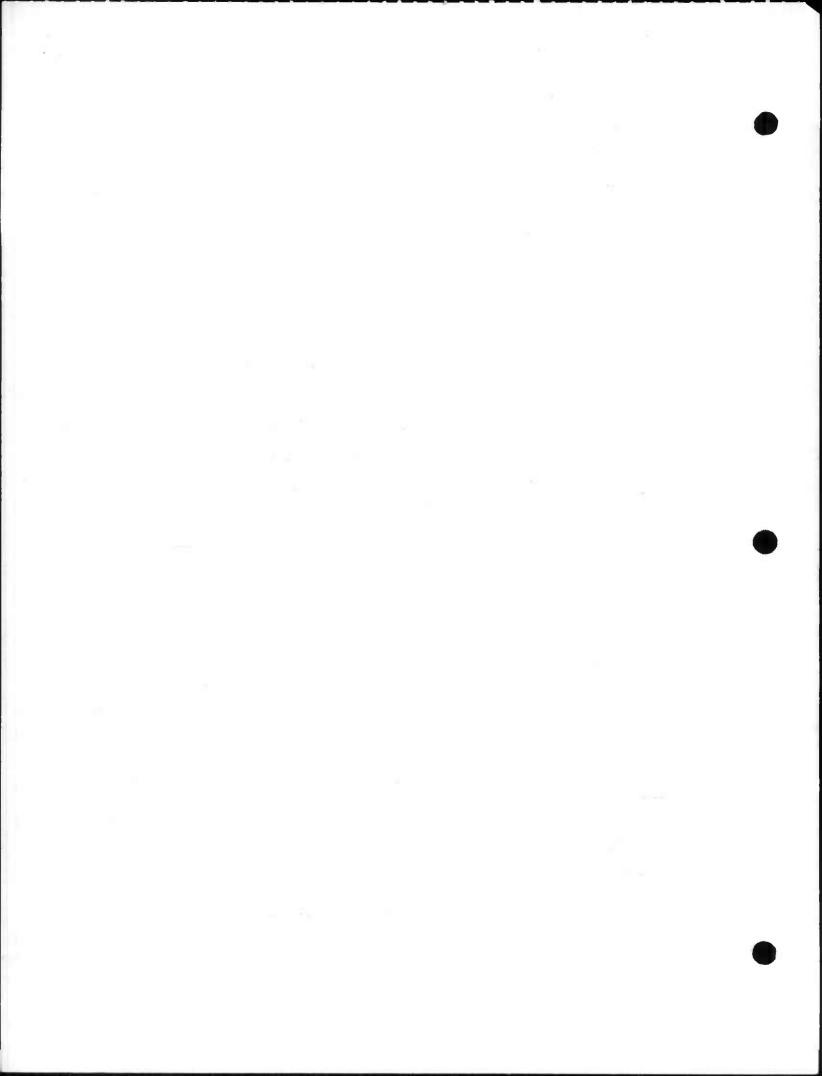
IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

A	nended # 20b ///	7/94	M	RT N	Instar	94	355/6
	1 - STATE OF MARYLA	ND / DEPAR	TMENT OF	HEALTH AND I		E	7 9.
- 1	1. DECEDENT'S NAME (First, Middle, Lest)	1 >	ICATE	PULAIN	REG. NO.		3. TIME OF DEATN
	(60 OK 14	+;			NOV. 12	+ 10	794 10:30 Am
		yrs. lest birthday)	IF UNDER 1 YEA		7. DATE OF BIRTN (Month, Day, Year)		8. BIRTNPLACE (State or Foreign Country)
	220-11-0865 1 M 2 E F 81	YRS.			Nov. 30, 1		Korea
Œ	9a. FACILITY NAME (If not institution, give street and number)	77		N OR LOCATION OF DE	ATN		TY OF DEATN
5	Springbrook Adventist Nursing	ноте	Silve	Spring		Mor	ntgomery
DIRECTOR	10a. STATE 10b. COUNTY	10c. CIT	Y, TOWN OR LO	CATION			10d. INSIDE CITY LIMITS?
	Maryland Montgomery 10e. STREET AND NUMBER	Ga	ithers				1 TES 2 T NO
FUNERAL				10f. ZIP CODE 20878			EN OF WHAT COUNTRY?
N N	11616 Ranch Lane 11. MARITAL STATUS 12. WAS DECEDENT EVER IN	U.S. ARMED	13 WAS I		IIC ORIGIN? (Specify Yes	Kor	
	1 Never Merried 2 Merried FORCES? 1 YES	2 NO	If yee,	specify Cuben, Mexices ES 2 X NO Specify	n, Puerto Rican, etc.)	O NO	14. RACE — American Indien, Black, White, etc. Specify:
ЭВУ	3 Widowed 4 Divorced				<u> </u>		Korean
	(Specify only highest grade completed)	16a. DECEOENT'S (Give kind of v	USUAL OCCUPA work done during se retired.)	TION most of working	16b. KIND OF BUS	SINESS/INDU	JSTRY
2	Elementary/Secondary (0-12) College (1-4 or 5+)	Housew			070	m Hon	10
COMPLETED	17. FATHER'S NAME (First, Middle, Last)	nouse	110	18. MOTHER'S NAI	ME (First, Middle, Maiden		
BE C	Kim_Se Hee			Lee S	si		
2	19e. INFORMANT'S NAME (Type/Print)				Noute Number, City or Town		
-	Teresa Oh				thersburg,		
	20e. METHOD OF DISPOSITION 1	tery, crematory or of	of DISPOSITION	(Name of CM Or 1 GD)	OATE 20c. LO	CATION — C	Ity or Town, State
_	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	O	22. NAME	AND ADDRESS OF FAC	DeVol F	ney,	Maryland 1 Home
	PAL I ON C. I	hu	10 1	East Deer	Park Drive		iz itolic
\exists	23. PART I. Enter the diseases, or complications that caused	the death. Do n	Gait	hersburg,	MD 20877	ratory arre	at, Approximate
	shock, or heart fallura. List only one cause on set	ch lina.					Interval Between
	disease or condition resulting in death)	al (1	aub.	With 116	tastic	ſ	54eas
1	OUE TO (OR AS A	CONSEQUENCE OF	7):				1 Instruc
NO.	Sequentially list conditions, OUE TO (OR AS A C	CONSEQUENCE OF	n.				4 11001-5
SAT	cause. Enter UNDERLYING		,				
RTIFICATION	CAUSE (Disease or injury that initiated events DUE TO (OR AS A C	CONSEQUENCE OF	7:				
CER	resulting in death) LAST						
	PART II. Other algnificant conditions contributing to death bu	t not resulting i	n the underly	ing causa givan in i			24b. WERE AUTOPSY FINDINGS
20	- Hypertasi's			V/	PERFOR 1 YES 2		AVAILABLE PRIOR TO COMPLETION OF CAUSE
WE							OF DEATH?
z	DID TOBACCO USE CONTRIBUTE TO CAUSE OF	DEATH YE	S 🗆 NO	UNCERTAIN	1 🗆		
PHYSICIAN: MEDICAL	EXAMINER? HOSPITAL:	A PLACE OF DEAT	N (Check only or	99)			
₹	1 ☐ YES 2 NO	fent 3 🗆 OOA	4 Nursing H	ome 5 Raeldenca			
	1 Natural 5 Pending (Month, Day, Year)	INJ	URY	WORK?	28d. OEŞCRIBE NOW II	SUNT OCCI	THEO
D 8Y	2 Accident Investigation 3 Suicide a Coult not be building, atc. (Specific	- At home, ferm, s	treet, factory, of	fica	28t. LOCATION (Street a	nd Number o	r Rural Route Number,
	4 Nomicide determinad	, 			City or Town, State)		
COMPLETED	29e. CERTIFIER (Check only one)	dge, daath occurre	d at the time, d	ite and place, and due	to the cause(s) end man	ner es state	d.
g S	2 MEOICAL EXAMINER: On the basis of examination	and/or Investigation	n, in my opinion	, death occured at the t	time, data end piaca, and	d dua to the	cause(a) and menner as stated.
H	29b. SIGNATURE AND TITLE OF CERTIFIER	KO		D-20	927	29d. DATE	SIGNED (Morith, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEAT	N (ITEM 27) (Type,	Print)	1104 SP1	ing st	#20	18170209IN
	31. DATE FILED (Month, Day, Year) NOV 1 7 1994 She Davidson	Mandall				7	9

TO THE HOSPITAL OR ATTENOING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE RUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, nage 5 should be detached for use as the burial-transit	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once,
--	--

ermit. Pages 1, 2, 3 should

											9	13	3331	1
	1 - FOR STATE REGISTRAR	_	STATE OF N			TMENT				MENTAL HYGIEN				
	1. DECEDENT'S NAME (First, ELIZABET	. ,	TS	CHURSI	N					2. DATE OF DEATH		9EAR	3. TIME OF DEA	Рм
	4. SOCIAL SECURITY NUMB		5. SEX	[, , , , , , , , , , , , ,			1 YEAR IF UNDER 24 HRS. DAYS HOURS MIN.			7. DATE OF BIRTH (Month, Day, Year)		Countr		
œ	90. FACILITY NAME (If not ins	etitution, give s	reet and number)					R LOCATIO		May 22 19 ATH	9c. CO	UNTY OF D		
DIRECTOR	RESIDENCE OF DEC			110511		Y, TOWN O					MO	NIGO	MERY 10d. INSIDE CIT	~
	Maryland Montgomery					rth E	oto	mac					LIMITS?	
FUNERAL	100. STREET AND NUMBER 12303 Sweet	bough	Court					ZIP CODE 2087			,	S.A.	WHAT COUNTRY?	
BY FUN	11. MARITAL STATUS 1 Never Merried 2 3 Widowed 4 Divos	Merried	12. WAS DECEDEN	YES 2 VI	IMED NO	11	MAS DEC	ENOENT O	F HISPAN	NIC ORIGIN? (Specify Yes or No— 14. RACE—Black, W Black, W Specify:			E — Americen Inc k, White, atc. Wy: White	lien,
COMPLETED	15. DECI (Specify only Elementary/Secondary (0-	EDENT'S EDUC highest grade	completed) College (1-4 or 5 +	(G	live kind of . Do NOT u				g	16b. KIND OF BU		DUSTRY	WIIICE	
OM	17. FATHER'S NAME (First, Mi	iddle, Last)	<u>5</u> +	1 Sc	ient:	ist		18. MOTI	HER'S NAI	U.S. GO ME (First, Middle, Maide				
BE (Nikolai Tsc		1							Taylor				
임		c Arth	nur							Route Number, City or Too Bethesda,			20816	
	20e. METHOD OF DISPOSITION 1 ☐ Burlel 2 1 Cremetion	n 3 🗆 Reme	oval from State	20b. PLACE	AND DATE	OF DISPOSI	TION (Na	me of		OATE 20c. L	CATION -	- City or To	own, State	
	4 Donation 5 Other 21. SIGNATURE OF FUNERAL		ENSEE	Mount	t Con	Jo	sep!	n Gav	ss of fac Vler	11/15 A1 's Sons, I Washingtor	nc.	5130	Wiscons	
	23. PART I. Enter the dishock, or he IMMEDIATE CAUSE (Fin disease or condition resulting in death)	art failure.	List only one cau	se on aach iina	1,	not antar	tha mo	da of dyi	ng, sucl		oiratory s		Approxir interval I Onset ar	Batwean
CERTIFICATION	Sequentisily list conditi- if sny, leading to immac cause. Enter UNDERLYII CAUSE (Disease or inju- that initiated events resulting in death) LAST	diata NG ry	3.	(OR AS A CONSEC					/					
PHYSICIAN: MEDICAL	PERFORMED? AWAIL COMP 1 YES 2 NO OF DE									WERE AUTOPSY AWAILABLE PRIOR COMPLETION OF OF DEATH? 1 YES 2	CAUSE			
AN	DID TOBACCO US		RIBUTE TO CA			S N		UNC	ERTAIN	10				
SIC	1 X XES 2 NO		HOSPITAL:	XER/Outpatient 3	□ DOA	OTHER		5 □ Re	aldence	8 Other (Specify)				
B	27. MANNER OF DEATH 1 Netural 5 Pending Investigation 2 Accident Investigation 3 Sorticide 8 Could not be determined 28. DATE OF INJURY (Month, Day, Year) 1 L O F 28. DATE OF INJURY (Month, Day, Year) 1 L O F 28. DATE OF INJURY (Month, Day, Year)					NJURY WORK? 1 → 3 ≥ 1/ Ms 1 → YES 2 NO Sull City or 1 City or 1 City or 1					PRIBE HOW INJURY OCCURED Le cf slot self TION (Street end Number or Plurel Poute Number, Town, State) 3 Sweethough Orive			
COMPLETED	29e. CERTIFIER (Check only one) 1 CERT	IFYING PHYSI	CIAN: To the best of	my knowledge, de	eth occum	ed at the ti	me, date pinion, de	end place, eath occur	end due	to the cause(e) end me time, date end place, e	hensty	ered.	Many and	stated.
BE C	29b. SIGNATURE AND TITLE	OF CERTIFIER	11 V	~					NSE NUM		29d. O/	TE SIGNEO	(Month, Day, Yeer)
2	30. NAME AND ADDRESS OF	PERSON WH	COMPLETED CAUS						C.M.			10V.	11,19	
	774-0	F 11	K				ree	et,	Bal	timore,	Mary	land	d 2120	1



9	
760	
687	
×	
BOX	
Ö	
0	
Š	
RECORDS,	
$\ddot{\circ}$	
띮	
TALF	
VIT.	
<u>ч</u>	
Ō	
N O	
S	
DIVISIO	

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within and recent least of the property of the state

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR CERTIFICATE OF DEATH REG. NO.
2500	1. DECEDENT'S NAME (FIRST, MICHIGA, LOST) THOMAS Oral THORNTON 2. DATE OF DEATH NOV 11 1994 240 PM
	4. SOCIAL SECURITY NUMBER 5.21-20-8665 5. SEX 1 X M 2 F 88 7. BEX 1. Set birthdey) 1 Yes. Set birthdey) 1 Yes. Set birthdey) 1 Yes Norths Days Hours Min. Funder 24 Hrs. 7. DATE OF BIRTH (Month, Day, Year) 7. DATE OF BIRTH (Month, Day, Year) 7. DATE OF BIRTH (Month, Day, Year) 7. DATE OF BIRTH (Month, Day, Year) 7. DATE OF BIRTH (Month, Day, Year) 7. DATE OF BIRTH (Month, Day, Year) 8. BIRTHPLACE (State or Foreign Country) 7. DATE OF BIRTH (Month, Day, Year) 8. BIRTHPLACE (State or Foreign Country) 7. DATE OF BIRTH (Month, Day, Year) 8. BIRTHPLACE (State or Foreign Country) 8. BIRTHPLACE (State or Foreig
1 3	9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH
DIRECTOR	SHADY GROVE ADVENTIST HOSPITAL ROCKVILLE MONTGOMERY
I H	10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY
	MARYLAND MONTGOMERY BETHESDA 1 VES 2 NO
FUNERAL	100. STREET AND NUMBER 107. ZIP CODE 109. CITIZEN OF WHAT COUNTRY? 20817 U. S. A.
B⊀	11. MARITAL STATUS 1
8	15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working
COMPLET	Elementary/Secondary (0-12) College (1-4 or 5 +) ille. Do NOT use retired.)
N N	4 CARTOGRAPHER FEDERAL GOVERNMENT 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname)
l w l	JOSEPH E. THORNTON EMMA GRAHAM
00	19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)
임	SALLIE W. THORNTON 8601 HEMPSTEAD AVE. BETHESDA, MD. 30817
	20e. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION / Name of cemetery, crematory or other place) 20c. LOCATION — City or Town, State
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY
	JOSEPH GAWLER'S SONS, INC.
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory streat, Approximate
	shock, or heart fallure. List only one ceuse on each line. IMMEDIATE CAUSE (Finel Onset and Dasht
	disease or condition resulting in death) a. CARDIDAUMONARY FAILURE DUE TO (OR AS A CONSEQUENCE OF):
ATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING DUE TO (OR AS A CONSEQUENCE OF): LINTRA CRANIAL HEMORR HAGE 2 DHUS DUE TO (OR AS A CONSEQUENCE OF):
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in deeth) LAST
	d.
CAL	PART II. Other significent conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY PERFORMEC? AMAILABLE PRIOR TO AMAILABLE PRIOR TO
	RENAL MSUFFICIENCY HSDRY OF TRANSIENT 1 YES 2 10 NO COMPLETION OF CAUSE OF DEATH? 1 YES 2 10 NO
M	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO NO
NA I	25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one)
Sic	EXAMINER? 1 YES 2 TNO HOSPITAL: 1 N Inpetient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify)
PHYSICIAN:	27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Dey, Year) 28b. TIME OF INJURY AT WORK? 1 Number of Death 1 Pending
р ву	2 Accident Investigation Investigation 288. PLACE OF INJURY — At home, farm, street, factory, office 28f. LOCATION (Street and Number or Rural Route Number,
ETE	4 Homicide datarmined building, etc. (Specify) City or Town, State)
COMPL	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated.
TO BE (296, DICHATURE AND TITLE OF CERTIFIER 296. LICENSE NUMBER 296. DATE SIGNED (Month, Day, Year) 11/11/94
	STEVEN T. KHRIYA, MD, LIDI GEDROLA AVE #575 WHOTON MD 20902
	31. DATE FILED (Month, Day, Year) NOV 1 6 1994 Juna Davidson Pandelle

•	
0	
876	
_	
9	
_	
BOX	
0	
\simeq	
ш	
0	
۵.	
ш	
.5	
ഗ	
\Box	
00	
$\overline{}$	
$\mathbf{\mathcal{Q}}$	
O	
ECORDS,	
2	
_	
_	
⋖	
TAL	
_	
>	
li .	
O F	
U	
7	
_	
Q	
77	
٧,	
>	
_	

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO THE HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 34 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY FUNERAL DIRECTOR

FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFIC	MENT OF H	EALTH AND I	MENTAL HYGIEN		
1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH	AY	3. TIME OF GEATH
LEONA LOUISE	THOMPS	ON				, 1994	YEAR 7:17 A.M. M
at a way and the same of			UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		B. BIRTHPLACE (State or Foreign Country)
577-48-1111 t	and number)	3 YRS.		R LOCATION OF DE	JAN.02, 19		WASHINGTON, DC
GROSVENOR HEALTH C	ARE CENTER		BETHESI)A		MONTO	GOMERY
10e. STATE 10b. COUNTY		toc. CITY, T	OWN OR LOCAT	ION			10d. INSIDE CITY LIMITS?
MARYLAND MONTGO	MERY	BETH		ZIP CODE		I too CITIZ	1 YES 2 NO
5721 GROSVENOR LAN	F			20814		U.S.	
	WAS DECEDENT EVER IN	U.S. ARMED	13. WAS OEC	ENDENT OF HISPAN	IIC ORIGIN? (Specify Yes		14. RACE — American Indian
1 Never Merried 2 Merried 3 Widowed 4 Divorced	FORCES? 1 YES	TES X	If yee, spe		n, Puerto Ricen, etc.)		Black, White, etc. Specify: WHITE
15. DECEDENT'S EDUCATE (Specify only highest grade con	ON ppleted)	16a. DECEDENT'S USI	done during mo:	N st of working	16b. KIND OF BU	SINESS/INDU	
12-1-27-2-27-27-27-27-27-27-27-27-27-27-27-2	ollege (1-4 or 5+)	life. Do NOT use re	tired.)		i .		
17. FATHER'S NAME (First, Middle, Last)		HOMEMAK	ER	10 MOTHER'S NA	OWN HOI ME (First, Middle, Meiden		
WILLIAN FRANK LOEF	ET ED				WAIRTH	Surname)	
19e. INFORMANT'S NAME (Type/Print)	FLER	19b. MAILING AD	DRESS (Street e	nd Number or Rural I	Route Number, City or Tow	n, State, Zip (Code)
ELEANOR L. ROEHRER							, DC. 20037
1 A Buriel 2 Cremetion 3 Removal 4 Donation 5 Other (Specify)	from State ceme	PLACE AND DATE OF D elery, cremetory or other	piece)				City or Town, State
21. SIGNATURE OF FUNERAL SERVICE TOCK	int	EDAR HILL			11/15 SU	TTLANI	D. MD.
1 fun // the		marcost-			N.W. WAS		. 20016
23. PART I. Enter the diseases, or com	plications that caused	tha death. Do not	antar tha mo	de of dying, auc	h as cardiac or reapi	ratory arre	eat, Approximata
ahock, or heart feilure. List IMMEDIATE CAUSE (Final disease or condition resulting in death) a	Corten		Cons	horasus	la dise	a l	Interval Between Onset and Death
Sequantially list conditions, 6.							e
If any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A	CONSEQUENCE OF):					
CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A	CONSEQUENCE OF):					
resulting in death) LAST							
PART II. Other significant conditions of	ontributing to death be	februles	hos y	cause given in	Part I. 246, WAS AN PERFOR	IMED?	34b. WERE AUTOPEY FINDINGS AMALARIE PRIOR TO COMPLETION OF CAUSE OF DEATH?
DID TORACCO LISE CONTRIB	UTE TO CALGE OF	man n	- WO -	III ICERTIII			t ☐ YES 2 ☐ NO
DID TOBACCO USE CONTRIB 25. WAS CASE REFERRED TO MEDICAL		H. PLACE OF DEATH A	NO D	UNCERTAIN	1 🗆		
	OSPITAL:	O	THER:	5 / Basidance	6 COther (Specify)		
27. MANNER OF DEATH	28s. DATE OF INJURY	28b. TIME OF	28c. INJS	RY AT	284. DESCRIBE HOW II	NJURY OCCU	JAED
t X Netural 5 Pending 2 Accident Investigation	(Morth, Day, War)	BUURY	M I V	ES 2 NO			
3 Suitride 6 Could not be 4 Homicide determined	29e. PLACE OF BUURY building, etc. (Speci	— At home, farm, streety)	t, fectory, affice		28f. LOCATION (Street a City or Town, Study)	and Number o	v Flurel Route Number.
29a. CERTIFIER (Check only one) 1 X CERTIFYING PHYSICIAN ONE) 2 MEDICAL EXAMINER: 0							d. Cause(a) and menner as stated.
296. SIGNATURE AND TITLE OF GENTIFIER				29c. LICENSE NUM	IBER		SIGNED (Month, Day, Yeer)
9//00	1 4 4 4 4						
(MARK)	Joldsle	W		DO 3518		▶ NO	V. 11, 1994
30. NAME AND ADDRESS OF PERSON WHO CO DR. ELLIOT R. GOLD	OMPLETED CAUSE OF DEA STEIN, 9410				HESDA, MD.		

BALTIMORE, MARYLAND 21215-0020

1, 2, 3 should

DIVISION OF VITAL RECORDS, P.O. BOX 68760

1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

BEG. NO.

$\overline{}$						TOTTE					HEG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last) CATHORING				7	Theodor				2. DATE OF DEATH MONTH DAY YEAR			3. TIME OF DEATH	
				6. AGE (In yrs. I					NOVEMBER 13 1994 03			IPLACE (State or Foreign		
	578-14-6442		1 M 2 TF	96	YRS.	MONTHS	DAYS	HOURS	MIN.	(Mont	h, Day, Year)	000	Count	ry)
	9a. FACILITY NAME (If not in		Λ	90		9b. CITV	TOWN	I LOCATI	ON OF DE		ch 18 1		Gre	ece
E	Shady Grove		,	enital			kvi		ON OF DE	am				
DIRECTOR	RESIDENCE OF DEC	EDENT	TELSE NOS	prear		ROC	KVI.	гте				Moi	itgon	nery
H	10a. STATE	10b. COUNTY			10c. CIT	Y, TOWN C	A LOCAT	ION						10d, INSIDE CITY LIMITS?
	Maryland	Montg	gomery		Gei	mant	own					_		1 TES 2 X NO
FUNERAL	100. STREET AND NUMBER						101	. ZIP COD	ā			10g. CIT	IZEN OF V	WHAT COUNTRY?
ÿ	12102 Brita	nnia (2087					S.A.	
교	11. MARITAL STATUS 1 Never Merried 2	Married		YES 2 X	NO	13, 1	WAS DEC	ENDENT C	OF HISPANI In, Mexican	n, Puarto	17 (Specify Yes Rican, atc.)	or No-	14. RACI Black	E — American Indian, k, White, atc.
BY	3 X Widowed 4 ☐ Divo		IF YES, GIVE Y	MAR OR DATES		'	YES	2 <u>X</u>) NO	Specify:	7			Spec	
B		EDENT'S EDU		16a. D	DECEDENT'S	USUAL OC	CCUPATIO	ON	_	166	. KIND OF BUS	INESS/INI	DUSTRY	White
	(Specify only Elementary/Secondary (0	y highest grade	College (1-4 or 5	+)	Give kind of the Do NOT us	work done o sa retired.)	during mo	st of working	ng		1 1000 11 1000			
립	10	,		"	Hous	ewif	e				Own H	lome		
COMPLET	17. FATHER'S NAME (First, M	iddle, Last)						18. MOTI	HER'S NAM	ME (First,	Middle, Maiden			
ш	Peter Eliop	oulos						E	leni	Por	itsano	S		
10 B	19a. INFORMANT'S NAME (7	ype/Print)		1	9b. MAILING	ADDRESS	(Street a				ber, City or Town		Code)	
F	Patricia Ec	onomic	les		15111	Gra	vens	stein	Way	Nor	th Pot	omac	, MD	20878
	20a. METHOD OF DISPOSITI	ION 3 Rem	oval from Stata	20b. PLACE	E AND DATE	DE DISPOS	ITION /Na	me of		DAT	E 20c. LOC	ATION -	City or To	State
	4 Donetion 5 Other	(Specify)		Fort	Linco	In C	emet	ery		11/15 Brentwood, Maryland				
	21, SIGNATURE OF FUNERA	LASERVICE LIC	CENSEE	٨		22.1	NAME AN	D ADDRE	SS OF FAC	CILITY			. 5130 Wisconsin	
	Mir	hais	LE./h	Older		J A	veni	n Ga	ı W ı W	Wach	ons, 1 ington	nc.	2130	Wisconsin
$\neg \neg$	23. PART i. Enter the di	seasea, or o	complications the	t caused the d	leath. Do r	not enter	the mo	de of dyl	ing, auch	aa care	diac or respir	atory an	reet,	Approximate
	immediate cause (Fin		List only one can	ane on each iir	10.									Interval Between Onset and Death
	disease or condition resulting in death)									1 mark				
	resolding in death)		DUE TO	(OR AS A CONS	EQUENCE O	F):	1 0							
Z	Sequentially llat conditions, b. Indentitied Megherita 14 year.													
E	If any, leading to immediate											7.		
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury												At year	
	that initiated events resulting in death) LAST													
ä	d													
	PART II. Other aignifica	nt condition	s contributing to	death but not	reaulting	In the un	derlyln	cause g	given in F	Part i.	24a. WAS AN /		24b	. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
EDICAL		To	- 1009	9400	5 <	Lyselong				CDI			CDMPLETION OF CAUSE OF DEATH?	
ME						e '								1 TYES 2 NO
	DID TOBACCO U	SE CONTI	RIBUTE TO CA	USE OF DE	ATH YE	S 🗆 1	10E	UNC	ERTAIN	<u> </u>				
PHYSICIAN:	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	MOSBITAL	28. PL/	CE OF DEAT									
YSI	A CLAYER A							OTHER: 4 Nursing Home 5 Residence 8 Other (Specify)						
F	27. MANNER OF DEATH	Dandina	28a. DATE OF (Month, D		28b, TIM INJ	E OF URY	28c. INJ WO	URY AT RK?		28d. DEŞCRIBE HOW INJURY OCCURED				
B		Pending investigation				М		'E\$ 2 [NO					
- 1		Could not be determined	28a. PLACE 0 building,	F INJURY — At h etc. (Specify)	ioma, farm, i	rtraat, facto	ory, office	1			ATION (Street as or Town, State)	nd Number	or Rural F	Route Number,
		-												
릴	nmel.		CIAN: To the best of											
COMPLETED	one) 2 MEDI	CAL EXAMINE	R: On the beals of e	xamination and/or	rinvestigatio	n, in my o	pinion, d	eath occur	ed at the t	time, date	and place, and	due to th	ne ceuse(s) end manner ee stated.
m III	29h. SIGNATURE AMPTITLE	OF CERTIFIER	6 -	1				29c. LICE	NSE NUMI	BER		29d. DAT	E SIGNED	(Month, Day, Year)
0	/con	day	1	ورد	7 =9	0		01	860	50		270	ve	B13, 1994
	30. NAME AND ADDRESS OF	PERSON WH	O COMPLETED CAU	SE OF DEATH (IT	ЕМ 27) (Туре,					1	Gail	11		
	Monald	Gre e	208 /	5001	04	779		19.1	R	d.	Gail	the	256	ang, me
	31. DATE FILED (Month, Day,	6 100		Davidson-	Randa M									20878
	11617	0 199,	, ,	~-00 [HZ]01 ~-)										
	and the second s	FIG. 500												DUMH. 10 Peu 1/90

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

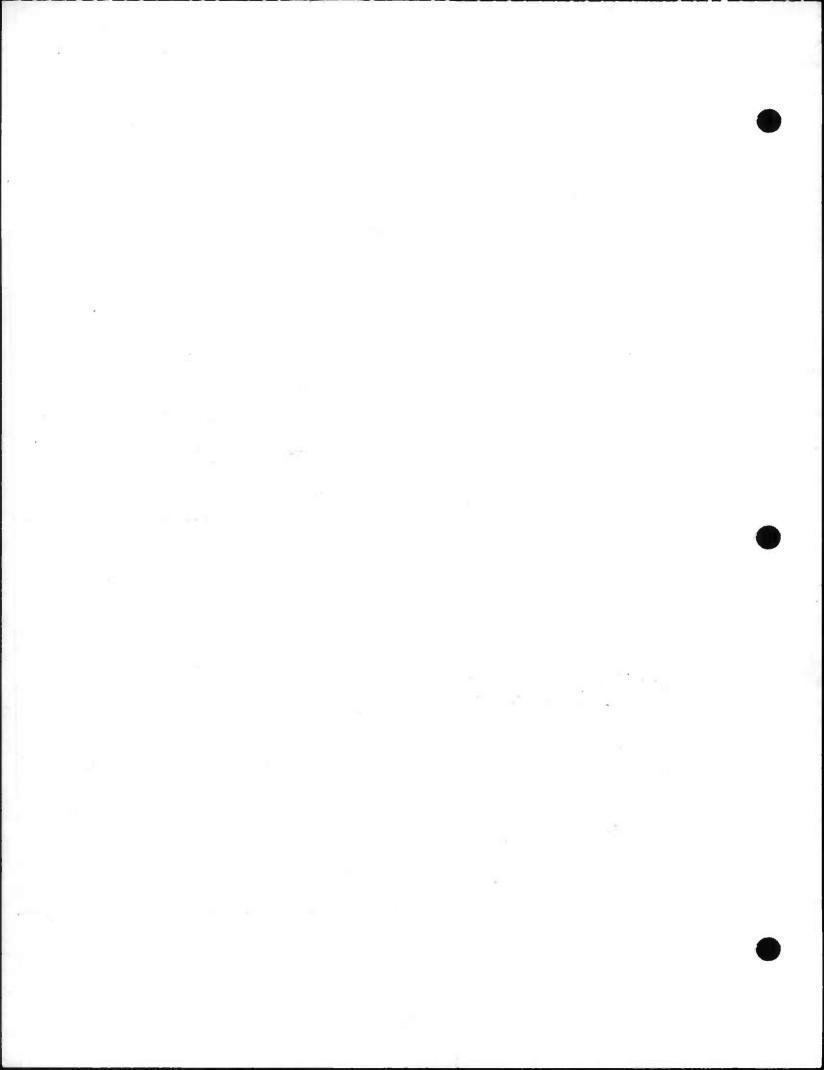
1 -

	١
0	
26	
ω	
9	
BOX 6876(
0	
œ	
0	
P.0.	
_	
RECORDS, I	
Ω	
œ	
0	
C	
ш	
α	
_	
⋖	
\vdash	
_	
10	
=	
DIVISION OF VITAL	
Z	
0	
20	
Ĕ	
2	

2. DATE OF DEATH MONTH 3. TIME OF DEATH ANTON 1550 1994 NOY 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In vrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year IF UNDER 1 YEAR IF UNDER 24 HRS. DAYS HOURS 1 🖵 M 2 🗌 F YRS 577-03-5489 Washington, D.C Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street 9b. CITY, TOWN OR LOCATION OF DEATH DIRECTOR Shady Grove Adventist Hospital Rockville Montgomery 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Florida Merritt Island Brevard 1 YES 2XX NO permit. FUNERAL 10e STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? completely filled in by the funeral director, page 5 should be detached for use as the burial-transit ial, cremation, or removal. 4316 Seagull Drive 32953 United States Page 6 may be retained by the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 TYES 2 THO IF YES, GIVE WAR OR DATES 11 MADITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Married If yes, specify Cuban, Maxican, Puerto Rice 1 YES 2XXNO Specify: BY Specify: 3 Wildowed 4 Divorced White 18e. DECEDENT'S USUAL OCCUPATION ETED 15. OECEDENT'S EDUCATION pecify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY (Spe Elamentary/Secondary (0-12) College (1-4 or 5 +) COMPL 12 Projectionist Movie Theater 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First Middle Maiden Sumama) at William H. Tracey BE Ella Caldwell notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 9 Robert M. 8 Templar Court, Rockville, Maryland pe 20a. METHOD OF DISPOSITION
1 & Burlel 2 Cremetion 3 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE must Donation 5 - Other (Specify) Brevard Memorial Park Sharpes, Florida 11/18/94 examiner BE FUNERAL SERVICE LICENS 21. SIGNATUS 22. NAME AND ADDRESS OF FACILITY Robert A. Pumphrey Funeral Home/Rockville, Inc. 300 West Montgomery M00803 Avenue, Rockville, Maryland 20850-2805 medicai 23. PART i. Enter the diseases, or complications that faused the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, shock, or heart failure. List only one cause on each line. Approximate **IMMEDIATE CAUSE (Final Onset and Death** the disease or condition EPSIS reaulting in death) traumatic event. RATED DIVERTICULUM 9 days bunal, CERTIFICATION and Sequentially list conditions, prior to b if any, leading to immediate signed by the attending physician Health and Mental Hygiene prior to cause. Enter UNDERLYING other t CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF) that initiated events reaulting in death) LAST 9 injury. PART ii. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 24a, WAS AN AUTOPSY MEDICAL PERFORMED? ONGESTIVE FEART any PITUITARIS 1 TYES 2 NO OF DEATH? 1 YES 2 NO certificate has been DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO [UNCERTAIN | PHYSICIAN: Oept. 23 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) item State OTHER: 1 TES 2 NO Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify) the 0 28c. INJURY AT NA 26d. DESCRIBE HOW INJURY OCCURED 27. MANNER OF DEATH 26s. DATE OF INJURY 26b. TIME OF INJURY this c marked, 1 Natural M 1 YES 2 NO IA BY Investigation death 2 Accident **OIRECTOR: After** 26e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 26f. LOCATION (Street and Number or Rural Route City or Town, State) 99 3 Sulcida COMPLETED Could not be hours after 28 4 Homicide N N ilem 29a. CERTIFIER CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. TO THE HOSPITAL OF THE FUNERAL OF BE filed within 72 h (Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occursd at the time, data and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER BE M.D 80 nes 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print) Lalitha Martyres, WEST MONSTON 32. REGISTRAR'S SIGNATURE whe Davidson Randall 6

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH



_	
\approx	
0	•
0	
10	
=	
Ò	1
-	
N	7
P.O. BOX 68760 BALTIMORE, MARYLAND 21215-0020	-
Ŧ	1
-	4
4	4
7	
~	-
4	į
D	3
Σ	1
	1
Ш	1
Œ	i
0	9
=	1
~	į
\vdash	ľ
_	4
4	-
m	1
	90
	1
	1
	ď
	Management of the Control of the Con
	á
0	4
9	-
-	1
8	3
9	1
\times	
0	1
m	90
	S.
o.	-
\simeq	the partificate he property debt
Δ.	4

DIVISION OF VITAL RECORDS,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within explorers after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND	MENTAL HYGIENE
CERTIFICATE OF DEATH	REG. NO.

	FOR 1 - STATE REGISTRAR	STATE OF MARYL		RTMENT OF I			IYGIENI	E			
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF	OEATH			3. TIME OF OEATH	
ì	RAE WH	ITE	TASH	OF .		NOV.	12.	199	YEAR	9:30 A M	
			yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF I	BIRTH		S. BIRTH	PLACE (State or Foreign	
	213-38-4799	1 D M 2 X F 9	YRS.	MONTHS DAYS	HOURS MIN.	Nov 1	ly, Year)	901	Countr	w Jersey	
	9e. FACILITY NAME (If not institution, give street	et and number)		9b. CITY, TOWN	OR LOCATION OF D		, ,	9c. COUN			
DIRECTOR	1316 Fenwick Lane	#815		Silve	Spring			Mor	ntgo	mery	
H	10e. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR LOCA	TION					10d. INSIDE CITY LIMITS?	
		omery		Silver	Spring					1 YES 2 X NO	
A	10e. STREET AND NUMBER	65		10	f. ZIP CODE			10g. CITIZ	ZEN OF W	VHAT COUNTRY?	
E I	1316 Fenwick Lane	#815			20910			Uni	ted	States	
FUNERAL		12. WAS DECEDENT EVER IN FORCES? 1 YES			ENDENT OF HISPA			or No-	14. RACE Black	— American Indian, c, White, etc.	
BY	1 Never Married 2 Married 3 XWidowed 4 Divorced	IF YES, GIVE WAR OR DA			2 X NO Speci		n, arc.,		Speci	ty:	
		Tion I								White	
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade co			WORK done during m		16b. KIN	IO OF BUS	INESS/IND	USTRY		
٦	Elementery/Secondary (0-12)	College (1-4 or 5+)				Our	Llom				
Ž	17. FATHER'S NAME (First, Middle, Last)	_4	Homemak	KEL			n Hom				
8		ما الله الله			16. MOTHER'S NA	AME (First, Middl	le, Maiden S	Surname)	1/-	6	
BE	Edward	White			Carrie					ufman	
2	19e. INFORMANT'S NAME (Type/Print)	(0 - 11)			and Number or Rural						
	Constance Bernton				rive, Be		Y				
	20e. METHOD OF DISPOSITION 1 X Burlel 2 Cremetion 3 Remove	al from State 20b.	PLACE AND DATE stery, crematory or o	OF DISPOSITION (Nother_place)	ame of	DATE	20c. LOC	CATION —	City or To	wn, State	
	4 Donetion 5 Other (Specify)		sh. Hebirev		tion Cemet		Was	shing	ton,	D.C.	
	21. SIGNATURE OF FOREHAL SERVICE LICER	1		Rapp	Funeral	Servio	es.	P.A.			
	with is.	euj	M00827		Gist Ave				. MD	20910	
	23. PART I. Enter the diseases, or con	mplications that caused	the deeth. Do	not enter the me	de of dying, suc	ch ae cerdiec	or respir	etory arm	et,	Approximate	
	shock, or haert failure. List IMMEDIATE CAUSE (Finel	at only one cause on as	ch lina.							Interval Between Onset and Death	
	disease or condition	Congestive	Hoort F	Coilumo	1 Year						
ł	reculting In death) a.	Congestive DUE TO (OR AS A	CONSEQUENCE O	F):						1 1cal	
z	Aortic Stenosis										
2	Sequentially list conditions, if any, leeding to immediate										
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury										
E	that initieted events	DUE TO (OR AS A	CONSEQUENCE O	F):							
E	resulting in deeth) LAST										
	PART ii. Other significent conditions	contributing to death be	it not requires	in the underlyi-	a course above !-	Part I	. WAS AN	ALITADON'	1	WEST AUTONOMICS	
PHYSICIAN: MEDICAL	Peripheral Vascul		it not recuting	in the underlyin	g cause given in	Part I. 24	PERFORI		24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	
ă	relipheral vascul	at Disease				1 [YES 2)Д но		OF DEATH?	
M										1 TYES 2 NO	
Ä	DID TOBACCO USE CONTRI				UNCERTAI	N 🗆					
5	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OSPITAL:	6. PLACE OF DEA	TH (Check only one, OTHER:							
YS		☐ inpatient 2 ☐ ER/Outpa		4 - Nursing Hor	ne 5X Reeldence						
품	27. MANNER OF DEATH 1 V Natural 5 Pending	(Month, Day, Year)	28b. TIN	JURY W	JURY AT DRK?	26d. DESCRI	BE HOW IN	JURY OCC	URED		
BY	2 Accident Investigation				YES 2 NO						
	3 Suicide 6 Could not be determined	28e. PLACE OF INJURY building, etc. (Speci	— At home, ferm,	street, fectory, offic	•	261. LOCATIO City or To	N (Street at wn, State)	nd Number	or Rural R	loute Number,	
	1 Homedo determined										
<u>-</u>	29e. CERTIFIER (Check only 1 CERTIFYING PHYSICIA	AN: To the best of my knowle	idge, death occurr	ed at the fime, dete	end piece, end due	to the cause(s) end men	ner ee state	ıd.		
COMPLETED	one) 2 MEDICAL EXAMINER:	On the basis of examination	end/or investigation	on, in my opinion,	leath occured at the	fime, date end	place, end	due to the	ceuse(e) end menner es stated.	
E C	296. SIGNATURE AND TULE OF CENTINER	4	0		29c. LICENSE NU	MBEH		29d. DATE	SIGNED	(Month, Day, Year)	
∞	Ve K. Hen	new la 1	M.D.		D21115				Nov.		
유	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEA	TH (ITEM 27) (Уре	Print)	541112					12, 1227	
	Lee R. Pennington.	M.D.		56	02 Shiel	ds Dr.	Beth	nesda	. МГ	20817	
	31. DATE FILED (Month, Day, Year)	32. AEGISTRAR'S SIGNA	TURE			,			,		
	NOV 1 4 1994	Julia Davidson	- Handell								

-	0
0	1
CA	
0	
0	ı
	;
'n	
-	
12	
-	
N	
\cap	*
=	1
Z	l.
-	
	4
ARYLA	
>	4
000	4
	п
MA	*
5	1
-	į
ш	
α	
$\overline{\alpha}$	1
0	
=	
2	1
-	ė
BALTIMO	f
1	4
-	1
<	7
$\mathbf{\alpha}$	1
	4
	- 1
1	
0	
0	A
760	Act
760	A
760	A
68760.	A
760	A
68760.	A
. BOX 68760.	A
. BOX 68760.	A
. BOX 68760.	A
. BOX 68760.	A
P.O. BOX 68760.	A
. BOX 68760.	the state of the same has been done

DIVISION OF VITAL RECORDS,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with hours after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit.
be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

					91,	35583
	1 - FOR STATE OF MARYLAND / CE	DEPARTMENT OF ERTIFICATE OF		MENTAL HYGIEN		
	1. DECEDENT'S NAME (First, Middle, Last)			2. DATE OF DEATN		3. TIME OF DEATN
	PATRICK WITT TAM TAYLOR			November		10:58 A M
1	PATRICK WITT TAM TAYLOR 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last		IF UNDER 24 HRS.	7. DATE OF BIRTH	0.1	BIRTNPLACE (State or Foreign
1	235-72-8245 1 M 2 D F	YRS. MONTHS DAYS	HOURS MIN.	(Month, Day, Year)		Country)
	9a. FACILITY NAME (If not institution, give street and number)	9b. CITY, TOWN	OR LOCATION OF D	2/27/194 EATN	9c. COUNTY	Vest Virginia
Œ	Mamandal Haradaal					
DIRECTOR	Memorial Hospital	Cumbe	erland		All	egany
Ĭ,	10e. STATE 10b. COUNTY	10c. CITY, TOWN OR LOCA	TION			10d. INSIDE CITY LIMITS?
<u>a</u>	WV Mineral County	Fort A	shby			1 YES 2 NO
AL	10e. STREET AND NUMBER		H. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
FUNERAL	P.O. Box 614		26719		V7	
S	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARI		CENDENT OF NISPA	NIC ORIGIN? (Specify Ya	or No- 14,	red States RACE — American Indien,
1	1 Never Merried 23 Married FORCES? 1 YES 2 N		pecify Cuban, Maxica S 2 NO Specif	in, Puerto Rican, etc.)		Black, White, etc. Specify:
ВУ	3 Wildowed 4 Divorced		X	,		White
COMPLETED		CEDENT'S USUAL OCCUPAT		18b. KIND OF BU	SINESS/INDUST	RY
		Do NOT use retired.)	w worning			
MP	12 A Max	ckating Pany	ecentati	C	redit (Company
Ö	17. FATNER'S NAME (First, Middle, Last)	weering webr	18. MOTHER'S NA	ME (First, Middle, Malden	Sumame)	
ш	George W. "Bill" Taylor 19a. INFORMANT'S NAME (Type/Print) 19b		Hele	n Coualin		
0 B	19e. INFORMANT'S NAME (Type/Print) 19b	. MAILING ADDRESS (Street			m, State, Zip Coo	(e)
F	Linda Bonner Taylor (wife)	P.O. Box 614	Fort A	shbv. WV	26719	
	201 METHOD OF DISPOSITION 200. PLACEA	ND DATE OF DISPOSITION (A			CATION — City	or Town, State
	The second secon	metory or other place) Rrendan Ce	metery	1/22/01/17	lleina	Mast Missississis
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	22. NAME /	metery IND ADDRESS OF FA	ICILITY 197	INITIES,	West Virginia
	X X M M S / Luc	Joh	n W. Loh	r-Barb-Van	ce Fune	eral Home
	23. PART I. Enter the diseases, or complications that caused the de-	120	First S	treet Elki	ns, WV	26241
	ahock, or haart failura. List only ona cause on each line.	atn. Up not antar the m	ode of dying, suc	th as cardiac or resp	iratory arrest,	Approximate Interval Between
1	IMMEDIATE CAUSE (Final disease or condition	100				Onset and Death
		C ARRO				
	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that influence or injury)	DUENCE OF):	1 (1	,	
NO	Sequentially list conditions, b. How C	Kig H legena	of Ally	1 Kympes.	T	
RTIFICATION	If any, laading to immediata cause. Enter UNDERLYING	DUENCE OF):	0/1	1	P	
3	CAUSE (Disease or injury	fu/minen	7 po	-16/ce-/5/	35 .	
E	that initiated events resulting in death) LAST	DUBNICE OF):	/			
CEH	d					
	PART II. Other significant conditions contributing to death but not re	asulting in the underlying	ng cause given in	Part I, 24s. WAS AN	AUTOPSY	24b. WERE AUTOPSY FINDINGS
S	Sell Hype trabecidenie	6 1: N	2.0	PERFO		AVAILABLE PRIOR TO COMPLETION OF CAUSE
0	The state of the s	- Cappian	- gray	118 yes	2 NO	OF DEATH?
Σ	DID TODA CCO HEE CONTRIBUTE TO CALIF	C OF BEATLE	<i></i>			YES 2 NO
Ž	DID TOBACCO USE CONTRIBUTE TO CAUS		res NC			
	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OTHER:	LACE OF DEATH (C)	eck only one)		
CIA	I IIGSFIIAL.		me 5 🗆 Realdenca	6 Other (Specify)		
YSICIAN: MEDICAL	1 TES 2 NO 1 Inpatient 2 ER/Outpatient 3				N III I OOCH IN	
PHYSICIA	1 YES 2 NO 1 Inpatient 2 ER/Outpatient 3 27. MANNER OF DEATN 28e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF 28c. IN	JURY AT ORK?	28d. DESCRIBE HOW	INJUNY OCCUM	ED
РНУ	1 YES 2 NO 1 Impattent 2 ER/Outpettent 3 27. MANNER OF DEATN 1 Netural 5 Pending 2 Accident Investigation	28b. TIME OF 18c. IN W	ORK? YES 2 NO	28d. DESCRIBE HOW	INJURY OCCUR	ED
ву рну	1 YES 2 NO 27. MANNER OF DEATN 1 Netural 5 Pending Investigation 2 Accident Suicide S Could not be Could	28b. TIME OF 18c. IN W	ORK? YES 2 NO	28d. DESCRIBE HOW 28t. LOCATION (Street City or Town, Stete	and Number or F	
ву рну	1 YES 2 NO 27. MANNER OF DEATN 1 Netural 5 Pending Investigation 2 Accident Investigation 3 Suicide 8 Could not be determined 28e. PLACE OF INJURY (Month, Dey, Year) 28e. PLACE OF INJURY — At hor building, etc. (Specify)	28b. TIME OF 18c. IN W	ORK? YES 2 NO	28t. LOCATION (Street	and Number or F	
ву рну	1 YES 2 NO 1 Inpatient 2 ER/Outpatient 3 27. MANNER OF DEATN 1 Netural 5 Pending Investigation 2 Accident Investigation 3 Suicide 8 Could not be determined 29e. CERTIFIER (Check only 1 CERTIFYING PNYSICIAN: To the best of my knowledge, decident)	28b. TIME OF INJURY M 1 me, term, street, factory, offi	ORK? YES 2 NO	281. LOCATION (Street City or Town, State	and Number or F	
ву рну	1 YES 2 NO 27. MANNER OF DEATN 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined 1 Nomicide Servicies No.	28b. TIME OF INJURY M 1 me, term, street, factory, offi	ORK? YES 2 NO ce	281. LOCATION (Street City or Town, Stete	and Number or F	tural Route Number,
COMPLETED BY PHY	1 YES 2 NO 27. MANNER OF DEATN 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined 29s. CERTIFIER (Check only Check only No. 1) CERTIFYING PNYSICIAN: To the best of my knowledge, derivation of the could not be determined.	28b. TIME OF INJURY M 1 me, term, street, factory, offi	ORK? YES 2 NO ce e and place, and due death occured at the	281. LOCATION (Street City or Town, Stete to the cause(a) end ma time, data and place, as	and Number or F	iural Route Number, use(a) and manner as stated.
BE COMPLETED BY PHY	1 YES 2 NO 1 Inpatient 2 ER/Outpetlent 3 27. MANNER OF DEATN 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined 29s. CERTIFIER (Check only 000) 2 MEDICAL EXAMINER: On the basis of examination and/or in	28b. TIME OF INJURY M 1 me, term, street, factory, offi	ORK? YES 2 NO Ce e and place, and dudeath occured at the	28t. LOCATION (Street City or Town, Stete to the cause(a) end ma time, data and place, at MBER	and Number or F	tural Route Number,
E COMPLETED BY PHY	1 YES 2 NO 1 Inpatient 2 ER/Outpetlent 3 27. MANNER OF DEATN 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined 29s. CERTIFIER (Check only 000) 2 MEDICAL EXAMINER: On the basis of examination and/or in	28b. TIME OF INJURY M 1 me, term, street, factory, officeth occurred at the time, definitivestigation, in my opinion,	ORK? YES 2 NO ce e and place, and due death occured at the	28t. LOCATION (Street City or Town, Stete to the cause(a) end ma time, data and place, at MBER	and Number or F	iural Route Number, use(a) and manner as stated.

517 Oldtown Road Cumberland MD

BALTIMORE, MARYLAND 21215-0020 for death. Page 6 may be retained by the hospital or attending physician. The furneral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

)	9	용		i
	300	dire		
,	9	Te l		1
	leat	fun		20.70
ì	D Je	the	3	-
	A.	6	E.	1
	OULS	=), re	90
	4	illed	Ë,	9
	10	J.	atio	4
	Mil.	plete	rem	en.
	8	mo:	ä	5
	BCUT	B	pnu	÷
	8	20	2	8
1	A	sicia	rior	1
	Fcat	A de	90	9
	erti	Bu	gie.	4
	th	end	Í	è
	dea	att.	erita	3
	the	#	∑ P	in i
	hat	5	an	200
	1 50	gne	Hatt.	
	quin	n Si	운	3
	/ re	pee	1.0	4
	200	las	9	22
	Ě	te 1	ate	8
	Š	ifica	S	21 4
	Sic	Cert	Ě	•
	¥	his	ŧ	Pas
	G P	ler t	=	900
	Š	A	de	9
	TEN	10R	after	80
	1 AT	JEC.	5	E
	Ö	5	፩	8
	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	(MDOSTANT: if fem 29 is marked or item 22 shows any injury or other transmits avent the marked eventues mus
	98	JNE	i.	1
	EH	E FI	* P	1
	E	E	file	P
	2	2	2	3

	1 - STATE REGISTRAR	SIAIE UF	MARTLAND /		ICATI				MENTAL	REG. NO			
6	1. DECEDENT'S NAME (First, Middle, La	st)				1			2. DATE C	F DEATH		WEAR	3. TIME OF DEATH
	CAROLYN		LOUISE			4152			MONTH DAY			94	0400 "
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. las		IF UNDER	DAYS	IF UNDER	24 HRS.	7. DATE 0 (Month,	F BIRTH Day, Year)		Count	IPLACE (State or Foreign
	218–16–8740	1 🗌 M 2 💢 F	66	YRS.						23,	1928		ryland
œ	9a. FACILITY NAME (If not institution, git PENINSULA REGIO		ו רבאייביו	D		LISI	R LOCATI	ON OF DE	EATH			INTY OF D	
DIRECTOR	RESIDENCE OF DECEDENT		TENTE		3,5	4TT21	DUKI				W.	I COM	.00
I W	10a. STATE 10b. COU	NTY		10c. CIT	Y, TOWN	OR LOCAT	ION						10d, INSIDE CITY
	Maryland	Somerset				Cri	sfie	1d					1 N YES 2 NO
ERAL	100. STREET AND NUMBER 5 Standard Aven	ue				101	, ZIP COD	2181	7		10g. CIT		VHAT COUNTRY? S.A.
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Divorced	FORCES?	NT EVER IN U.S. AR	MED (O		If yes, spe	ENDENT Cockers Could be 2 X NO	n, Mexica	IIC ORIGIN? n, Puerto Ri y:	(Specify Ye- can, etc.)	s or No-	14. RACI Black Speci	E — American Indian, k, White, etc.
03	15. DECEDENT'S E	DUCATION			USUAL O				16b.	KIND OF BU	SINESS/IN	DUSTRY	
Ē	(Specify only highest gr Elementary/Secondary (0-12)	College (1-4 or 5	Man	No NOT u	work done se retired.)	during mo	st of working	ng					
COMPLETED	Grade 5		- Se	eamst	ress					Clo	thin	g	
8	17. FATHER'S NAME (First, Middle, Last)								ME (First, Mi		Surname)		
BE	John W. Hickman		1						e Enr				
TO BE COM	William H. Tyle	r. Jr (H							Crisf			218	17
	20s. METHOD OF DISPOSITION		20b. PLACEA	_		-			DATE	7	CATION -		
	1 X Buriel 2 Cremation 3 R 4 Donation 5 Other (Specify)	emoval from State	Sunnyr	matory or o	ther place)	oria	1 Pa	rk-1	1/20/	′ 94			d, MD
exammer must	21. SIGNATURE OF TUNEBAL SERVICE		///	1	22.	NAME AN	D ADDRE	SS OF FA			Hom		
a year	Robert H. B	radshaw. G	ræug						it. –				21817
ION	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):												
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	USE. Enter UNDERLYING USE (Disease or Injury at Initiated events DUE TO (OR AS A CONSEQUENCE OF):											
		d											
MEDICAL	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PREFORMED? 1 VES 2 NO 24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATN?										AMAILABLE PRIOR TO COMPLETION OF CAUSE		
ż									_				The state of the s
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	ER/Outpatient 3	□ 00A	OTHE	R:			eck only one			_	
Η̈́	27. MANNER OF DEATH	28a. DATE O	FINJURY	26b. TIN	E OF	28c. INJ	URY AT	sidence	6 Other	(Specify)	INJURY OC	CUREO	
ВУ Р	1 Natural 5 Pending 2 Accident Investigation		Day, Year)	IN.	JURY M		RK? 'ES 2 [] NO					
	3 Suicide 8 Could not determined	building	OF INJURY — At hor, etc. (Specify)	me, ferm,	street, fac	tory, office				FION (Street Town, State)		or Or Rural I	Route Number,
COMPLETED		YSICIAN: To the best o) end menner as stated.
BEC	296. SIGNATURE AND THE OF CERTI	FIER	100.					ENSE NUM			29d. DA	TE SIGNEO	(Month, Day, Year)
0	XIm	1	105	9					209			11/	17/94
	30. NAME AND ADDRESS OF PERSON	LEAN, M	SE OF DEATH (ITER	4 27) (Type	MIL.	FOR.	0 3	57.	50.	1.15/34	14	mo	2180)
	31. DATE FILED (Month, Day, Year) NOV2 1 1994	James Wants	AR'S SURATURE										

FOR STATE

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT; it item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

_	HEGISTRAR			CENTI	FICE	ALE OF	DEA	П		REG. NO).				
	1. DECEDENT'S NAME (First, Middle, La	st)							ATE OF DEATH	DAY	меле	3. TIME OF DEATH			
1	JOHN	AEI.	EL TWARDO			CVT		1 22	OV 19	199	YEAR	1:06P M			
	4. SOCIAL SECURITY NUMBER	5. \$EX		yrs. last birthday		INDER 1 YEAR	IF UNDER	1 24 HRS.	7. D	ATE OF BIRTH	199		HPLACE (State or Foreign		
	159-48-6708	1 X] M 2 ∏ F	38	8 yrs.	MONT	THS DAYS	HOURS	MIN.		Aonth, Day, Year)	1056	Count	try)		
	9a. FACILITY NAME (If not institution, gir			-		OWN OR LOCATION OF DEA			pt. 28,		956 Pennsylvania				
~															
DIRECTOR	748 Bethel ro			Chesar	eake	Cit	У		C	ECII	1				
5	RESIDENCE OF DECEDENT	AFTV		1 10 0									_		
2						WN OR LOCA							10d. INSIDE CITY LIMITS?		
	Maryland Cec	11		U.	nesa	apeake	CIE	У					1 - YES 2 X NO		
A	10e. STREET AND NUMBER			10	1. ZIP COD				10g. CIT	IZEN OF	WHAT COUNTRY?				
FUNERAL	748 Bethel Road					-	2191	5			U.S	.A.			
3	11. MARITAL STATUS	12. WAS DECEDEN			\neg	13. WAS DEC	CENDENT (OF HISPAI	NIC OR	IGIN? (Specify Ye	s or No-	14. RAC	E — American Indian.		
	1 Never Married 2 Married	FORCES? 1	X YES	2 NO		If yea, ap	ecity Cubi	in, Maxica	in, Pua	rto Rican, etc.)			k, White, atc.		
B	3 Widowed 4 Divorced	Vietn	am	123	1	1 1 1 1	Z K NO	Specin	y:			Spec	White		
	15. DECEDENT'S E	DUCATION		16a. DECEDENT	's USU/	AL OCCUPATION	DN			16b, KIND OF BU	ISINESS/IN	DUSTRY			
COMPLETED	(Specify only highest gr			(Give kind o	f work d	lone during mo	ost of working	ng							
2	Elementary/Secondary (0-12)	College (1-4 or 5 +	'	Carper						Constr	notio	m			
2	17. FATHER'S NAME (First, Middle, Last)			- our per	11.6.6.1							711			
8		Twardowsl	, i				16. MOT			rsi, Middle, Maider					
BE		IWAI GOWSI	VI.						GIO	oria Fi	gurel	le			
2	19a. INFORMANT'S NAME (Type/Print)			19b. MAILIN	IG ADD	RESS (Street	and Number	or Rural	Route I	Number, City or To	vn, State, Zi	p Code)			
F	Gloria Twardows	ki		3116	Bet	thel F	load	 Bo 	otl	nwyn, P	A 19	061			
	20a. METHOD OF DISPOSITION		20b F	PLACE AND DAT	FOFDIS	POSITION /N	eme of		7.0	AT 2 6 20c. L	OCATION -	City or To	owo State		
	20a. METHOD OF DISPOSITION 1 \(\tilde{\Delta} \) Burial 2 \(\tilde{\Delta} \) Cremation 3 \(\tilde{\Delta} \) R 4 \(\tilde{\Delta} \) Donation 5 \(\tilde{\Delta} \) Other (Specify) \(\tilde{\Delta} \)	emoval from State		wn Cro											
- 1	21. SIGNATURE OF FUNERAL SERVICE	LICENSEE		WII OLO.	1								nnsylvania		
1		LICENSEE			22 NAME AND ADDRESS OF FACILITY Hicks Home for Funerals, P.A.										
	Donud	1 8 H	i. h.		103 West Stockton Street										
	23. PART I. Enter the diseeses.	or complications the	ceused	the deeth. Do	not e	nter the mo	on M	ing euc	h == (2.1 - 5 5 2 1	dretory e	rent	Anarovimete		
- 1	23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdisc or reepiratory arrest, shock, or heart fellure. List only one cause on each line. Approximate Interval Between														
	IMMEDIATE CAUSE (Final												Inferval between		
ŀ		Λ.	,										Onset and Desth		
	disease or condition	ANTON	hs l	hoho		2-2	7 ~)	vul	کی (- 236	ecre	8			
		S. DUE TO	OR AS A	CONSEQUENCE	OF):	60°	Da	scul	las	236	ce	8			
z	disease or condition resulting in death)	s. Ata	OR AS A	CONSEQUENCE	OF):	co di	Da	scul	las	230	ce	8			
NOI	disease or condition resulting in death) Sequentially list conditions,	b		CONSEQUENCE	J. j.	Past.	Da	xul)as	- Q-3e	ce	8			
ATION	disease or condition resulting in death) Sequentially list conditione, if any, leading to immediate cause. Enter UNDERLYING	b			J. j.	200	Da	scul	las	- 230	cas	8			
FICATION	Sequentially list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	DUE TO	(OR AS A C	CONSEQUENCE	OF):	Po Di	Da	scul)as	230	cre	8			
TIFICATION	disease or condition resulting in death) Sequentially list conditione, if any, leading to immediate cause. Enter UNDERLYING	DUE TO	(OR AS A C		OF):	2001	De	scul	las	- 230	ac ac	8			
SERTIFICATION	Sequentially list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initisted events	DUE TO	(OR AS A C	CONSEQUENCE	OF):	2000	Da	scul	las	230	cos	8			
L CERTIFICATION	Sequentially list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	b	(OR AS A C	CONSEQUENCE	OF):								Onset and Death		
CAL CERTIFICATION	Sequentially list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initisted events	b	(OR AS A C	CONSEQUENCE	OF):					l. 24a. WAS Al			Onset and Death Onset and Death Onset and Death		
DICAL CERTIFICATION	Sequentially list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	b	(OR AS A C	CONSEQUENCE	OF):					l. 24a. WAS Al	N AUTOPSY RMED?		Onset and Death		
EDICAL	Sequentially list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	b	(OR AS A C	CONSEQUENCE	OF):					. 24a. WAS AI	N AUTOPSY RMED?		Onset and Death Do. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE		
MEDICAL	Sequentially list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	b. DUE TO c. DUE TO d. ons contributing to	(OR AS A C	CONSEQUENCE CONSEQUENCE	OF): OF):	e underiyin	g ceuse (given in	Part I	24s. WAS AI PERFO 1 APVES	N AUTOPSY RMED?		Onset and Death Do. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
MEDICAL	Sequentially list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significent condit DID TOBACCO USE CON 25. WAS CASE REFERRED TO MEDICAL	b. DUE TO c. DUE TO d. ons contributing to	(OR AS A C	CONSEQUENCE CONSEQUENCE	OF): OF):	e underlyln	g ceuse (given in	Part I	24s. WAS AI PERFO 1 APVES	N AUTOPSY RMED?		Onset and Death Do. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
MEDICAL	Sequentially list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significent condit DID TOBACCO USE CON 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	DUE TO C. DUE TO d	(OR AS A C	CONSEQUENCE t not resulting DEATH C. PLACE OF DE	OF): OF):	e underlyln NO [neck only one) HER:	g ceuse o	given in	Part I	24a. WAS AI PERFO	N AUTOPSY RMED?		Onset and Death Do. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
MEDICAL	Sequentially list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significent condit DID TOBACCO USE CON 25. WAS CASE REFERRED TO MEDICAL	DUE TO C. DUE TO d	(OR AS A C	CONSEQUENCE t not resulting DEATH 6. PLACE OF DE	OF): OF):	e underlyin NO [neck only one) HER: Nursing Hon	g ceuse (given in	Part I	24a. WAS AI PERFO 1 DYYES Other (Specify)	N AUTOPSY RMED? 2 NO	24b	Onset and Death Do. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
PHYSICIAN: MEDICAL	Sequentially list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significent condit DID TOBACCO USE CON 25. WAS CASE REFERRED TO MEDICAL EXAMINER? **YES 2 \sum NO	DUE TO C. DUE TO d	(OR AS A CO	CONSEQUENCE t not resulting DEATH B. PLACE OF DE thent 3 □ DOA	OF): OF):	NO Concect only one) MER: Nursing Hon 28c. IN. WK	g ceuse (UNC	given in	Part I	24a. WAS AI PERFO	N AUTOPSY RMED? 2 NO	24b	Onset and Death Do. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significent condit DID TOBACCO USE CON 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1. YEY YES 2 NO 27. MANNER OF DEATH	DUE TO c. DUE TO d	(OR AS A CO	CONSEQUENCE t not resulting DEATH 6. PLACE OF DE 1 DOA 28b. Ti	OF): OF):	NO Check only one) MER: Nursing Hon 28c. IN. WC 1	g ceuse (UNC 10 5 S RI JURY AT PRES 2	given in	Part I	24a. WAS AI PERFO 1 DYYES Other (Specify)	N AUTOPSY RMED? 2 NO	24b	Onset and Death Do. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
BY PHYSICIAN: MEDICAL	Sequentially list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significent condit DID TOBACCO USE CON 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1. Natural 5 Pending Investigation 1 Pending Investigation 2 Pending Investigation 3 Suicide 6 Could not 1	DUE TO c. DUE TO d	(OR AS A CO	CONSEQUENCE CONSEQUENCE t not resulting DEATH 6. PLACE OF DE tlent 3 □ DOA 28b. Till At home, farm	OF): OF):	NO Check only one) MER: Nursing Hon 28c. IN. WC 1	g ceuse (UNC 10 5 S RI JURY AT PRES 2	given in	Part	24a. WAS AI PERFO 1 A YES Describe How	N AUTOPSY RMEO? 2 NO INJURY OC	24b	Onset and Death Description of Cause of Death? 1 YES 2 NO		
BY PHYSICIAN: MEDICAL	Sequentially list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significent condit DID TOBACCO USE CON 25. WAS CASE REFERRED TO MEDICAL EXAMINER? YES 2 NO 27. MANNER OF DEATH Natural 5 Pending Investigation	DUE TO c. DUE TO d	(OR AS A CO	CONSEQUENCE CONSEQUENCE t not resulting DEATH 6. PLACE OF DE tlent 3 □ DOA 28b. Till At home, farm	OF): OF):	NO Check only one) MER: Nursing Hon 28c. IN. WC 1	g ceuse (UNC 10 5 S RI JURY AT PRES 2	given in	Part	24a. WAS AI PERFO 1 DY'VES Other (Specify) DESCRIBE HOW	N AUTOPSY RMEO? 2 NO INJURY OC	24b	Onset and Death Description of Cause of Death? 1 YES 2 NO		
BY PHYSICIAN: MEDICAL	Sequentially list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significent condit DID TOBACCO USE CON 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 Netural 5 Pending Investigation 1 Netural 5 Pending Investigation 1 Netural 5 Pending Investigation 1 Netural 5 Pending Investigation 1 Netural 5 Pending Investigation 1 Netural 5 Pending Investigation 1 Netural 5 Pending Investigation 1 Netural 1 Netural 5 Pending Investigation 1 Netural 1 Netural 1 Netural 1 Pending Investigation 1 Netural 2 Pending Investigation 1 Netural 2 Pending Investigation 2 Pending Investig	DUE TO c. DUE TO d	(OR AS A CO	CONSEQUENCE CONSEQUENCE t not resulting DEATH 6. PLACE OF DE tient 3 □ DOA 28b. Ti	OF): OF):	e underlyIn NO [neck only one) HER: Nursing Hon 28c. IN. 1 [1 actory, office	UNC	CERTAII	Part	24a. WAS AI PERFO 1 A YES Other (Specify) DESCRIBE HOW LOCATION (Street	N AUTOPSY RMED? 2 NO INJURY OC and Numbe	24E CCURED	Onset and Death Description of Cause of Death? 1 YES 2 NO		
BY PHYSICIAN: MEDICAL	Sequentially list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significent condit DID TOBACCO USE CON 25. WAS CASE REFERRED TO MEDICAL EXAMINER? YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigatic Suicide 6 Could not detarmined 29a. CERTIFIER (Check only) 1 CERTIFYING PH	DUE TO C. DUE TO d	(OR AS A CO	CONSEQUENCE CONSEQUENCE t not resulting DEATH 6. PLACE OF DE them 3 DOA 28b. Ti	OF): OF):	e underlyin NO	UNC De 5 Rainury AT Jak? YES 2 a	CERTAII	Part	Describe How Cause(a) and mar	N AUTOPSY RMED? 2 NO INJURY OC and Numbe)	24b	Onset and Death Do. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
BY PHYSICIAN: MEDICAL	Sequentially list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significent condit DID TOBACCO USE CON 25. WAS CASE REFERRED TO MEDICAL EXAMINER? YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigatic Suicide 6 Could not detarmined 29a. CERTIFIER (Check only) 1 CERTIFYING PH	DUE TO C. DUE TO d	(OR AS A CO	CONSEQUENCE CONSEQUENCE t not resulting DEATH 6. PLACE OF DE them 3 DOA 28b. Ti	OF): OF):	e underlyin NO	UNC De 5 Rainury AT Jak? YES 2 a	CERTAII	Part	Describe How Cause(a) and mar	N AUTOPSY RMED? 2 NO INJURY OC and Numbe)	24b	Onset and Death Description of Cause of Death? 1 YES 2 NO		
COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significent condit DID TOBACCO USE CON 25. WAS CASE REFERRED TO MEDICAL EXAMINER? YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigatic Suicide 6 Could not detarmined 29a. CERTIFIER (Check only) 1 CERTIFYING PH	DUE TO c. DUE TO d	(OR AS A CO	CONSEQUENCE CONSEQUENCE t not resulting DEATH 6. PLACE OF DE them 3 DOA 28b. Ti	OF): OF):	e underlyin NO	UNC	CERTAII	Part	Describe How Cause(a) and mar	N AUTOPSY RMED? 2 NO INJURY OC and Numbe)	24b	Onset and Death Do. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
BE COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE, (Disease or Injury that initiated events resulting in death) LAST PART II. Other significent condit DID TOBACCO USE CON 25. WAS CASE REFERRED TO MEDICAL EXAMINER? YES 2 NO 27. MANNER OF DEATH Natural 5 Pending Investigated 3 Suicide 6 Could not detarmined 29a. CERTIFIER (Check only one) MEDICAL EXAMINER OF DEATH 1 CERTIFYING PH 2 MEDICAL EXAMINER OF DEATH 1 CERTIFYING PH 2 MEDICAL EXAMINER OF DEATH 1 CERTIFYING PH 2 MEDICAL EXAMINER OF DEATH 1 CERTIFYING PH 2 MEDICAL EXAMINED CALL EXAMINER OF DEATH 1 CERTIFYING PH 2 MEDICAL EXAMINED CALL EXAMINED	DUE TO c. DUE TO d	(OR AS A CO	CONSEQUENCE CONSEQUENCE t not resulting DEATH 6. PLACE OF DE them 3 DOA 28b. Ti	OF): OF):	e underlyin NO	UNC JUNC TAII Baldence NO and dualed at the	Part I	24a. WAS AL PERFO 1 XYES Other (Specify) DESCRIBE HOW LOCATION (Street City or Town, State cause(a) and ma deta and placa, a	N AUTOPSY RMED? 2 NO INJURY OC and Number inner as ata	24b	Onset and Desth Do. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Route Number, a) and manner as stated. D (Month, Day, Year)			
COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significent condit DID TOBACCO USE CON 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 Natural 5 Pending Investigation of Could not detarmined to the Could not detarmined to the Could not of t	DUE TO c. DUE TO d	(OR AS A CO	CONSEQUENCE CONSEQUENCE t not resulting DEATH 6. PLACE OF DE tlent 3 □ DOA 28b. Till At home, farm y) dge, death occu	OF): OF): OF): (ES [ATH (CIT A	Pool only one) MER: Nursing Hon 28c. IN. WC 1 tactory, office the time, data	UNC JUNC RTAII	Part I	24a. WAS AL PERFO 1 XYES Other (Specify) DESCRIBE HOW LOCATION (Street City or Town, State cause(a) and ma deta and placa, a	N AUTOPSY RMED? 2 NO INJURY OC and Number inner as ata	24b	Onset and Desth Do. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Route Number,			
BE COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significent condit DID TOBACCO USE CON 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 Natural 5 Pending Investigation of Could not detarmined to the Could not detarmined to the Could not of t	DUE TO c. DUE TO d	(OR AS A CO	CONSEQUENCE CONSEQUENCE t not resulting DEATH 6. PLACE OF DE tient 3 □ DOA 28b. Ti II dge, death occu and/or investiget	OF): OF):	e underlyin NO [Deck only one) HER: Nursing Hon 28c. IN. 1 [1 tactory, office the time, date my opinion, co	UNC De 5 STRI BURY AT PKS 2 B and place death occur 29c. LICI O .	CERTAII asidence NO and due and at the ENSE NUE C. M	Part I	Describe How Coly or Town, State Cause(s) and middeta and placa, a	INJURY OC and Number inner as ata d dua to t 29d. DA	24b CCURED or or Rural sted. the cause(TE SIGNED) V 2	Onset and Desth		
BE COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significent condit DID TOBACCO USE CON 25. WAS CASE REFERRED TO MEDICAL EXAMINER? TYPES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation of detarmined detarmined 29a. CERTIFIER (Check only one) 29a. Signature and Title OF CERTIFIER Check only one)	DUE TO C. DUE TO d	(OR AS A CO	CONSEQUENCE CONSEQUENCE It not resulting DEATH 6. PLACE OF DE them 3 □ DOA 28b. Ti II dge, death occu and/or investiger TH (ITEM 27) (Ty)	OF): OF): OF): (ES [OT] 4 OT] 4 OT] 4 Tred at titlon, in St	e underlyin NO [Deck only one) HER: Nursing Hon 28c. IN. 1 [1 tactory, office the time, date my opinion, co	UNC De 5 STRI BURY AT PKS 2 B and place death occur 29c. LICI O .	CERTAII asidence NO and due and at the ENSE NUE C. M	Part I	Describe How Coly or Town, State Cause(s) and middeta and placa, a	INJURY OC and Number inner as ata d dua to to 29d. DA	24b CCURED or or Rural sted. the cause(TE SIGNED) V 2	Onset and Desth Do. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Route Number, a) and manner as stated. D (Month, Day, Year)		
BE COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significent condit DID TOBACCO USE CON 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 Natural 5 Pending Investigation of Could not detarmined to the Could not detarmined to the Could not of t	DUE TO C. DUE TO d	(OR AS A CO	CONSEQUENCE CONSEQUENCE t not resulting DEATH 6. PLACE OF DE tient 3 □ DOA 28b. Ti II dge, death occu and/or investiget	OF): OF): OF): (ES [OT] 4 OT] 4 OT] 4 Tred at titlon, in St	e underlyin NO [Deck only one) HER: Nursing Hon 28c. IN. 1 [1 tactory, office the time, date my opinion, co	UNC De 5 STRI BURY AT PKS 2 B and place death occur 29c. LICI O .	CERTAII asidence NO and due and at the ENSE NUE C. M	Part I	Describe How Coly or Town, State Cause(s) and middeta and placa, a	INJURY OC and Number inner as ata d dua to to 29d. DA	24b CCURED or or Rural sted. the cause(TE SIGNED) V 2	Onset and Desth		

12 +1VA DHMH-18 Rev 1/89

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

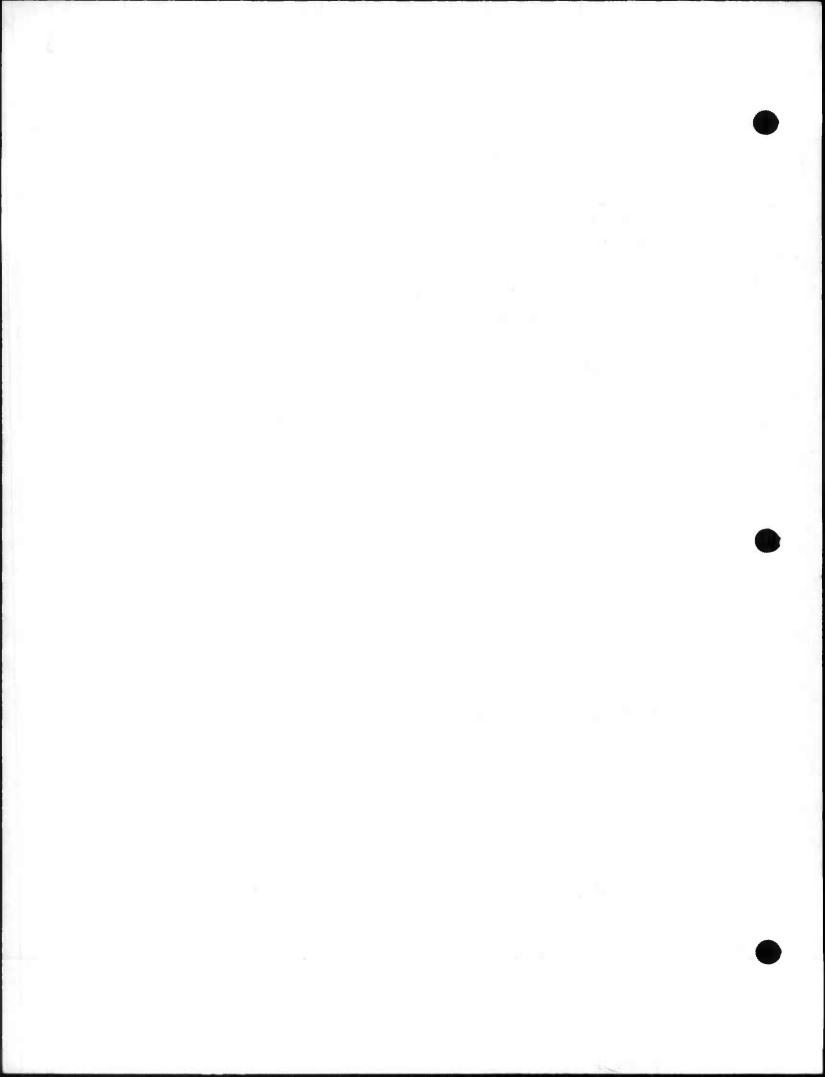
_	
١	
l	
	-
	-
	1
	1
	-
	1
	-
	1
ſ	

THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the feath. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

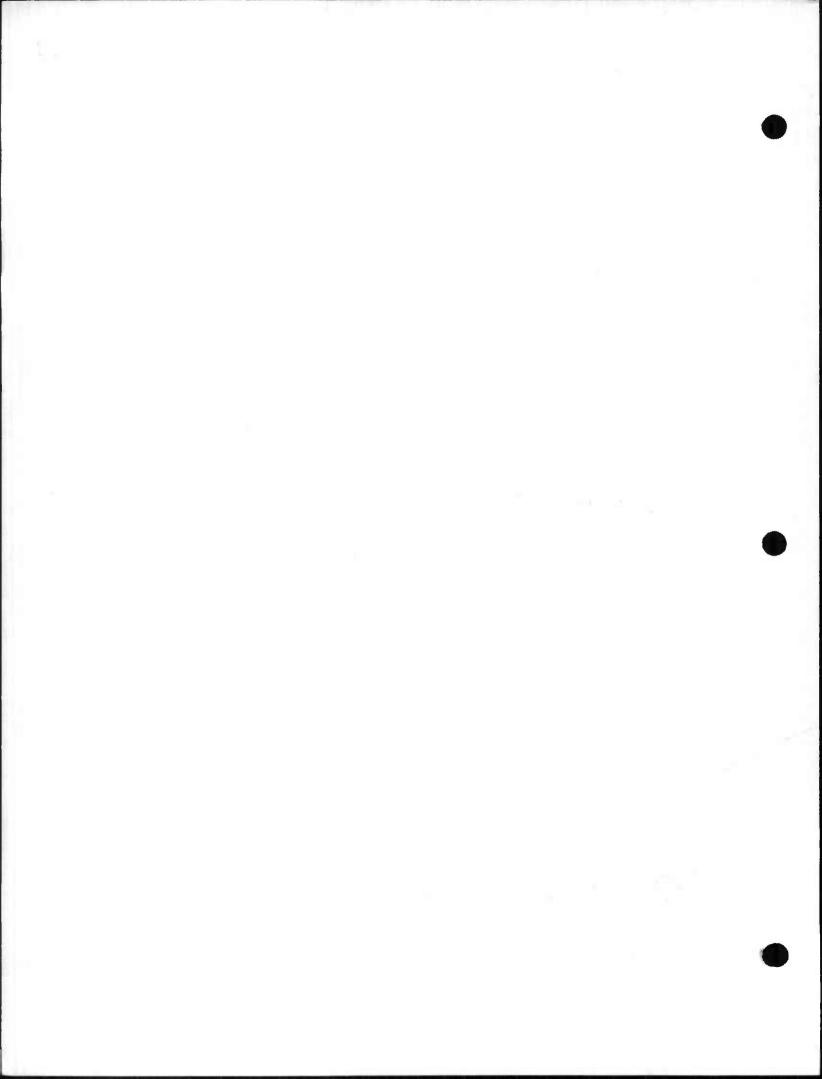
	1 - FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPART	MENT OF H	EALTH AND I	MENTAL HYGIE						
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH			3. TIME OF DEA	тн		
	RHO	DA E. THOM	PSON			NOVEMBER	DAY	994	11:46	19-M		
	The second secon	5. SEX 6. AGE (In	7. DATE OF BIRTH			PLACE (State or F	oreign					
	230-07-7165 9e. FACILITY NAME (If not institution, give stre		78 YAS.	DAYS DAYS	HOURS MIN.	MARCH 13		NOR	TH CARO	LINA		
TOR	LAUREL REGIONAL HO	LAUREL REGIONAL HOSPITAL LAUREL										
DIRECTOR		PRINCE GEORGE		10d. INSIDE CITY LIMITS? 1 XXYES 2 \(\text{NO.} \) NO								
	10e. STREET AND NUMBER			SVILLE	ZIP CODE		10g. CIT	IZEN OF W	HAT COUNTRY?	,		
FUNERAL	11427 CHERRY HILL	ROAD			20705			U.S.	Α.			
5	11. MARITAL STATUS	12. WAS DECEDENT EVER IN I	U.S. ARMED			NIC ORIGIN? (Specify	Yee or No-		- American Ind	len,		
ВУ Б	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 TYES			2 X Mo Specifi	in, Puerto Rican, atc.)		Specif	, White, etc.			
									BLACK			
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade of	ompleted)	16e. DECEDENT'S U (Give kind of wo life. Do NOT use	rk done durina mo		16b. KIND OF I	BUSINESS/IN	DUSTRY				
٦	Elementary/Secondary (0-12)	College (1-4 or 5 +)	HOME MA			D	RIVATE	3				
N N	17. FATHER'S NAME (First, Middle, Last)		HOPE PE	TEN .				<u>.</u>				
ö	GEORGE BRANDON					ME (First, Middle, Maid ES JONES	en Sumeme)					
BE	19e. INFORMANT'S NAME (Type/Print)		10h MAII INC A	DDDECC (Communication)		Route Number, City or 1						
2	OSCAR L. THOMPSON	(HUSBAND)	1						20705			
	20a, METHOD OF DISPOSITION					AD; BELTS						
-	20a. METHOD OF DISPOSITION Specify Date											
	21. SIGNATURE OF TUNERAL SERVICE LICE		INI LINCO	22. NAME AL	D ADDRESS OF FA	CILITY				-		
	· Delva	In Jerry	Kers	JOHNS	ON & JEI	NKINS FUN STREET, N		HOME,				
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest.											
	shock, or heert feliure. Liet only one cause on each line. IMMEDIATE CAUSE (Finel											
	disease or condition resulting in death)	r condition										
	resulting in death)	DUE TO (OR AS A	CONSEQUENCE OF):	1								
z	Metastata lung Carcas											
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate	DUE TO (OR AS A C	CONSEQUENCE OF):		2	110						
2	cause. Enter UNDERLYING CAUSE (Disease or injury											
	that initiated evente DUE TO (OR AS A CONSEQUENCE OF):											
9	d.											
AL (PART II. Other aignificant conditions	contributing to death but	t not reaulting in	the underlying	cause given in		AN AUTOPSY	24b.	WERE AUTOPSY F			
5						t YES	ORMED?		AVAILABLE PRIOR COMPLETION OF			
								- 1	OF DEATH?	NO		
=	DID TOBACCO USE C	ONTRIBUTE TO	CAUSE OF	DEATH Y	ES NO							
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			26. PL	ACE OF DEATH (Ch	eck only one)						
SIC	7 - 100 - 100	HOSPITAL: 1 Inpatient 2 ER/Outpat		OTHER:	5 🗌 Reeldence	6 Other (Specify)						
¥	27. MANNER OF DEATH	28s. DATE OF INJURY	28b. TIME	OF 28c. INJ	JRY AT	28d. DESCRIBE HO	V INJURY OC	CURED				
ВУ	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year) INJURY WORK? M 1YES 2 NO										
EDE	3 Suicide 8 Could not be	3 Suicide 8 Could not be 28s. PLACE OF INJURY — At home, farm, street, fectory, office 281. LOCA							oute Number,			
Ľ.	4 Homicide datermined					City or Town, Ste	,					
COMPLET		IAN: To the best of my knowles: On the basis of examination										
8		The book of examination	and mireaugenon,	in my opinion, a	swin occured at the	time, date end placa,	and due to t	ne ceuse(a)	and menner ee	stated.		
BE	230 SIGNATURE AND TITLE OF CERTIFIER	296 SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUM							(Month, Day, Year)			
2	30 NAME AND ADDITIONS OF BERSON WILL	Mane Im	Δ		D.97	-4649 1 113194						
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)											
	31. DATE FILED (Month, Day, Year) NOV () 9 1994	32. REGISTRAR'S SIGNAT	TURE Pandale	_								



	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the host	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache		IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
	nd by th	ld be		te pe
	retaine	5 shou		notifie
î	ay be	page		l be
	e 6 m	rector,		SINE
	h. Pag	eral di		nlner
	r deat	ne fun	(a)	ехап
	rs afte	n by th	remov	dical
	4 hou	filled in	10 'UC	E M
	ithin 2	etely	ematic	nt, th
	nted w	comp	ial, cr	eve
	EXECU	n and	to bu	math
	ate be	ysicia	prior	r trau
	certific	ling pi	ygiene	othe
	death (aftend	mtal H	7, 0
	t the	by the	nd Me	린
	es tha	gned t	alth a	s any
	requir	een si	of He	show
	e law	has b	Dept.	1 23
	N: T	ficate	State	lter.
	YSICIA	certi	th the	d, 0
	IG PH	ter this	ath wi	narke
	ENDIN	R: Aft	ter de	18
	R ATT	RECTC	urs af	В 28
	TAL D	AL DI	72 ho	If Ite
	HOSPI	FUNER	within	ANT
	THE	표	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	PORT
	2	2	2	폭

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

$\overline{}$											HEG. NO.				
	1. DECEOENT'S NAME (First, William	Middle, Lest) Edgar	. Tar-1							2. DATE O	ber 5	w	YEAR	3. TIME OF OEATN	
	4 SOCIAL SECURITY NUMBER		Tayl), IS		6:58 A M	
1	230-16-1035		5. SEX 1	6. AGE (In yrs. I	est birthday) YRS.	IF UNDER	DAYS	IF UNDER	MIN.	7. DATE OF	P BIRTN Day, Year)	102/	8. BIRTH Countr		
	9e. FACILITY NAME (If not in			70	Tha.	01-0/70							ginia		
œ						Fort Washington					9c. COUNTY OF DEATH Prince George's				
DIRECTOR	Fort Washington Hospital						C W	131111	igton			1111	ice G	eorge s	
E E	Maryland Prince George's					Y, TOWN		ION						10d. INSIDE CITY	
	Maryland	Acc	okee	k							1 VES 2 NO				
PAL	10e. STREET AND NUMBER			101	ZIP COD	_			10g, CIT	IZEN OF V	States				
FUNERAL	2009 Spring Grove Drive							206				of	Amer	ica	
5	11. MARITAL STATUS 1 Never Married 12. WAS OECEDENT EVER IN U.S. FORCES? 1 YES 2						If yes, sp	ecify Cubs	n, Mexica	IIC ORIGIN?		or No-	14. RACE Black	E — American Indian, c, White, etc.	
BY	3 Widowed 4 Divo		IF YES, GIVE Y	WAR OR DATES			1 TYES	2 X NO	Specify	r:			Speci		
B		EDENT'S EQU	CATION	18a. D	ECEDENT'S					16b, K	IND OF BUS	INESS/INI		irce	
COMPLETED	Elementary/Secondary (0	highest grade	College (1-4 or 5	- 4	Give kind of le. Do NOT u	work done se retired.)	during ma	st of worki	ng						
MP	11			H	leatir	ıg				Uni	Lted S	State	es Go	vernment	
8	17. FATHER'S NAME (First, MI									ME (First, Mid		Sumame)			
BE	James Edwa		lor							1. Dea					
2	19s. INFORMANT'S NAME (1)	,,	M							Route Number				20607	
	Gladys Mar		ston Tay					-	e pri	Lve, A	_			20607	
	1 Donation 5 Other	n 3 🗆 Reme	oval from State		epietory of p					1778	20c. LO		City or To		
	21. SIGNATURE OF FUNERAL		ENSEE #MOO		cremetory or other place! Cemetery 22. NAME AND ADDRESS OF FACIL						+ Lui	ay,	VILE	inia	
- 1	▶ I/ \	1.	/\		- 1 d								22835		
_	Now	and b	U.Car	son										Luray, VA	
	23. PART i. Enter the di shock, or he	eart fallure.	complications the List only ons cau	t caused the dia see on each iin	leath. Do i ia,	not enter	the mo	da of dy	ing, such	n aa cardle	c or reepi	ratory an	rest,	Approximate Interval Between	
	disease or condition										Onset and Death				
	resulting in death) a. Cancer oof the Colon Years														
-	DUE TO (OR AS A CONSEQUENCE OF):														
CERTIFICATION	Sequentially list conditi		DUE TO	(OR AS A CONSI	EOUENCE O	F):								1	
8	cause. Enter UNDERLYi CAUSE (Disease or inju	NG	C												
E	that initieted events		DUE TO	(OR AS A CONSI	EGUENCE O	F):									
#	resulting in death) LAS	' L.	d,												
اير	PART II. Other aignifice	nt condition	a contributing to	deeth but not	reculting	In the ur	nderlylng	Ceuse	given in i	Part i. 2	4a. WAS AN	AUTOPSY	24b.	WERE AUTOPSY FINDINGS	
MEDICAL						and an anatonying doubt given in					PERFORMED?			AMILABLE PRIOR TO COMPLETION OF CAUSE	
밀										_ '	☐ YES 2	Vino		OF DEATH?	
										_				1 123 2 10	
X I	25. WAS CASE REFERRED TO EXAMINER?	MEOICAL					26. PL	ACE OF D	EATH (Che	ick only one)					
) S	1 XYES 2 NO		HOSPITAL:	ER/Outpatient	3 🗆 DOA	OTHER		5 🗆 Re	sidence	8 DOther (S	Specify)				
PHYSICIAN:	27. MANNER OF DEATH		28a. DATE OF (Month, D		28b. TIM	E OF	28c. INJ	JRY AT	T	28d. DESCF	RIBE HOW IN	JURY OC	CURED		
B		Pending nvestigation				М	1 🗆 1	'ES 2 [NO						
		Could not be	28e. PLACE O building,	F INJURY — At h atc. (Specify)	ome, farm,	street, fact	ory, office			281. LOCATI	ION (Street a Town, State)	nd Number	or Rural A	loute Number,	
Ë.		determined													
COMPLETED			CIAN: To the beat of												
Š	one) 2 📉 MEON	CAL EXAMINE	R: On the basis of s	emination end/or	Investigation	n, in my o	pinion, d	eath occur	ed at the t	time, dats sr	nd placs, sno	dus to th	ne cause(s)) and manner es stated.	
шШ	29b. SIGNATURE AND TITLE	OF CENTIFIER	10.			1			NSE NUM	BER		29d, OAT	E SIGNEO	(Month, Day, Year)	
D B	Thegust a) /~	Lachre	10 1	111			D 2.	1230			▶ N	oover	mber 5,1994	
-	30. NAME AND ADDRESS OF		/ /	. /											
	Augusto P.)9 Ra	ybur	n Co	urt,	Cam	p Spr	ings,	MD	2074	48	
	NOV 1 () 1994		cha Davidso	A ROMATURE	?.										
	1101 - 0 1001	J	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	and Indo											

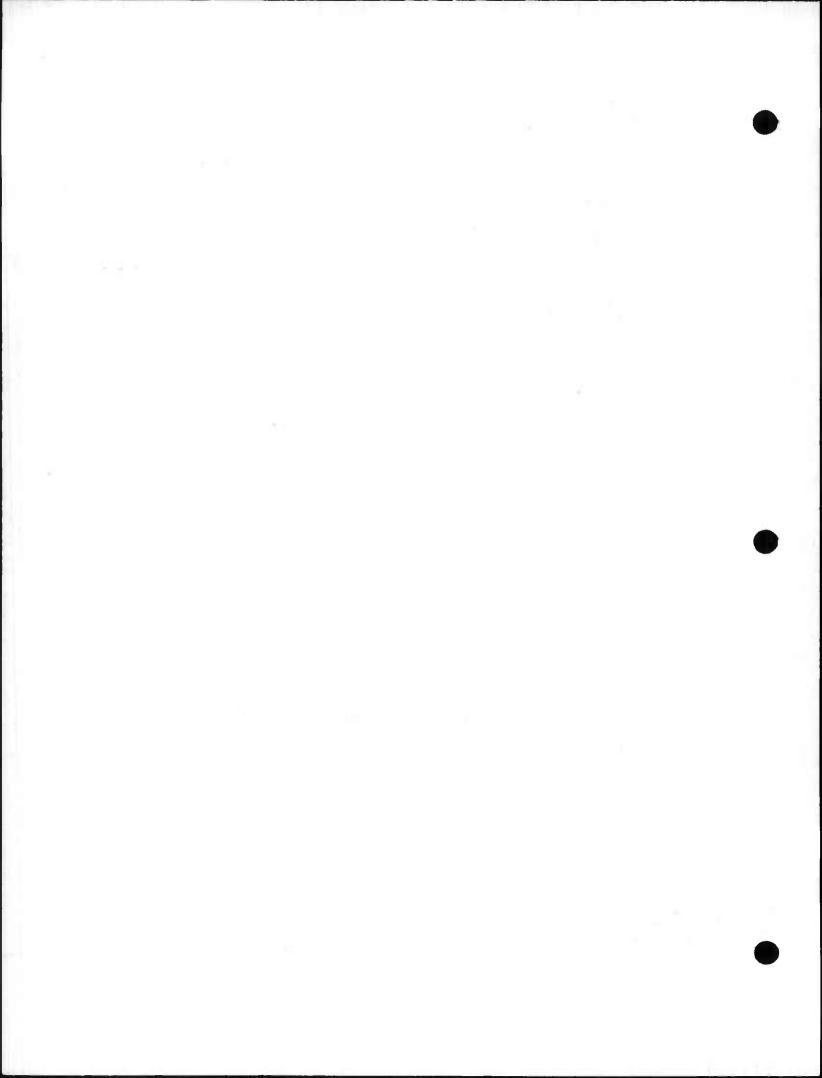


BALTIMORE, MARYLAND 21215-0020	VSICIAN: The law requires that the death certificate be executed with nours after death. Page 6 may be retained by the hospital or attending physician.	Certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should
DIVISION OF VITAL RECORDS, P.O. BOX 68760	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with	TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled
1	5	

FOR 1 - STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

BEG NO.

	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF DEATH MONTH DAY YEAR 3. TIME OF DEATH				
- 8	Hattie	L.	Tasciotti						mber			7:29 a	
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In	in yrs. last birt	"	ER 1 YEAR	IF UNDER	24 HRS.	7. DATE O				IPLACE (State or Foreign
- 1	578-10-3455	1 M 2 XF	81	٧	YRS. MONTH	DAYS	HOURS	MIN.	Oct.	4,19	13		,, vland
	9s. FACILITY NAME (If not institution, give s	treet and number)			9b. Cl	TY, TOWN	OR LOCATI	ON OF DE				COUNTY OF DEATH	
8	Southern Maryland Hospital					Clinton					Prince Geroge's		
CTOR	RESIDENCE OF DECEDENT												serege b
DIREC	10s. STATE 10b. COUNT			10	Dc. CITY, TOWN								10d. INSIDE CITY LIMITS?
		ce George	e's		Camp	Spr	ings						1 TYES 2 NO
₹	10e. STREET AND NUMBER					10	1. ZIP COD	E			10g. CIT	IZEN OF V	VHAT COUNTRY?
5	6716 Birch Lane			2	0748			1	J.S.A	A.			
FUNERAL	11. MARITAL STATUS	12. WAS DECEDEN			1:	3. WAS DE	CENDENT C	OF HISPANI	IC ORIGIN?	(Specify Yes	or No-	14. RACE	- American Indien, t, White, stc.
ВУ	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE			1			Specify:		cert, arc.,		Speci	ffv:
		<u> </u>										Cauc	ćasian
ETED	15. DECEDENT'S EDU (Specify only highest grade			(Give ki	ENT'S USUAL and of work don	e during m	ON ost of worki	ng	16b. I	KIND OF BUS	INESS/IN	OUSTRY	
١٣	Elementary/Secondary (0-12)	College (1-4 or 5	+)		NOT use retired	!.)							
COMPL	12th	N/A		Cler	:K							l Gov	vernment
8	17. FATHER'S NAME (First, Middle, Lest)						18. MOT	HER'S NAM	WE (First, Mi	ddle, Malden	Surname)		
BE	William R.	Fischer	<u> </u>					Ada	a .	S	chne:	ider	
2	19s. INFORMANT'S NAME (Type/Print)			19b. M/	AILING ADDRE	SS (Street	and Number	r or Rural A	loute Numbe	r, City or Town	n, State, Zi	p Code)	
-	Guy Tasciotti			12	5 Humn	uingb	ird (Ct. N	1echa	nicsv:	ille	MD 2	20659
	20s. METHOO OF DISPOSITION	oval from State			DATE OF DISP				4	20c. LO			
	1 Buriel 2 CCremation 3 Rem 4 Donation 5 Other (Specify)		L	ee Cr	ory or other place	y N	oveml	oer 7	199	4 Cl:	into	n Mai	cyland
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE A Donation & Other (Speechy) Lee Crematory or other place) November 7,1994 Clinton Maryland												
- 1	► Charles	2.60	Ver	1001	//6	633	old i	Alexa					
22 DAST I Seter the diseases or completely the set of t													
1/2			of coursed	the death	Do not out	on the ma	and a made and and a	to a susta					1
- II	shock, or heart fallure.	Liat only ona car	nt caused use on ea	tha daath. sch iina.	. Do not ant	er the me	ode of dy	ing, auch	as cardi	ac or reaple	ratory ar	rest,	Approximate interval Between
	shock, or heart failure.	List only one car	use on ea	ech iina.								rest,	intarvai Betwee
	iMMEDIATE CAUSE (Final disease or condition resulting in death)	a. CO	W 61	EST)	VÉ	HE	AR"	TI	=AI	LUR	E	rest,	intarvai Betwee
	iMMEDIATE CAUSE (Final disease or condition resulting in death)	a. CO	W 61	EST)	VÉ	HE	AR"	TI	=AI	LUR	E	rest,	
ON	iMMEDIATE CAUSE (Final disease or condition resulting in death)	a. CO	W 61	EST)	VÉ	HE	AR"	TI	=AI	LUR	E	rest,	intarvai Between
ATION	iMMEDIATE CAUSE (Final disease or condition resulting in death)	a. CO DUE TO DUE TO	WEL ORASA VTR	CONSEQUENCE	VE NCE OF): LAR NCE OF):	HE	AR"	FI	=AI	LUR	RE		intarval Betwee Onset and Deat
-ICATION	iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	a. CO DUE TO DUE TO C. SEVE	WEL OF AS A OF AS A OF RE	CONSEQUENCE	VE NCE OF): LAR NCE OF):	HE	AR"	FI	=AI	LUR	RE		intarval Betwee Onset and Daat
TIFICATION	iMMEDIATE CAUSE (Final disease or condition resulting in death)	a. CO DUE TO DUE TO C. SEVE	WEL OF AS A OF AS A OF RE	CONSEQUENCE	VE NCE OF): LAR NCE OF):	HE	AR"	FI	=AI	LUR	RE		intarval Betwee Onset and Deat
SERTIFICATION	iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if arry, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	a. CO DUE TO DUE TO C. SEVE	WEL OF AS A OF AS A OF RE	CONSEQUENCE	VE NCE OF): LAR NCE OF):	HE	AR"	FI	=AI	LUR	RE		intarval Betwee Onset and Deat
	immediate Cause (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. DUE TO b. VEP DUE TO c. SEVE DUE TO d. se contributing to	O (OR AS A O (OR AS A	CONSEQUENCE	NCE OF): LAR NCE OF): CO CO NCE OF):	HE	AR"=118	F I	=AI -LA RTE	LUR TIOO RY J	N '	BSE	interval Betwee Onset and Deat
	shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. DUE TO b. VEP DUE TO c. SEVE DUE TO d. se contributing to	O (OR AS A O (OR AS A	CONSEQUENCE	NCE OF): LAR NCE OF): CO CO NCE OF):	HE	AR"=118	F I	Part I.	LUR TIO	N ·	BSE	interval Betwee Onset and Daat Onset
EDICAL	immediate Cause (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. DUE TO b. VEP DUE TO c. SEVE DUE TO d. se contributing to	O (OR AS A O (OR AS A	CONSEQUENCE	NCE OF): LAR NCE OF): CO CO NCE OF):	HE	AR"=118	F I	Part I.	LUR TIOO RY J	N ·	BSE	interval Betwee Onset and Daat Onset and Daat Onset and Daat Onset
MEDICAL	Shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions.	a. CO DUE TO b. VEP DUE TO c. SENE DUE TO d. SCONTIBUTING to	OF AS A OF CORRESE OF AS A OF CORRESE OF AS A OF CORRESE OF CORRES OF CORR	CONSEQUENCE CONSEQ	NCE OF): LAR NCE OF): NCE OF):	H E	AR"=11B	RIL A	Part I.	LUR TIO	N ·	BSE	interval Betwee Onset and Daat Onset
AN: MEDICAL	Shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions the condition of the conditions o	a. CO DUE TO b. VEP DUE TO c. SENE DUE TO d. SCONTIBUTING to	OF AS A OF CORRESE OF AS A OF CORRESE OF AS A OF CORRESE OF CORRES OF CORR	CONSEQUENCE CONSEQ	NCE OF): LAR NCE OF): NCE OF):	H E	AR" =118 RY g cause	RIL Ar	Part I.	LUR TIOO 24a. WAS AN PERFOR 1 UYES 2	N ·	BSE	interval Betwee Onset and Daat Onset and Daat Onset and Daat Onset
AN: MEDICAL	immediate Cause (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition HART CHO DID TOBACCO USE 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	a. DUE TO b. VEP DUE TO c. SEVE DUE TO d. SCONTRIBUTI	O (OR AS A LE CO) (OR AS A LE	CONSEQUENCE CONSEQ	NCE OF): LAR NCE OF): CO PO NCE OF):	HE NAME OF THE PROPERTY OF THE	Py G cause (ES [LACE OF D	RIL A-given in 6	Part I.	LUR TIO	N ·	BSE	interval Betwee Onset and Daat Onset and Daat Onset and Daat Onset
AN: MEDICAL	Shock, or heart failure. IMMEDIATE CAUSE (Fine) disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition THERE CHO DID TOBACCO USE 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	a. DUE TO b. VEP DUE TO c. SEVE DUE TO d. CONTRIBUTI	OF AS A OF TO	CONSEQUENT OF THE CONSEQUENT OF THE CONSEQUENT OF THE CAUSE	NCE OF): LAR NCE OF): CO PO NCE OF): OF DE/	WATH 126. PER: ursing Hor	Py Grause CES L LACE OF D The 5 - Rich	RIL A-given in 6	Part I.	LUR TIO	AUTOPSY MED?	PSE 246	interval Between Onset and Daat Onset and Daat WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PHYSICIAN: MEDICAL	Shock, or heart failure. IMMEDIATE CAUSE (Fine) disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition THERE CHO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	a. DUE TO b. VEP DUE TO c. SEVE DUE TO d. SCONTRIBUTI	OR AS A OR AS	CONSEQUENT OF THE CONSEQUENT OF THE CONSEQUENT OF THE CAUSE	NCE OF): LAR NCE OF): CO PO NCE OF):	WATH 26. PER: unsing Hor	PAR PAR PAR PAR PAR PAR PAR PAR PAR PAR	RIL By Given in 6 NO EATH (Cha	Part I.	LUR TIO	AUTOPSY MED?	PSE 246	interval Betwee Onset and Daat Onset and Daat Onset and Daat Onset
PHYSICIAN: MEDICAL	Shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition THE CHO DID TOBACCO USE 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation	a. DUE TO b. DUE TO c. SEVE DUE TO d. SCONTRIBUTION HOSPITAL: (Month, L	OR AS A OR AS	CONSEQUENCE CONSEQ	NCE OF): A R NCE OF): NCE OF): OF DE/ DOA OTHI 4 N DOB. TIME OF INJURY M	TH 26. PER: unsing Hor	PAR PAR PAR PAR PAR PAR PAR PAR PAR PAR	RIL By Given in 6 NO EATH (Cha	Part I.	LUR TION 244. WAS AN PERFOR 1 UYES 2	AUTOPSY MED?	24b.	WERE AUTOPSY FINDINGS ANALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
D BY PHYSICIAN: MEDICAL	Shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition THE CHO DID TOBACCO USE 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 8 Could not be	a. DUE TO b. VET DUE TO c. SPYE DUE TO d. SCONTRIBUTI HOSPITAL: Vinpatient 2 28s. DATE OF (Month, E) 28s. PLACE OF	OR AS A OR AS	CONSEQUENCE CONSEQ	NCE OF): A R NCE OF): CO CO NCE OF): OF DEA OF DEA SIST. TIME OF	TH 26. PER: unsing Hor	PAR PAR PAR PAR PAR PAR PAR PAR PAR PAR	RIL By Given in 6 NO EATH (Cha	Part I. :	LUR TIO	AUTOPSY MED?	24b.	WERE AUTOPSY FINDINGS ANALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
ED BY PHYSICIAN: MEDICAL	Shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions that initiated events resulting in death) LAST DID TOBACCO USE 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation investigation and calcident all could not be determined	a. DUE TO b. VET DUE TO c. SPYE DUE TO d. SCONTRIBUTI HOSPITAL: Vinpatient 2 28s. DATE OF (Month, E) 28s. PLACE OF	OF INJURY	CONSEQUENCE CONSEQ	NCE OF): A R NCE OF): NCE OF): OF DE/ DOA OTHI 4 N DOB. TIME OF INJURY M	TH 26. PER: unsing Hor	PAR PAR PAR PAR PAR PAR PAR PAR PAR PAR	RIL By Given in 6 NO EATH (Cha	Part I. :	LUR TIOD 24a. WAS AN PERFOR 1 YES 2	AUTOPSY MED?	24b.	WERE AUTOPSY FINDINGS ANALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
ED BY PHYSICIAN: MEDICAL	Shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions that initiated events resulting in death) LAST DID TOBACCO USE 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation investigation of the determined determined 296. CERTIFIER (Check only) 1 CERTIFYING PHYS)	a. DUE TO b. DUE TO c. SPECIAL DUE TO d. DUE TO C. SPECIAL DUE TO	ETO (ER/Outpa Finjury astc. (Specific content)	CONSEQUENT CONSEQUENT	NCE OF): A R NCE OF): CO PO NCE OF): OF DE/ DOA 4 N Sb. TIME OF INJURY M term, street, ta	underlyin 26. P ER: ursing Hor 28c. IN 1 □	PAR TEST TEST TEST TEST TEST TEST TEST TES	RIL By Beath (Che Beath (Che Beath (NO	Part I. :	LUR TIOO 24a. WAS AN PERFOR 1 YES 2 (Specify) FRIBE HOW IN TION (Street a Town, State)	AUTOPSY MED? MUTOPSY MED? MIJURY OC AND AND AND AND AND AND AND AND AND AND	24b.	WERE AUTOPSY FINDINGS ANALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
ED BY PHYSICIAN: MEDICAL	Shock, or heart failure. IMMEDIATE CAUSE (Finei disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition HYPEL CHO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending investigation 2 Accident 3 Suicide 8 Could not be determined	a. DUE TO b. DUE TO c. SUP C DUE TO d. SCONTRIBUTI HOSPITAL: Linpatient 2 28s. PLACE C building. CCIAN: To the best of	OR AS A OGRAS	CONSEQUENT CONSEQUENT	NCE OF): A R NCE OF): CO PO NCE OF): OF DE DOA OTHI 4 N Do. TIME OF INJURY M term, street, to	LATH 126. PER: unsing Horours of Hime, date	PY G cause CES LACE OF D LACE OF D TORK? YES 2 Tork T	RIL BY Given in 6 NO EATH (Che seidence i	Part i. : A Only one; A Other 128d. OESC 281. LOCAT City or	LUR TIOD 24a. WAS AN. PERFOR 1 YES 2 (Specify) RIBE HOW III	AUTOPSY MED? AUTOPSY MED? AUTOPSY MED?	24b	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
COMPLETED BY PHYSICIAN: MEDICAL	Shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially ilst conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition THERE CHO SET STAND S	a. DUE TO b. DUE TO c. SPEC DUE TO d. SECONTRIBUTION DISCONTRIBUTION DI	OR AS A OGRAS	CONSEQUENT CONSEQUENT	NCE OF): A R NCE OF): CO PO NCE OF): OF DE DOA OTHI 4 N Do. TIME OF INJURY M term, street, to	LATH 126. PER: unsing Horours of Hime, date	PAR Py g cause g cause fes [LACE OF D INTER TURY AT DRIK? YES 2 [s and place death occu	RIL BY Given in 6 NO EATH (Che seidence i	Part I. Part I. Part I. Part I. Part I. Part I. Part I. Part I. Part I.	LUR TIOD 24a. WAS AN. PERFOR 1 YES 2 (Specify) RIBE HOW III	AUTOPSY MED? MIJURY OC AND AUTOPSY MED? MIJURY OC AND AUTOPSY MED AUTOPSY MED AUTOPSY MIJURY OC AUTOPSY MED AUTOPSY MIJURY OC MIJURY OC AUTOPSY MIJURY OC MIJURY OC MIJURY OC MIJURY OC MIJURY OC MIJURY OC MIJURY OC MIJURY OC MIJURY OC MIJURY OC MIJURY OC MIJURY OC MIJURY OC MIJURY OC MIJURY OC MIJURY	24b. 24b. 24b. course or Rural F	interval Between Onset and Daat Onset and Daat Onset and Daat Onset and Daat Onset and Daat Onse
BE COMPLETED BY PHYSICIAN: MEDICAL	Shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition THE CHOICE OF THE CAMINER? 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined 29s. CERTIFIER (Check only One) 2 MEDICAL EXAMINE	a. DUE TO b. DUE TO c. SPEC DUE TO d. SECONTRIBUTION DISCONTRIBUTION DI	OR AS A OGRAS	CONSEQUENT CONSEQUENT	NCE OF): A R NCE OF): CO PO NCE OF): OF DE DOA OTHI 4 N Do. TIME OF INJURY M term, street, to	LATH 126. PER: unsing Horours of Hime, date	PAR Py g cause g cause fes [LACE OF D INTER TURY AT DRIK? YES 2 [s and place death occu	RIL BY Given in f NO BEATH (Cho saidence is NO n, and dus is red at the is	Part I. Part I. Part I. Part I. Part I. Part I. Part I. Part I. Part I.	LUR TIOD 24a. WAS AN. PERFOR 1 YES 2 (Specify) RIBE HOW III	AUTOPSY MED? MIJURY OC AND AUTOPSY MED? MIJURY OC AND AUTOPSY MED AUTOPSY MED AUTOPSY MIJURY OC AUTOPSY MED AUTOPSY MIJURY OC MIJURY OC AUTOPSY MIJURY OC MIJURY OC MIJURY OC MIJURY OC MIJURY OC MIJURY OC MIJURY OC MIJURY OC MIJURY OC MIJURY OC MIJURY OC MIJURY OC MIJURY OC MIJURY OC MIJURY OC MIJURY	24b. 24b. 24b. course or Rural F	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
BE COMPLETED BY PHYSICIAN: MEDICAL	Shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition that initiated events resulting in death) LAST DID TOBACCO USE 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation investigation determined 2 Accident 3 Suicide 8 Could not be determined (Check only one) 2 MEDICAL EXAMINER 29b. SIGNATURE ANO TITLE OF CERTIFIER	a. DUE TO b. VET DUE TO c. SUPETO d. DUE TO d. DUE TO C. SUPETO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO C. SUPETO DUE T	OR AS A OR AS	CONSEQUENT CONSEQUENT	NCE OF): A R NCE OF): CO CO	LATH 126. PER: unsing Horours of Hime, date	PAR Py g cause g cause fes [LACE OF D INTER TURY AT DRIK? YES 2 [s and place death occu	RIL given in 6 NO EATH (Cho seidence 6 NO No No ENSE NUM 2.8	Part I. Part I. 28 Other 128d. OESC 28f. LOCAl City or to the cause time, data a	LUK TION 24a. WAS AN. PERFOR 1 VES 2 (Specify) ERIBE HOW IN TION (Street a Town, State)	AUTOPSY MED? AUTOPSY MED. AU	24b. 24b. 24b. 2ccureo or or Rural R resulted. the cause(s	interval Betwee Onset and Dast Were Autopsy Findings Available Prior To Completion of Cause of Dearly 1 Yes 2 No Route Number, In Month, Day, Year)
TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	Shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition THE CHOICE OF THE CAMINER? 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined 29s. CERTIFIER (Check only One) 2 MEDICAL EXAMINE	a. DUE TO b. VET DUE TO c. SUPETO d. DUE TO d. DUE TO C. SUPETO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO C. SUPETO DUE T	OR AS A OR AS	CONSEQUENT CONSEQUENT	NCE OF): A R NCE OF): NCE OF): OF DE/ OF D	underlyin 26. P ERSing Hor 28c. IN W 1 etime, date opinion,	PAR Py G cause of the country at t	RIL given in 6 NO EATH (Cho seidence 6 NO No No ENSE NUM 2.8	Part I. Part I. 28 Other 128d. OESC 28f. LOCAl City or to the cause time, data a	LUK TION 24a. WAS AN. PERFOR 1 VES 2 (Specify) ERIBE HOW IN TION (Street a Town, State)	AUTOPSY MED? AUTOPSY MED. AU	24b. 24b. 24b. 2ccureo or or Rural R resulted. the cause(s	interval Between Onset and Daat Onset and Daat Onset and Daat Onset and Daat Onset and Daat Onse
BE COMPLETED BY PHYSICIAN: MEDICAL	Shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition The Could be conditionable of the condition of the cause of the condition of the cause of the cau	a. DUE TO b. VET DUE TO c. SUPETO d. DUE TO d. DUE TO C. SUPETO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO C. SUPETO DUE T	O(OR AS A A O(OR AS A A O(OR AS A A O(OR AS A A O(OR AS A A O(OR AS A A O(OR AS A A O(OR AS A A O(OR AS A A O(OR AS A A O(OR AS A A O(OR AS A A O(OR AS A A O(OR AS A	CONSEQUENT CONSEQUENT	NCE OF): A R NCE OF): CO PO NCE OF): OF DE/ DOA OTH N DOB. TIME OF INJURY M term, street, to coccurred at the stigation, in my	LATH 126. PER: unsing Horours of Hime, date	PAR Py G cause of the country at t	RIL given in 6 NO EATH (Cho seidence 6 NO No No ENSE NUM 2.8	Part I. Part I. 28 Other 128d. OESC 28f. LOCAl City or to the cause time, data a	LUK TION 24a. WAS AN. PERFOR 1 VES 2 (Specify) ERIBE HOW IN TION (Street a Town, State)	AUTOPSY MED? AUTOPSY MED. AU	24b. 24b. 24b. 2ccureo or or Rural R resulted. the cause(s	interval Between Onset and Daat Onset and Daat Onset and Daat Onset and Daat Onset and Daat Onset and Daat Onset and Daat Onset and Onse



page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should

DALIMONE, MANIE	ours after death. Page 6 may be retained by the	d in by the funeral director, page 5 should be of	medical examiner must be notified at
DIVISION OF VITAL PERCONDS, T.O. DOX 12145,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with ours after death. Page 6 may be retained by the	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completed of in by the funeral director, page 5 should be or an actual completed on the funeral director, page 5 should be or an actual companion or removed.	the life within 12 listen 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at a

BE COMPLETED BY PHYSICIAN: MEDICAL

2

											91	4	3558	9
	FOR 1 - STATE REGISTRAR		STATE OF N	MARYL				HEALTH AND	MENTAL HYGI					
	1. DECEDENT'S NAME (First,	Middle, Lest)							2. DATE OF DEATH			3. TIME	OF DEATH	
- 1	Sugar	1	12			20			MONTH	DAY	CYEAR	/1	1100	
- 1	4. SOCIAL SECURITY NUMBER	T	5. SEX	0.405.6	1 (AN		1/	0	77	1 / i	43 P	
- 1	4. SOCIAL SECONITY NUMBER	ER	0.00	8. AGE (In yrs. last birth	MO	UNDER 1 YEAR	IF UNDER 24 NRS.	7. DATE OF BIRTH (Month, Day, Year		Court	try)	State or Foreign	
	223-10-91	84	1 🗆 M 2 🖵 F		_83 Y	RS.			7-31-	rgir	nia			
	9s. FACILITY NAME (If not ins	titution, give st	reet and number)			98	b. CITY, TOWN	OR LOCATION OF D	EATH	9c. CO	UNTY OF	DEATH		
띩	Chesaneak	e Mar	or				Arr	nold		1	nne	Arı	ındel	
DIRECTOR	Chesapeak RESIDENCE OF DEC													
<u> </u>	10a. STATE	10b. COUNTY	•		100	CITY, T	OWN OR LOCA	TION				10d. IN	SIDE CITY MITS?	
5	MD	Ann	e Aruno	le1		Į.	Arnolo	1					ES 2 X NO	
	10e. STREET AND NUMBER						10	f. ZIP CODE		10g. C	0g. CITIZEN OF WHAT COUNTRY?			_
BY FUNERAL	College Parkway (Chesape				aka N	land	22)	21012		T	USA			
ž	11. MARITAL STATUS	alkwa	12. WAS DECEDEN			i a ii (_
2	1 Never Married 2 1	Married	FORCES? 1	YES	2 NO		If yes, s	ecify Cuban, Mexica	NIC ORIGIN? (Specify in, Puerto Ricen, etc.)	ck, White,	etc.			
<u></u>	3 📉 Widowed 4 🗌 Divor	IF YES, GIVE V	MAR OR DA	TES		1 TYES	3 2 XNO Specif	y:	Spec	Specify: White				
	44 DECE		'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY							_				
۳ ا	15. DECEDENT'S EDUCATION 18s. DECEDEN (Specify only highest grade completed) (Give kind life. Do NO						done durina m	ost of working	16b. KIND OF	BUSINESS/II	NDUSTRY			
ا ت	Elementary/Secondary (0-12) College (1-4 or 6+)													
E	Cle													
COMPLETED	17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Melden Surneme)													
BE	John	Roya1	Bra	adle	У			Ne1	lie Est	elle	Nic:	hols	5	
	19s. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)													
ĭ	Carol Gei	1 Geithner 1					Semin	nole Dr	ive Arno	old.	MD	2101	12	
	20a. METHOD OF DISPOSITION	ON		20b	1243 Seminole Drive Arnold, MD 2 PLACE OF DISPOSITION (Name of commettery, cremetory or 20c. LOCATION — City or To									
	1 XBuriel 2 Cremetion 4 Donation 8 Other		oval from State		other place)		e Ceme		South Boston, N				ı. Va.	
	21. SIGNATURE OF TUNENAL		PIGEE O		ar it.	. 46		ND ADDRESS OF FA		30461	1 00	0 0 0 1	1, 100	_
	. ()(7/2							495	Rit	chie	e Hwy.	
	(No	_	110	Tar	w	_	Barra	anco &	Sons FH	Seve	erna	Paı	ck MD	
	23. PART I. Enter the dis	seeses, or o	complications the	t caused	the death.	Do not	enter the me	ode of dying, suc	h ss cardiec or re	spiratory :	srreet,	I A	pproximate	
- 1	ahook, or he	ert fellure.	Liet only one ceu	ise on e	ech line.								terval Betwe	
	IMMEDIATE CAUSE (Fine	el	()									0	nset and De	atn
- 1	resulting in deeth)	→	JM.	1 NS	-									
			D. DUE TO	(OR AS A	CONSEQUEN	CE OF):								
ξ	Sequentielly list condition		- July	hu	our									
≝	If eny, leeding to immed	flete	DUE TO	(OR AS A	CONSEQUEN	CE OF):	/	^	1					
5	CAUSE (Disease or Injur		c/108	Cin	Le	11	/mg	munel	Area					
HILICATION	that initiated events resulting in deeth) LAST				AS A CONSEQUENCE OF):									
												1		
u .												_		

PART/II. Other significent conditions contributing to death but not resulting in the underlying ceues given in Part I.

24a. WAS AN AUTOPSY PERFORMED? 1 TES 2 HO

24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?

1 | YES 2 | NO

25. WAS CASE REFERRED TO MEDICAL EXAMINER?

5 Pending Investigation

6 Could not be determined

27. MANNER OF DEATH

1 (Natoral

2 Accident
3 Suicide

4 Homicide

HOSPITAL: 1 - Inpetient 2 - ER/Outpetient 3 - DOA 28a. DATE OF INJURY (Month, Day, Year)

OTHER: ig Home 5 ☐ Residence 8 ☐ Other (Specify) 28b. TIME OF INJURY

28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED

28. PLACE OF DEATH (Check only one)

М 1 YES 2 NO 28a. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify)

281. LOCATION (Street and Number or Rural Route Number, City or Town, State)

29s. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated.

2 ___ MEDICAL_EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated.

29b. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITÉM 27) (Type, Print)

D216

29d. DATE SIGNED (Month, Day, Year)

// - 7 - 84

CRAIN 1600 IA

106

2106/

31. DATE FILED (Month, Day, Year)

32. REGISTRAR'S SIGNATURE

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

Pages 1, 2, 3 should permit. I Page 6 may be retained by the hospital or attending physician. al director, page 5 should be detached for use as the burial-transit: notified at ge must funeral director, examiner hours after death. the medicai completely filled in by the other traumatic event, burial. and Hygiene prior to Mental shows any б Oept. 23 OR ATTENDING PHYSICIAN: The law has t r this certificate h 0 marked, DIRECTOR: After the hours after death v 69 28 item THE HOSPITAL OTHE FUNERAL D TO THE FUNERA
be filed within 7
IMPORTANT: 1

2

94 35590 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 20 TIMOTHY THOMPSON NOV. MARK 6:39 94 AM 4. SOCIAL SECURITY NUMBER 6. AGE (In vrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign July 9, 1 🔀 M 2 🗌 F DAYS. HOURS 212-80-6051 34 Maryland 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR CARROLL COUNTY GENERAL HOSPITAL WESTMINSTER CARROLL RESIDENCE OF DECEDENT 10e STATE 10h COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Maryland Carroll Westminster 1 YES 25 NO FUNERAL 10. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? 341 Old Bachman Valley Road 21157 United States 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ※ NO 11 MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Year or No-14. RACE — American Indian, Black, White, etc. If yes, specify Cuban, Mexicen, Puarto Rica

1 YES 2 NO Specify: 1 Never Married 2 Married IF YES, GIVE WAR OR DATES B 3 Widowed 4 Divorced White 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest of Ē Elamentary/Secondary (0-12) College (1-4 or 5+) COMPL 12 Supervisor Bakery 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Harry Edward Thompson, Sr. Ruth Sophia Diem BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) 2 Ruth Thompson 341 Old Bachman Valley Road, Westminster, MD 21157 20e. METHOD OF DISPOSITION

(C) Burlel 2 □ Cremetion 3 □ Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State Evergreen Memorial Gardens 11/23 4 Donation 5 Other (Specify) Finksburg, Maryland 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Myers Funeral Home 91 Willis Street, Westminster, MD 21157 23. PART I. Enter the diseases, or complications that caused the deats. Do not enter the mode of dying, such as cardiac or reapiratory arrest, Interval Between **Onset and Death** IMMEDIATE CAUSE (Final disease pr condition reaulting in death) DUE TO (OR AS A CONSEQUENCE OF CERTIFICATION Sequentially list conditiona, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO JOR AS A CONSEQUENCE OF that initiated events resulting in death) LAST PART ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 1 NES 2 INO 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) HOSPITAL:
1 ☐ Inpatient 2XX R/Outpatient 3 ☐ OTHER: XXYES 2 NO DOA 4 Nursing Home 5 Residence 8 Other (Specify) 28e. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending 1 YES 2 NO Investigation ΒY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Sulcide 8 Could not be COMPLETED 4 Homicide 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end piece, and due to the ceuse(s) end menner as stated. 2X MAEDICAL EXAMINER: On the besis of examination end/or investigation, in my opinion, death occured at the time, data end place, end dua to the cause(a) and menner es stated. 296. SIGNATURE AND TITLE OF CERTIFIE BE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) O.C.M.E NOV. 20,1994

111 Penn Street, Baltimore, Maryland 21201

DENSE PROPERTY SIGNATURE

ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

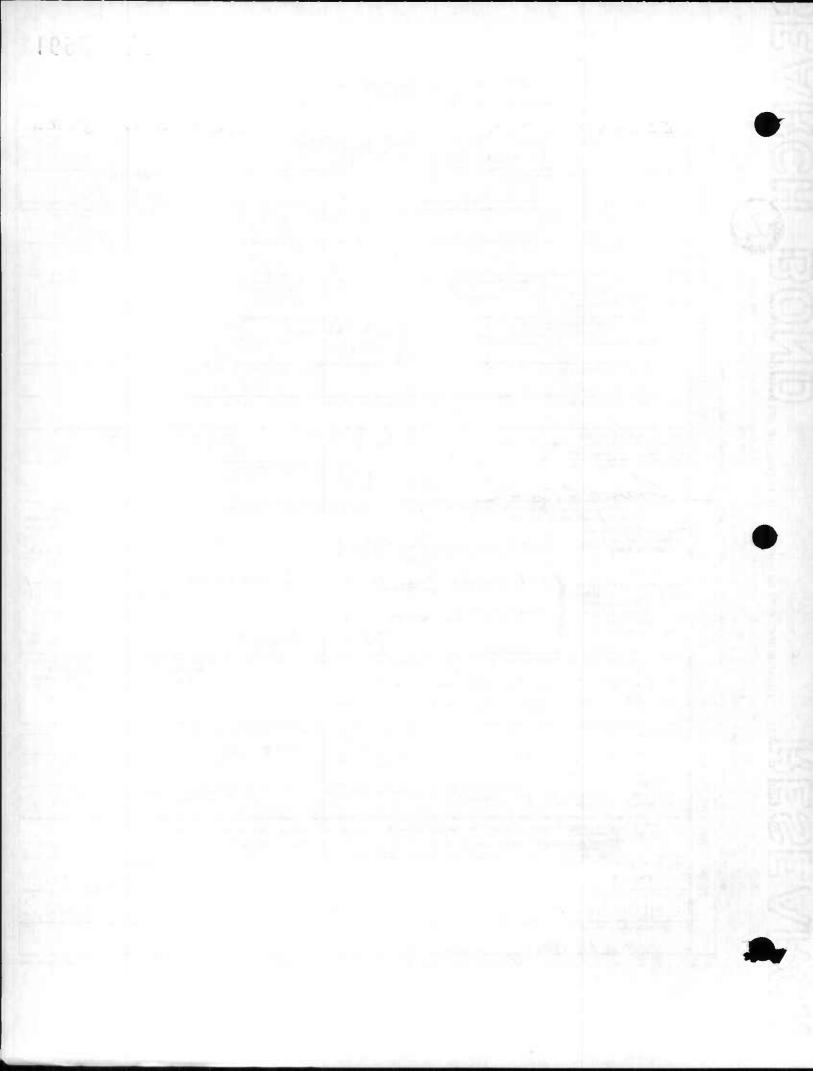
DHMH-18 Rev 1/89

0X 68760, BALTIMORE, MARYLAND 21215-0020	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the polyment and the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.	aumatic event, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the f be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burfal, cremation, or removal,	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIFNE

	REGISTRAR		CERTII	FICATE OF	DEATH	REG. NO.	_				
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH			3. TIME OF DEATH		
	ELIZABETH TU	irner				November	21	94	8:30AH		
	4. SOCIAL SECURITY NUMBER 216-12-3482	5. SEX 6	AGE (In yrs. lest birthday 83 YRS.	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) SEPT. 9 19		Country	PLACE (State or Foreign (Y) RYLAND		
	9e. FACILITY NAME (If not institution, give stre	set and number)		9b. CITY, TOWN	OR LOCATION OF D			NTY OF D			
TOR	CROFTON CONVALESA	NT CENTE	R	CROFT	ON		ANI	NE AI	RUNDEL		
DIRECTOR	MARYLAND ANNE	ARUNDEL		TY, TOWN OR LOCA	ATION				10d. INSIDE CITY LIMITS? 1 XES 2 NO		
	10e. STREET AND NUMBER	AMONDEL			Of. ZIP CODE		10g, CITI	ZEN OF W	HAT COUNTRY?		
ER	2103 ARBOR HILL L	ANE			20716		1	USA			
3	11. MARITAL STATUS	12. WAS DECEDENT I	EVER IN U.S. ARMED	13. WAS DE	CENDENT OF HISPA	NIC ORIGIN? (Specify Yes		14. RACE	- American Indian,		
BY FUNERAL	1 Never Married 2 Married 3 XX Yidowed 4 Divorced	IF YES, GIVE WAF	YES 2XX10	If yes, a	pecify Cuban, Mexico S 2 XVIIIO Specif	en, Puerto Rican, etc.)		Specif	i, White, atc. ly: ACK		
	15. DECEDENT'S EDUC/ (Specify only highest grade of	ATION COMPLETE	16a. DECEDENT	S USUAL OCCUPAT	ION	16b. KIND OF BUS	HNESS/INC	USTRY			
<u> </u>	Elementary/Secondary (0-12)	College (1-4 or 5+)	IIIe. Do NOT	use retired.)	lost or working						
를	6th		LAUNDRY	DEPT.		U.S. NA	VAL A	ACAD1	EMY		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	AME (First, Middle, Maiden	Sumame)				
BE	THOMAS KYLER				ISABE	ELLA WHITTI	NGTO]	N			
5	19a, INFORMANT'S NAME (Type/Print)					Route Number, City or Town					
	MARY CHISHOLM		2103 A	ARBOR HI	LL LANE E	BOWIE, MD.	2071	6			
	20a. METHOD OF DISPOSITION MXBurial 2 Cremation 3 Ramoval from State 20b. PLACE AND DATE OF DISPOSITION (Name of cametery, crematory of other place) MARYLAND VETERAN CEMETERY 11/25/94 CROWNSVILLE, MD.										
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY REESE & SONS MORTUARY, P.A.										
. 9	1. 46) 0						21//	2.7		
	23. PART I. Enter the diseases, or do	malications that	rouged the death. De			ANNAPOLIS,			Approximate		
CERTIFICATION	shock, of heart failure. L IMMEDIATE CAUSE (Final disease or condition resulting in desth) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	Acu Acu Bue TO (0 Can a	R AS A CONSEQUENCE R AS A CONSEQUENCE ON O	90h	Jeth.	cailer	re	un	Interval Between Onset and Death		
E	that initiated events resulting in death) LAST	DUE 10 (0	R AS A CONSEQUENCE	OF)	-1 = [
5	d.	Ser.	sine	Disc	your	<i>y</i> ,					
MEDICAL	PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. Metastatic Colon Calcinson 1 yes 2 no OF DEATH.								WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
PHYSICIAN:											
ᅙ		HOSPITAL:		OTHER:	LACE OF DEATH (C)	heck only one)					
ΙΥS	1 YES 2 NO	_	R/Outpetlent 3 DOA	Nursing Ho		6 Other (Specify)					
	1 Natural 5 Pending	28s. DATE OF IN (Month, Day,	JURY 26b. Ti	VJURY W	JURY AT	28d. DESCRIBE HOW IN	NJURY OC	CURED			
BY	Abeldent investigation 1 TES 2 NO										
TED	3 Suicide # Could not be 4 Homicide determined	building, et	c. (Specify)	, salest, factory, on		City or Town, State)	ing Number	or nurar n	oute Number,		
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC MEDICAL EXAMINER					e to the cause(a) and men			and menner as stated.		
	296. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NU				(Month, Day, Year)		
BE	Takino	1000			Do	2000	•	111.	21 QUI		
10	30, NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE	OF DEATH (ITEM 27) (TV)	pe, Print)	1/2 1/2 10	VIT Com	/ A	10	117		
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR		5005	tliar	1 10%	6/	150	WIE MD2074		
ļ	NOV 22 100/		hiles Radal	4							



REG. NO.

DIVISION OF VITAL RECORDS, P.O. BOX 68760

FOR

STATE REGISTRAR

2. DATE OF DEATH DAY 3. TIME OF DEATH YEAR MARY THERESE SHULTZ NOV.14 1994 5 · 50PM 6. AGE (In yrs. last birthday) 4. SOCIAL SECURITY NUMBER 5. SEX IF UNDER 1 YEAR IF UNDER 24 HRS. s. BIRTHPLACE (State or Foreign 7. DATE OF BIRTH (Month, Day, Year) HOURS 1 | M 2 | | F F M 320-30-8508 035 TILINOIS Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street 9b. CITY, TOWN OR LOCATION OF DEATH DIRECTOR 11014 CARRIAGE LANE FREDERICK FREDERICK RESIDENCE OF DECEDENT MD STATE 10d. INSIDE CITY FREDERICK 10c. CITY, TOWN OR LOCATION FREDERTCK permit. 10f. ZIP CODE 21701 FUNERAL 100. STREET AND NUMBER 11014 CARRIAGE LANE WHAT COUNTRY? 10g. CITIZEN OF U.S.A. detached for use as the burial-transit Page 6 may be retained by the hospital or attending physician, 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-14. RACE — American Indien, Black, White, etc. BALTIMORE, MARYLAND 21215-0020 1 Never Merried 2 Merried If yes, specify Cuben, Mexicen, Puerto Rican, etc.) IF YES, GIVE WAR OR DATES BY 1 YES 2 NO Specify: WHITE 3 Widowed Man Phipecad COMPLETED 15. DECEDENT'S EDUCATION pecify only highest grade complete 16e. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY /Sne Elementery/Secondery (0-12) College (1-4 or 5 +) 12 HOMEMAKER OWN HOME 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surneme) funeral director, page 5 should be PAUL H. MAGEE MARY MURRAY BE notified 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 GEORGE P. SHULTZ 11014 CARRIAGE LANE FREDERICK 21701 pe 20e. METHOD OF DISPOSITION BURIAL
1 □ Burlel 2 □ Cremation 3 □ Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State DATE must ST. PETER S CEMETERY LIBERTYTOWN, MD 4 Donetion 5 Other (Specify) examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY D. D. HARTZLER & SONS death. atharine LIBERTYTOWN, MD filled in by the filon, or removal. medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximata shock, or haart fallura. List only one cause on each line. Interval Batwean Onset and Death IMMEDIATE CAUSE (Final and completely fille burial, cremation, the disease or condition LVNG CANCER YR event. resulting in death) DUE TO (OR AS A CONSEQUENCE OF) Iraumatic CERTIFICATION Sequantially list conditions, DUE TO (OR AS A CONSEQUENCE OF) 2 if any, laading to immadiata the attending physician Mental Hygiene prior to cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events other 1 DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST 0 PART ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. MEDICAL 24e. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS Health and PERFORMED? AVAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO 1 YES 2 NO been : DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES | NO | PHYSICIAN: DR ATTENDING PHYSICIAN: The law has be Dept. 23 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) certificate h HOSPITAL: 1 YES 2 NO 1 Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify) 0 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 26b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED this with 1 Natural 5 Pending Investigation М 1 YES 2 NO DIRECTOR: After to hours after death BY 2 Accident 28e. PLACE OF INJURY — At home, ferm, atreet, fectory, office building, etc. (Specify) 281. LOCATION (Street end Number or Rural Route Number, City or Town, Stete) 3 Suicide 6 Could not be 69 COMPLETED 500 4 Homicide item 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the beat of my knowledge, death occurred at the time, HOSPITAL D FUNERAL D within 72 hr TO THE HOSPITAL ITO THE FUNERAL CE DE filed within 72 h (Check only one) 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER BE 29d. DATE SIGNED (Mogth, Day, Year) D32407 15 94 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 14808 PHYSICIANS LANG #212 ROCKULLE MD. JOSEPH HAGGERTY 20850 32. REGISTRAR'S SIGNATURE 31. DATE FILED (Month, Day, Year) NUV 16 1994

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

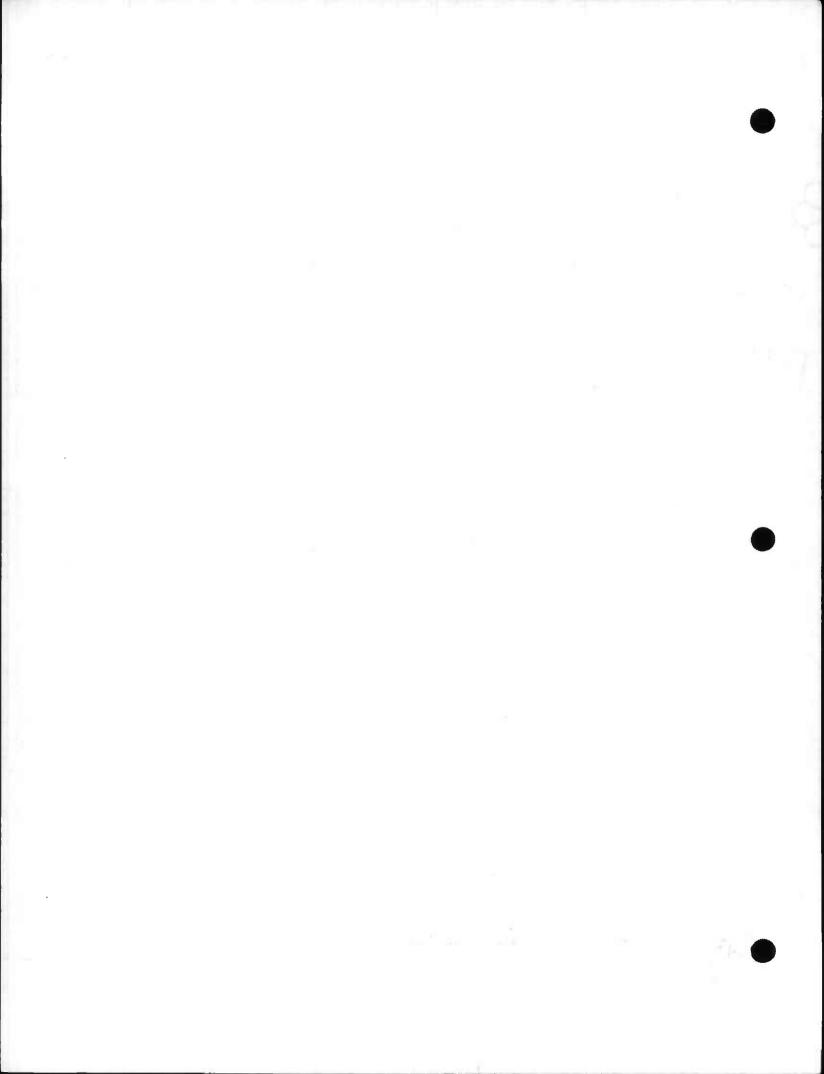
TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with ours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Hydriae prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at nace. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

		FOR STATE REGISTRAR	STATE OF MARYL		RTMENT OF I		MENTAL HYGIEN	E	
Г		1. DECEOENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH
		AUDREY RU	TH STING	CHFIELD			November 7.	1994 YEAF	9:17 a M
		4. SOCIAL SECURITY NUMBER		n yrs. last birthda) IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	8. Bif	RTHPLACE (State or Foreign untry)
		219-34-4108	1 M 2 🔀 F	55 YRS.			December 10,	1938 M	aryland
	œ	9e. FACILITY NAME (If not institution, give s	street and number)			OR LOCATION OF DE	ATH	9c. COUNTY OF	
	5	508 Gunby Rd.			Salis	bury		Wico	mico
	DIRECTOR	10a. STATE 10b. COUNT	Υ	10c. C	ITY, TOWN OR LOCA	TION			10d. INSIDE CITY
			comico		Sali	sbury			1 YES 2 X NO
	FUNERAL	10e. STREET AND NUMBER			10	H. ZIP CODE			F WHAT COUNTRY?
	Ä	508 Gunby Rd.				21801		US	Α
	5	11. MARITAL STATUS 1 Never Married 2 Married		2X NO	If yes, s	pecify Cuban, Maxican		or No- 14. R/	ACE — American Indian, ack, White, etc.
	BY	3 Widowed 4 K Divorced	IF YES, GIVE WAR OR DA	TES	1 🗆 YE	S 2 NO Specify:			nite
	8	15. DECEDENT'S EDU (Specify only highest grade	CATION		'S USUAL OCCUPAT		16b. KIND OF BUS		
	9	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT	use retired.)	ost of working		_	
g	COMPLET	12		Bookl	keeper	,		Company	
it o		17. FATHER'S NAME (First, Middle, Last) Paul B. Johnso	n			Norma	Susan	Sumame) Sutlif:	F
be	H	19a. INFORMANT'S NAME (Type/Print)	11	10h MAN II	C ADDRESS (Street		oute Number, City or Town		L
notif	2	Joseph Metz					oro, DE 1		
or removal. medical examiner must be notified at once.		20s. METHOD OF DISPOSITION	20b		E OF DISPOSITION //	- -		CATION — City or	Town, State
E I		1 Donation 5 Other (Specify)	oval from Stata	alisbu	y Cremat	orv		isbury, M	
Jiner		21. SIGNATURE OF FUNERAL SERVICE LI		7	22. NAME A	ND ADDRESS OF FAC	ALITY	,,,	
ехаш	- 11	1/1/ Motion	and the W	40100			eral Home 1 Rd., Sal	liehurv	MD 21801
or removal		26. PART I. Enter the diseases, or	complications that caused	tha death. Do					Approximate
		shock, or heart fallure. IMMEDIATE CAUSE (Final	List only Dna cause Dn e	ich lina.		4			interval Between Onset and Death
t, the		disesse or condition resulting in dasth)	Metastati	ic i	4	Com	-		tvr
pnor to bunal, cremation, traumatic event, the			DUE TO (OR AS A	CONSEQUENCE	OF):				
or other traumatic event, the	8	Sequentially list conditions,	b						
D. Joy.	RTIFICATION	if sny, leading to immediate cause. Enter UNDERLYING	OUE TO (OR AS A	CONSEQUENCE	OF):				i
her i	윤	CAUSE (Disease Dr injury that initiated events	C. OUE TO (OR AS A	CONSEQUENCE	OF):				+
or other		resulting in death) LAST	d.						[
	CE	PART II. Other significant condition	as contributing to death b	it not secultie	a in the condesion	e sous elves la l	Best Las Machi	umain I	
e -	CAL	TAIL II. Ottor significant condition	is contributing to usatti D	at not rasumin	In the underlying	ig cause given in i	PERFOR	MED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE
shows any	EDIC						1 YES 2	No	OF DEATH?
sho	Σ.	DID TOBACCO USE	CONTRIBUTE TO	CAUSE C	OF DEATH	YES NO			1 YES 2 NO
m 23	NAN	25. WAS CASE REFERRED TO MEDICAL				LACE OF DEATH (Che			
or item	SICI	EXAMINER?	HOSPITAL: 1 Inpatient 2 ER/Outp	ntlent 3 🗆 DOA	OTHER: 4 Nursing Hor	ne 5 Residence	6 Other (Specify)		
	PHY	27, MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)			JURY AT DRK?	28d. DESCRIBE HOW II	NJURY OCCURED	
marked,	ВУ	1 Natural 5 Pending 2 Accident Investigation			M 1 🗆	YES 2 NO			
		3 Suicide 6 Could not be	28s. PLACE OF INJURY building, atc. (Spec	— At home, farπ	, atreet, factory, offi	EO	28f. LOCATION (Street a City or Town, State)	and Number or Run	al Route Number,
S E	<u> </u>	AA - OFFICER							
72 PO	COMP		ICIAN: To the best of my know						
ANT:	8		IR: On the besis of exemplnation	and/or investige	tion, in my opinion,	death occured at the t	time, data and place, an	d due to the caus	e(s) and manner as stated.
De filed within 72 h	W/	59s. SIGNATURE AND ATTLE OF CENTIFIE		ILAN		29c. LICENSE NUM	BER	29d. DATE SIGN	ED (Month, Day, Your)
2 8	0	30. NAME AND ADDRESS OF PERSON WI	D COMPLETED CALLE OF DE	TH (ITEM 27) /3-	ne Print)	1400	x / Y	- (1 0	-//
		David E. Co	well, MD	145 E.	Carroll	15%. 5	alish	HD 2	1801
5		31. DATE FILED (NOV 0 9 1994	32 AEGISTRAR'S SIGN.	Charlall			0,		
411		.00							



)
ó	
Ø	
8	
9	
×	
5	
0	
9.	
-	
2	į
~	
5	
Ü	
-	
7	
=	İ
5	
_	-
0	1
Z	
0	-
2	1
>	ļ
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	The same of the same of the same of the same
_	
	ı

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buriat-transit permit. Pages 1, 2, 3 should
be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DIRECTOR

FUNERAL

8

COMPLETED

BE

2

CERTIFICATION

MEDICAL

PHYSICIAN:

8

COMPLETED

BE

2

29a. CERTIFIER

29b. SIGNATURE AND TITLE OF CENTIFIE

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATN 3. TIME OF DEATH ITH 7:25 K M 4. SOCIAL SECURITY NUMBER 5 SEY 8. BIRTHPLACE (State or Foreign 8. AGE (In yrs. lest birthday. 7. DATE OF BIRTH (Month, Day, Yea IF UNDER 1 YEAR IF UNDER 24 HRS DAYS 5 · 1 M 2 F 001-24-3311A 84 Feb. 1910 New Hampshire 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY. TOWN OR LOCATION OF DEATN 9c. COUNTY OF DEATN C. MIZENS NURSING Wart HAVRE DE GRACH HARFORD RESIDENCE OF DECEDENT 10a STATE 10h COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Harford 1 X YES 2 NO Aberdeen 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 605 Marjorie Lane 21001 U.S.A. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—
 if yes, specify Cuban, Maxican, Puerto Rican, etc.) 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 14. RACE — American Indian, Black, White, etc. FORCES? 1 ☐ YES 2 ☑ NO IF YES, GIVE WAR OR DATES 1 Never Married 2 Married 1 YES 2 XNQ Specify: 3 X Widowed 4 Divorced White 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade Elementary/Secondary (0-12) College (1-4 or 5 +) 12 School Teacher Board of Education 17. FATHER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Maiden Surname) Richard Barrows Nellie Boudle 19s. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Anita L. Wilson 605 Marjorie Lane, Aberdeen, Maryland 20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State 1 Burlat 2 Cremation 3x7 Re 4 Donation 5 Other (Specify) Maplewood Cemetery 11/18 Littleton, N.H. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Tarring-Cargo Funeral Home, P.A. Aberdeen, Maryland 21001-3399 23. PART I. Enter the diseases, or complications that ceused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, or neert fellure. List only one cause on sach line. Approximate Interval Between IMMEDIATE CAUSE (Finel **Onset and Death** disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF) Sequentially list conditions, If any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 JAC OF DEATH? 1 TYES 2 JANO n 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATN (Check only one HOSPITAL: OTHER:
4 Nursing Name 5 Residence 6 Other (Specify) 1 | YES 2 | NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28b. TIME OF 28d, DESCRIBE HOW INJURY OCCURED 1 Natural M 1 YES 2 NO 2 Accident 28e. PLACE OF INJURY - At 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be 4 Homicide

1 CERTIFYING PNYSICIAN: To the bast of my kn wiedgs, death occurred at the time, data and place, and due to the cause(a) and manner as atsted. 2 MEDICAL EXAMINER: On the basis of axe restigation, in my opinion, death occured at the time, data and place, and due to the cause(s) and manner as stated 29c. LICENSE NUMBER 29d, DATE SIGNED (Month, Day, Year) SU 17 THO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 20001 12 REGISTRAN'S BIGNATURE DHMH-16 Rev 1/89 le

	1 - FOR STATE REGISTRAR	STATE OF MA		/ DEPAR					MENTAL HYGIE REG. N				
	1. DECEDENT'S NAME (First, Middle, Last	t)							2. DATE OF DEATH MONTH	DAY	VEAR	3. TIME	OF DEATH
		RICHARD		STEEI					NOV 13 1994 5:				5 A M
	4. SOCIAL SECURITY NUMBER 814-539-5698	5. SEX	8. AGE (In yrs. 1	last birthday) YRS.	IF UNDER 1	DAYS	IF UNDER 2	MIN.	7. DATE OF BIRTH (Month, Day, Year)		Countr	PLACE (S	State or Foreign
	9a. FACILITY NAME (If not institution, give		23	THQ.	ah CITY	TOWN	R LOCATIO	N OF DE	Jan. 13,	1965	Ma INTY OF D	ryla	and
H	BELAIR BYPASS		ERS R	UN		LAI		W OF DE	AIII		RFOF		
CT	RESIDENCE OF DECEDENT									11171	1(1 01		
DIRECTOR		Harford		10c. CIT	Y, TOWN OF	1 LOCAT		l Ai	r			LIN	SIDE CITY
	10e. STREET AND NUMBER					101	ZIP CODE			10g. CIT	IZEN OF W		ES 2 NO
FUNERAL	528 Pritt La	ine					210	014			US		
N N	11. MARITAL STATUS	12. WAS DECEDENT FORCES? 1			13. W	AS DEC	ENDENT OF	HISPAN	C ORIGIN? (Specify)	fee or No —	14. RACE	— Amer	rican Indien,
ВУ	1 🔀 Never Married 2 🗌 Married 3 🗍 Widowed 4 📗 Divorced	IF YES, GIVE WA		2110			2 NO				Speci		
	15. DECEDENT'S EC	DUCATION		DECEDENT'S					16b. KIND OF E	USINESS/IN	DUSTRY	*****	
COMPLETED	(Specify only highest gra- Etamentary/Secondary (0-12)	College (1-4 or 5 +)	h	(Give kind of a ife. Do NOT us	se retired.)	uring mo	st of working	1					
MPL	9		1	Labore	er				Trash	Remov	val		
	17. FATHER'S NAME (First, Middle, Last) John Henry Steel	0							ME (First, Middle, Maid				
BE	19e. INFORMANT'S NAME (Type/Print)	.e	1	195 MAILING	ADDRESS	/Stroot o			ne Hanco		(n. Condo)		
2	John H. Steele								own, PA				
	20a. METHOD OF DISPOSITION	mount from State	20b. PLAC	E AND DATE	OF DISPOSIT	TION /Ne	me of		DATE 20c.	OCATION -	City or To	wn, State	
	1 X Burlel 2 Cremetion 3 Removat from State Commeton 5 Other (Specify) HOLLY HILL Memorial Park 11/19/94 Baltimore, Md.									1.			
	21. SIGNATURE OF FUNERAL SERVICE I	LICENSEE AL	/				D ADDRESS		mas III I	hinera	al Ho	me	РΔ
	23. PART i. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, auch as cerdiec or respiratory arrest, Approximate												
	23. PART i. Enter the diseases, or shock, or heart failure	r complications that a. List only one caus	caused the d s on asch iii	deeth. Do r ne.	not enter t	he mo	de of dyin	ig, auch	aa cerdiec or res	piratory sr	rest,		oproximata tarvai Between
	iMMEDIATE CAUSE (Finel disease or condition	AA.11	70.5	11/17	187103	-						Or	nset and Dasth
	resulting in death)	a. MULTIPUE INJUICIES DUE TO (OR ÀS A CONSEQUENCE OF):											
Z	Consensation that are stated	b										Į	
E	Sequentisity list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (C	R AS A CONS	EOUENCE O	F):								
CERTIFICATION	CAUSE (Disease or injury that initiated events	c. DUE TO (C	OR AS A CONS	EOUENCE O	F):							_	
E	resulting in deeth) LAST	d.			,							1	
Ö	PART if. Other eignificent condition	ons contributing to d	eeth but not	resulting	in the und	leriving	ceuse al	ven in i	Part I 240 MMS	AN AUTOPSY	246	WEDE AL	JTOPSY FINDINGS
ICAL				recounting	W the are	or ty my	Cause gi	VOII III I	PERF	ORMED?	240.	AWAILABI	LE PRIOR TO TION OF CAUSE
									- 1X YES	2 [] NO		OF DEAT	H7 S 2 □ NO
PHYSICIAN: MEDI	DID TOBACCO USE CON	TRIBUTE TO CAU	SE OF DE	ATH YE	S 🗆 N	10 [UNCE	RTAIN				7.	3 2 1.110
CIAI	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	26. PL	ACE OF DEAT									
YSI	¹X YES 2 □ NO	1 Inpatient 2 I			_	ng Hom	5 🗆 Raal		Other (Specify)	SCE			
	27. MANNER OF DEATH 1 Netural 5 Pending	28a. DATE OF IN	Year)	286. TIM	URY	WO	RK?		28d. DESCRIBE HOV				
В	2) Accident investigation Tracks - 4 Country of Pours												
日	Suicide 8 Could not be determined building, stc. (Specify) STREET States and Number of Pural House Number: 1/VI BELAIR BY PASS WINTERS RUN, BELAI												
ш				death occurre	d at the tim	ne, date	and place, a	and due t				1010	1
교	29a. CERTIFIER 1 CERTIFYING PHY	SICIAN: To the best of m	y knowledge,										
OMPL	(Check only	SICIAN: To the best of m			n, In my op	Inlon, de	eath occure	d at the t	ime, data and placa,	and due to t	he cause(a)	and mar	nner as stated.
SE COMPLETED	(Check only	NER: On the been of axa			n, in my op	Inlon, de	29c. LICEN	ISE NUM	BER	29d. DA1	TE SIGNED	(Month, E	Day, Year)
8	(Check only 1 DERTIFYING PHY STREET OF CENTER 2ND. SUPNATURE AND TITLE OF CENTER 2ND. SUPNATURE AND TITLE OF CENTER 2ND.	NER! On the being of axa	mination and/o	r investigatio		Inlon, de		ISE NUM	BER	29d. DA1		(Month, E	Day, Year)
	(Check only The CERTIFYING PHY	WHO COMPLETED CAUSE	OF DEATH (IT	r Investigatio	Print)		O.C	. M .	BER	29d. DA1	OV 1	(Month, E	994
8	(Check only 1 DENTIFYING PHY MEDICAL EXAMINATURE AND TITLE OF CENTER 30. NAME AND ADDRESS OF PERSON W	THO COMPLETED CAUSE 32. REGISTRAR	OF DEATH (IT	EM 27) (Type,	Print)		O.C	. M .	BER E	29d. DA1	OV 1	(Month, E	994

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760

DIVISION OF VITAL RECORDS, P.O. BOX 68760

ì	=	9	-
	9	d b	6
:	ine	DO	e
	reta	S	5
	pe	98	60
	nay	Da	-
)	9	ctor	TE S
	age	dire	-
,	G.	La	Ē
	eath	fun	Хап
	e d	ya ka	-
	all all	P P	Jica
	OUR	in in	JE I
1	S	fillec in,	
		ely	=
	Will	plet	en
	Be	al.	8
	000	Pund	atic
	8	E 0	Ë
1	Q a	rior	tra
	Cat	of o	-
	ertif	Die	=
	to to	E A	6
	deat	atte	2
	he	The the	3
	at	P P	A
1	S	alth di	6
	uire	Sig	NA.
	9	of of	50
	34	as l	23
	The	te h	E
	N	Str	=
	500	the	0
	H.	his	Ked
	6 8	ath day	Ta.
	S	Af	8
	E	TOR affer	00
	A AT	REC'	E
	0	100	=
	IA	A E	=
	OSP	E PE	N
	王	X 3	E
	王	王豐	8
	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with hours after death. Page 6 may be retained by the	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be do filed within 72 hours after death with the State Dent, of Health and Mental Hydlene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at o

B

2

without

Anil Shah, M.D.

OCT 24 1994

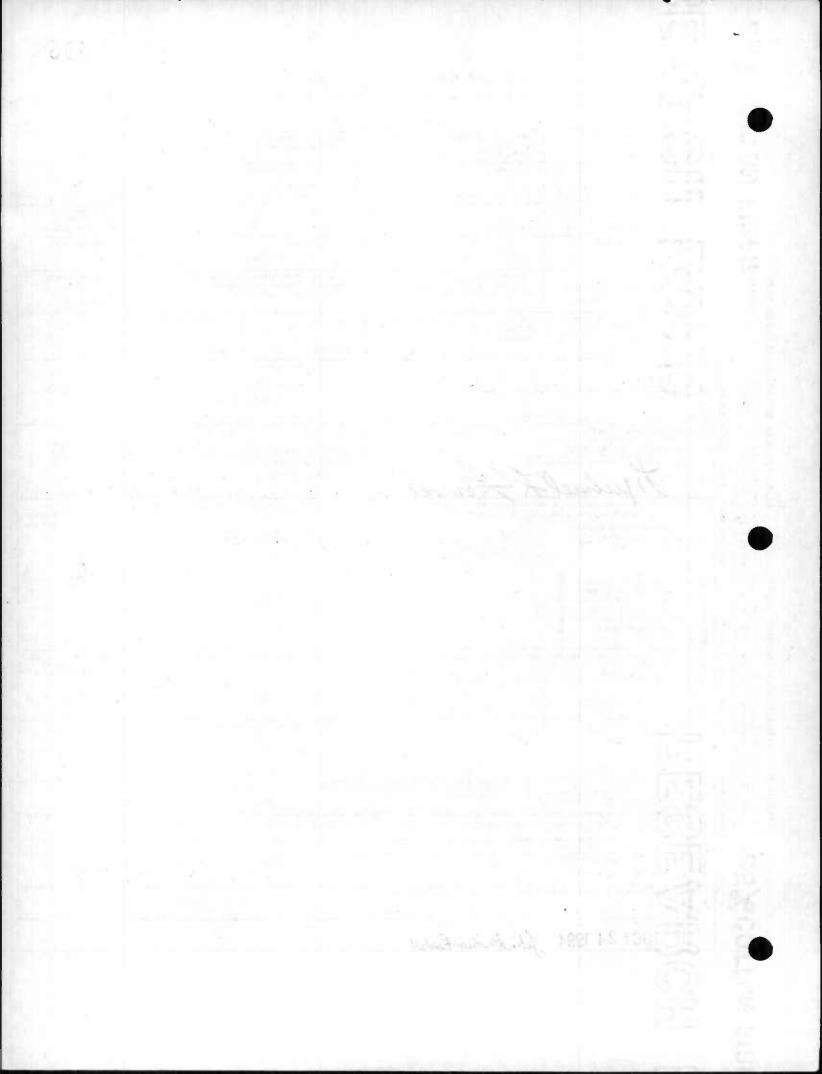
31. DATE FILED (Month, Day, Year)

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH t. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH October 21, 1994 Joseph Oster Spalding 1:18P. 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH (Month, Day, Year) 8. BIRTHPLACE (State or Foreign DAYS 1 M 2 | F HOURS 214-34-7161 60 May 18, 1934 Maryland 9e. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR St. Mary's Hospital Leonardtown St. Mary's RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY 10c. CITY, TOWH OR LOCATION tod. INSIDE CITY Maryland St. Mary's Hollywood t 🗌 YES 2 🎦 NO FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? Route 3 Box 373 20636 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMEO FORCES? 1 ☐ YES 2 ☒ NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—if yes, specify Cuben, Mexicen, Puerto Rican, etc.)

1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, etc. t Never Married 2 Merried 84 White 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest gi Elementery/Secondery (0-12) College (1-4 or 5+) Route Salesman 12th grade Dairy Products once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Malden Surname) F Francis Xavier Spalding, Sr. Elizabeth Claire Thompson BE notified te. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Rt. 3 Box 373, Hollywood, Maryland 20636 Shirley Jean Spalding pe 20s. METHOD OF DISPOSITION
149 Burlel 2 Cremetion 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State DATE must St. John's Cemetery 10/24/1994 4 Donetion 5 Other (Specify) Hollywood, Maryland medical examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE Mattingley-Gardiner Funeral Home, P.A. uchae P.O. Box 270, Leonardtown, Maryland 20650 23. PART I./Entar tha diseasee, or complications that caused the death. Do not entar tha mode of dying, such as cardiac or respiratory arrest, Approximeta Interval Between ehock, or heart fellure. List only one cause on each line. IMMEDIATE CAUSE (Final Onset and Death the ardiorespirator disease or condition resulting in death) event, traumatic reumon CERTIFICATION Sequentially list conditions, if any, leeding to immediate DUE TO (OR AS A CONSEQUENCE OF): cause. Enter UNDERLYING CAUSE (Diseese or injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated events reculting in deeth) LAST 0 Injury, PART II. Other eignificant conditions contributing to death but not reculting in the underlying ceuse given in Part i. PHYSICIAN: MEDICAL 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PERFORMED WAR ARLE PRIOR TO shows any COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO 1 YES 2 NO 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) Item EXAMINER? HOSPITAL OTHER:
4 | Nursing Home 5 | Residence 8 | Other (Specify) t Dinpatient 2 - ER/Outpatient 3 - DOA 10 27. MANNER OF DEATH 28c. INJURY AT WORK?
1 YES 2 NO 28e. OATE OF INJURY (Month, Day, Year) 28b. TIME OF 28d. OEȘCRIBE HOW INJURY OCCUREO marked, Natural 5 Pending BY 2 Accident 28e. PLACE OF INJURY — At home, term, atraet, fectory, office building, etc. (Specify) 3 Sulcide 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State) 60 8 Could not be COMPLETED 4 Homicide 200 Hem 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end piece, end due to the cause(e) end menner ee stated. 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date end place, 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER

29d. DATE SIGNED (Month, Day, Year) 405 30. NAME AND ADORESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Leonardtown, Maryland 20650 32. REGISTRAR'S SIGNATURE Studen Ranhell

DHMH-16 Rev 1/89



retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020 after death. Page 6 may be BOX 68760 death certificate be executed

Pages 1, 2, 3 should

as the burial-transit permit.

DIRECTOR

FUNERAL

BY

COMPLETED

2

DIVISION OF VITAL RECORDS, P.O. law requires that the OR ATTENDING PHYSICIAN: The

HOSPITAL

use page 5 should be detached for 7 notified be must funeral director, examiner signed by the attending physician and completely filled in by the Health and Mental Hygiene prior to burial, cremation, or removal. the medical event. traumatic other 6 Shows a t. of ! has by Dept. 23 certificate h 0 this c. marked, After 28 Is DIRECTOR: J If Item FUNERAL E TO THE HOSPITA
TO THE FUNERA
De filed within 72
IMPORTANT: II

CERTIFICATION

MEDICAL

PHYSICIAN:

В

COMPLETED

BE

9

2 Accident 3 Sulcide

4 Nomicide

94 35597 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle Last) 2. DATE OF DEATN 3. TIME OF DEATH 1994 8:00 a. October 21 Theodore Albert Sevenhuysen, Jr. 4. SOCIAL SECURITY NUMBER 7. DATE OF BIRTH (Month, Day, Year) October 14, 1901 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTNPLACE (State or Foreign DAYS Washington, D.C. 1 🔀 M 2 🗌 F 93 264-78-7455 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH St. Mary's Hospital Leonardtown St. Mary's RESIDENCE OF DECEDENT 10b. COUNTY 18c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland St. Mary's Leonardtown 1 X YES 2 | NO 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? Cedar Lane Apartments 20650 U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 K YES 2 NO 11. MARITAL STATUS 14. RACE — American Indian, Black, White, etc. 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 Never Merried 2 Merried FORCES?

IF YES, GIVE WAR OR DATES

WW II, 1925-1950 Specify: White 1 YES 2 NO Specify: 3 🔀 Widowed 4 🗌 Divorced 16e. DECEDENT'S USUAL OCCUPATION
In the during most of working 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only high (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) 12 Non-commissioned Officer Defense 17. FATNER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Maiden Surname) Theodore Albert Sevenhuysen, Sr. Sadie Wedge 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) P.O. Box 9, Clements, Maryland 20624-0009 Kathleen C. Bergling 20e. METNOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE 1 X Buriel 2 Cremetion 3 R 10-25 Arlington, Virginia Arlington National Cemetery 4 Donation 5 Ather (Specify) ERAL SERV 22. NAME AND ADDRESS OF FACILITY Brinsfield Funeral Home, P.A. Edward N Brinsfield Jr., M00052 59 North Washington St., Leonardtown, MD 20650-0279 23. PART I. Enter the diseases, or complications that caused the death. Do not enter tha mode of dying, such as cerdiec or respiratory arrest, shock, or heart failure. List only one cause on each line Interval Between **Onset and Death** IMMEDIATE CAUSE (Final diseese or condition resulting in death) faller DUE TO (OR AS A CONSEQUENCE OF): nearf Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) If any, leading to immediate cause. Enter UNDERLYING DUE TO (OR AS A CONSEQUENCE OF) CAUSE (Disease or injury that initieted events resulting in daeth) LAST SIS

24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 TYES 2 50 NO OF DEATH? 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES \(\text{\base} \) NO \(\text{\base} \) 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL: OTHER 1 YES 2 NO 11 Inpetient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify) 27. MANNER OF DEATN 28e. DATE OF INJURY 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE NOW INJURY OCCURED INJURY 1 Natural 5 Pending 1 YES 2 NO

29e CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data end place, and due to the cause(e) and manner as stated.

28e. PLACE DF INJURY — At home, term, strast, fectory, office building, atc. (Specify)

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.

2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data end place, and due to the cause(e) and manner as stated.

206. SIGNATURE AND TITLE OF CERTIFIED	29c. LICENSE NUMBER	29d. DATE SIGNED (M.
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print)		

John Fenwick, M.D., Medical Arts Building, Leonardtown, Maryland 20650 31. DATE FILED (Month, Day, Year)

32. DEGISTRAR'S SIGNATURES
Julia Duncles Royal

investigation

8 Could not be

onth, Day, Year)

- 20

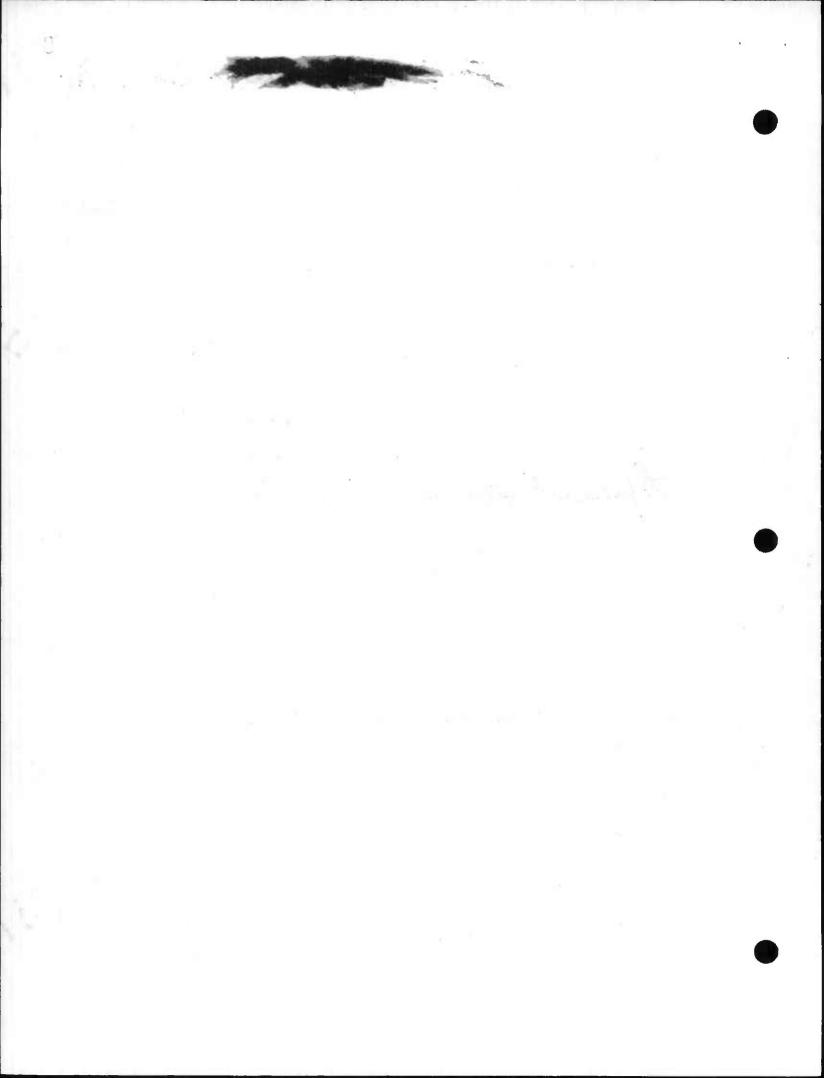
281. LOCATION (Street and Number or Rural Route Number, City or Town State)

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CE	ERTIFIC	ATE OF	DEATH		REG. NO			
13	1. DECEDENT'S NAME (First, Middle, Last	")						OF DEATH		3. TIME OF DE	EATH
1.0	Reuben	S.	S	Stoltzi	ius		Octo	oer 24	1, 1994	4:45	
	4. SOCIAL SECURITY NUMBER	5. SEX 6.	AGE (In yrs. les		UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE (OF BIRTH	8.	BIRTHPLACE (State or	
	219-56-1488	1 [X] M 2 □ F	55	YRS.	NTHS DAYS	HOURS MIN.		30, 19		country) Pennsylvai	
	9a. FACILITY NAME (If not institution, give	street and number)		96	CITY, TOWN	OR LOCATION OF D		30, 13	9c. COUNTY		ша
E I	3735 Thompson C										
DIRECTOR	RESIDENCE OF DECEDENT	OTHEL ROAU		I I	echan	icsville			St. I	Mary's	
Ä	10a. STATE 10b. COUN				OWN OR LOC					10d. INSIDE C	TY
ā	MARYLAND St.	Mary's		Mech	nanics	ville				1 YES 2	Z NO
A	10e. STREET AND NUMBER				1	Of. ZIP CODE			10g. CITIZEI	N OF WHAT COUNTRY	?
EB	3735 Thompson C	orner Road				20659			U.S	S.A.	
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EV				CENDENT OF HISPA				. RACE - American Ir	ndlan,
	1 Never Married 2 Married	FORCES? 1		10		pecify Cuban, Maxica S 2 🙀 NO Specif		ican, atc.)		Black, Whita, atc. Specify:	
BY	3 Wildowed 4 Divorced					X			1	white	
ED	15, DECEDENT'S ED (Specify only highest gra-	UCATION de completed)	18a. DE	CEDENT'S USU	JAL OCCUPAT	TION	16b.	KIND OF BU	SINESS/INDUS	TRY	
	Elamentary/Secondary (0-12)	College (1-4 or 5+)	life.	Do NOT use re	tired.)	rost of working					
MP	7th Grade			Farmer				Farm			
COMPL	17. FATHER'S NAME (First, Middle, Last)					16. MOTHER'S NA	AME (First, M	iddle, Maiden	Surname)		
ш	Sam	R.		Stolt	zfus	Barba	ara	S.		Stoltzfus	
8	19a. INFORMANT'S NAME (Type/Print)		198	b. MAILING AD	DRESS (Street	and Number or Rural	Route Numb	er, City or Tow	n, State, Zip Co	ode)	
임	Ada C. Stoltzfu	S								ille, MD 2	206
- 1	20a. METHOD OF DISPOSITION		20b. PLACE	AND DATE OF D	ISPOSITION //	Verne of	DATE			y or Town, Stata	
	I □XBurial 2 □ Cremation 3 □ Ra 4 □ Donation 6 □ Other (Specify)	moval from Stata	Hertz	Ler Ce	meter	y Oct 1	26. 1	ad ₄ Mec	chanics	sville, Ma	rr
	21. SIGNATURE OF FUNERAL SERVICE I	ICENSES /			22. NAME	AND ADDRESS OF FA	CILITY				
	Miel	Long	/	.)	Matti	ngley-Gar	rdine	r Fune	eral Ho	ome, P.A.	
CERTIFICATION	Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	c	AS A CONSEC	DUENCE OF):							
區	resulting in death) LAST	d									
	PART II. Other aignificant condition	ons contributing to dea	ath but not n	esuiting in ti	he underlyi	ng cause given in	Part i.	24s. WAS AN	AUTOPSY	24b. WERE AUTOPSY	FIND
DICAL						J 3.70.111	1000	PERFOR	RMED?	AMAILABLE PRIC	OT RO
							— i	1 TYES 2	KNO	OF DEATH?	
. ME	DID TORACCO LISE	CONTRIBUTE TO	O CAUC	E OE D	EATL! \	ÆC 🗔 NO	Not			1 🗍 YES 2 🗍	NO
A	DID TOBACCO USE 25. WAS CASE REFERRED TO MEDICAL	CONTRIBUTE 10	CAUS	E OF D			7-3			L	
SICIAN:	EXAMINER?	HOSPITAL:	TATE OF THE SECOND		THEA:	PLACE OF DEATH (Ch		<u>′</u>			
PHYS	1 YES 2 NO 27. MANNER OF DEATH	1 Inpatient 2 ER			-	me 5 Raaldenca	T				
	1 Netural 5 Pending	28a. DATE OF INJ (Month, Day, Y		28b. TIME OF	W	JURY AT	28d. DE\$	CRIBE HOW I	NJURY OCCUR	RED	
à l	2 Accident Investigation		11 1000 A	-37136		YES 2 NO					
<u>ا</u> ۵	3 Suicide 8 Could not be	28a. PLACE OF IN building, etc.	(Specify)	me, farm, stree	I, lactory, off	Ica		TION (Street in Town, State)	and Number or	Rural Route Number,	
⊢ 4											
COMPLE	298. CERTIFIER (Check only	SICIAN: To the best of my	knowledge, da	eth occurred a	t the time, de	ta and place, and due	lo the cau	e(a) and mar	ner as stated.		
8		NER: On the basis of axemi									n atate
Ŭ U	29b. SIGNATURE AND TITLE DF CERTIFI					29c. LICENSE NU				IGNED (Month, Day, Yea	
m	ni tok.	11/4				D14			10	1/25/611	,
임	30. NAME AND ADDRESS OF PERSON W	- mi	F DEATH (ITE	W 27) (Type, Prir	n()	- / /			10	1-5/74	-
	_ ,				,			004-			
	Robert J. Bauer		SIGNATURE	Mechan	icsvi)	lle, Mary	Land	2065	9		
- 1	31. DATE FILED (MOM) COT 1825 1	994 Talan	Pavellex-1	rardall							
	001.001	Mar.		i.							

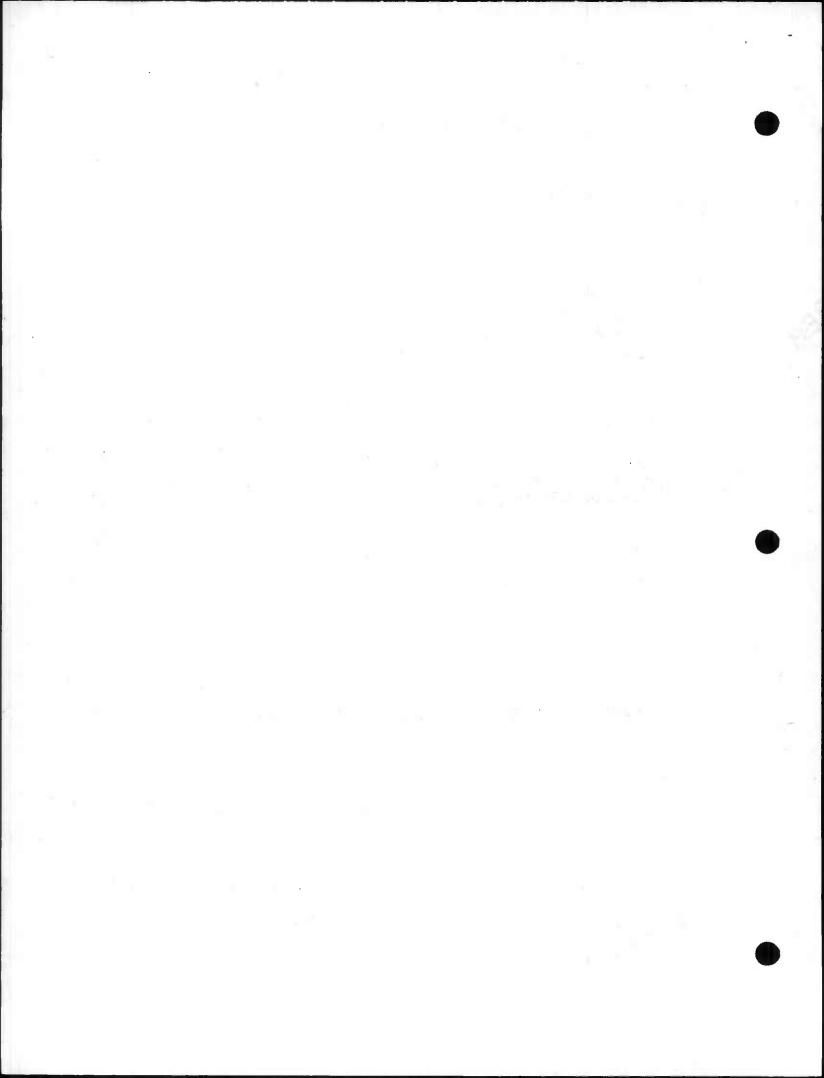


BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with. About after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR	STATE OF MARYL			OF DEAT		NTAL HYGIEN	E		
	1. DECEDENT'S NAME (First, Middle, Lest) David	Martin	Sta	uffer			DATE OF DEATH DU OVEMBER 2	, 199	94 ^{AR}	3. TIME OF DEATH 11:45 A M
	4. SOCIAL SECURITY NUMBER 900–28–0174	1X M 2 □ F	(In yrs. last birthday)		EAR IF UNDER 2	MIN.	DATE OF BIRTH (Month, Day, Year)	_	Country	PLACE (State or Foreign Sylvania
TOR	99. FACILITY NAME (If not institution, give s At Home Route 5	•			ville	N OF DEATH	Н		mar Mar	
DIRECTOR	10e. STATE 10b. COUNT	Mary's	10c. Cl	Love	location ville					10d. INSIDE CITY LIMITS?
FUNERAL	106. STREET AND NUMBER General Delivery				10f. ZIP CODE 20656				S.A.	HAT COUNTRY?
BY FUN	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IF FORCES? 1 _ YES	2 XNO	If y		, Mexican, P	ORIGIN? (Specify Yea Puerto Rican, etc.)	or No—	14. RACE Black WILL	— Americen Indien, , White, etc.
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12) 8th Grade	CATION completed) College (1-4 or 5+	16e. DECEDENT'S (Give kind of kife. Do NOT to	work done duri use retired.)	JPATION ng most of working	3	166. KIND OF BUS	SINESS/IND	USTRY	
BE COM		mer s	Stauffer		Mar	У	(First, Middle, Maiden Auke)	r	Mar	tin
TO E	190. INFORMANT'S NAME (Type/Print) Annie G. Stauffer						is Number, City or Town			0656
	20e. METHOD OF DISPOSITION 1 R Burlei 2 Cremetion 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of State LOVE VILLE METHOD IN COMMENCE OF STATE OF									_{vn, State} Maryland
	22. NAME AND ADDRESS OF FACILITY Mattingley-Gardiner Funeral Home, P.A. P.O. Box 270, Leonardtown, Marvland, 20650									, P.A.
NOI	iMMEDIATE CAUSE (Finel disease or condition resulting in deeth) Sequentielly list conditione,	DUE TO (OR AS	ech line.	4				ratory erro	est,	Approximata interval Between Onset and Death
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disesse Dr injury that initiated evente resulting in deeth) LAST	c. DUE TO (OR AS a	A CONSEQUENCE (DF):						
MEDICAL (PART II. Other algolificant condition					Iven in Par	24a, WAS AN PERFOR	MED?		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
SICIAN: N	DID TOBACCO USE CO	ONTRIBUTE TO	CAUSE OF		YES	NO Z	only one)			
Y PHYSIC	EXAMINER? 1 YES 2 X NO 27. MANNER DE DEATH 1 Netural 5 Pending Investigation	HOSPITAL: t Inpetient 2 ER/Out 28a. DATE OF INJURY (Month, Day, Yeer)	26b, TII	ME OF 26	Home 5 XGe c. INJURY AT WORK?	28	Other (Specify)	NJURY OCC	URED	
EO B	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	26e. PLACE OF INJUR' building, atc. (Spe	cify)	street, factory	, office	20 L	City or Town, Steps			oute Number,
COMPLET		CIAN: To the best of my know								end menner ee stated.
TO BE C	30. NAME AND ADDRESS OF PERSON WH	emil	ATH (ITEM 27) (36	o Print)	29c, LICE!	NSE NUMBE	R EO	N	SIGNED A	(Month, Day, Year)
	John F. Fenwick, I	M. D.			onardto	wn, M	Maryland	2065	0	
	NOV 04 1994	32. REGISTHAR'S SIGN	u-Revolath							



TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with. Ours after death. Page 6 may be retained by the hospital or attending physician.

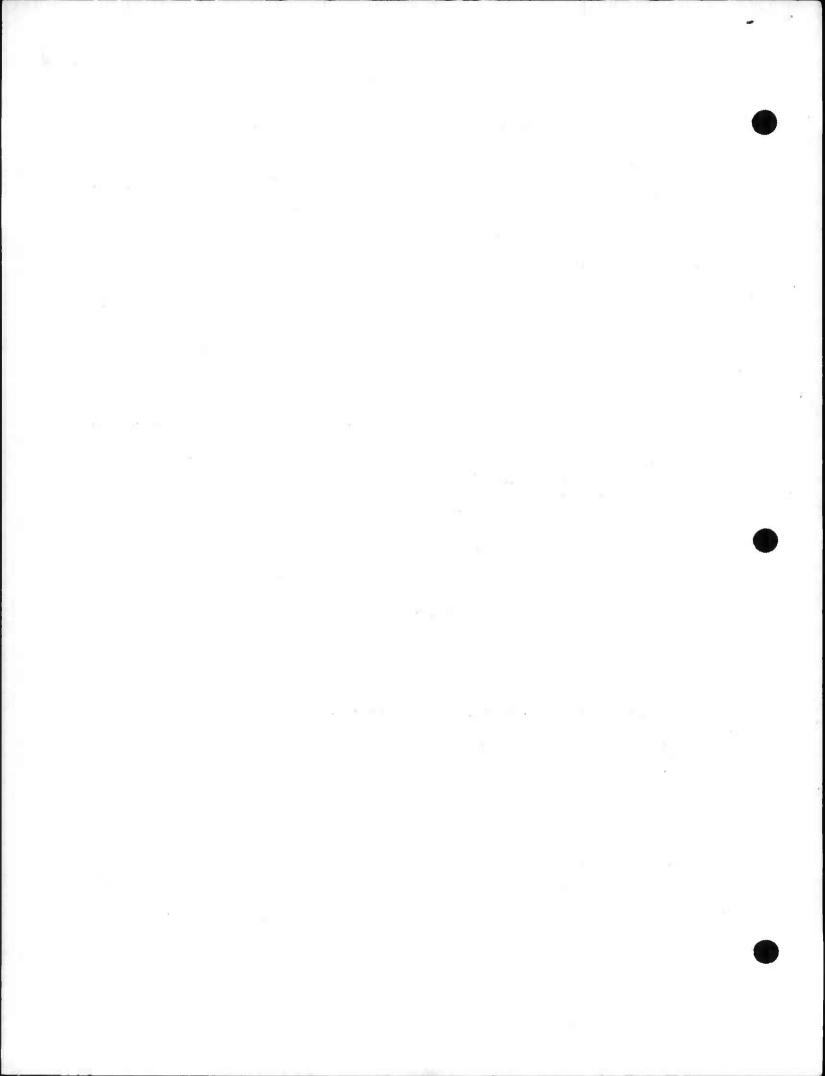
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

1	1. DECEDENT'S NAME (First,	Middle, Lest)	·							2. DATE O	OF DEATH			3. TIME OF DEATH	
	Barbara Ma:	rcelle	Spears							MONTH	nber 1		YEAR 94	17:34	
	4. SOCIAL SECURITY NUME		5. SEX	6. AGE (In yr	s. lest birthdey)	IF UND	ER 1 YEAR	IF UNDE	R 24 HRS.	7. DATE O	OF BIRTH	, ~ ,	8. BIRTH	IPLACE (State or Foreig	gn
1	217-88-069	2	1 □ M 2 √2 F	31	YRS.	MONTHS	DAYS	HOURS	MIN.		26,19	63	Countr	yland	
	9a. FACILITY NAME (If not in		treet and number)			9b. Cl	TY, TOWN	OR LOCAT	ION OF DE		20,13		NTY OF D	<u> </u>	\dashv
OR	St. Mary's	Hospi	tal			Le	onaro	it.owr	1			St	. Ma	rvts	- 1
5													• • • • • • • • • • • • • • • • • • • •	2, 0	
DIRECTOR	10e. STATE	10b. COUNTY					OR LOCA							10d. INSIDE CITY LIMITS?	- 1
٥	Maryland	St.	Mary's		I	eon	ardto							1 YES 2 K NO	
FUNERAL							10	f. ZIP COD	_			10g. CIT	IZEN OF V	VHAT COUNTRY?	
NE.	Route 1, Bo	ox 25						2065						States	
F	1 Never Married 2 X	Married	12. WAS DECEDEN FORCES? 1	YES 2	∑ NO	13	If yes, s	ecity Cub	an, Maxica	n, Puerlo Ri	(Specify Yealican, etc.)	or No-	14. RACE Black	E — American Indian, c, White, atc.	
BY	3 Widowed 4 Divo		IF YES, GIVE V	MR OR DATES	3		1 [] YES	2 X NO	Specify	<i>r</i> :			Speci		ď
		EDENT'S EDUC		161	. DECEDENT'S	SUSUAL	OCCUPATI	ON		16b.	KIND OF BUS	INFSS/INI	Bla	CK	
COMPLETED	(Specify only Elementary/Secondary (0	highest grade	College (1-4 or 5		(Give kind of life. Do NOT a	work don	e during m	ost of work	ing	1					.
립	10	-/	comege (1-4 or 3	"	Home	emake	er								
0	17. FATHER'S NAME (First, M.	iddle, Last)						18. MO1	HER'S NA	ME (First, M	iddle, Maiden	Surname)			
BE C	James Rich	ley Yo	ung, Sr.					The	eresa	Swa]	les				
	19a. INFORMANT'S NAME (7)	/pe/Print)			19b. MAILIN	G ADDRE	SS (Street	and Numbe	or Runal F	Poute Numbe	er, City or Town	, State, Zij	Code)		\neg
2	Theresa You	ung			Route	1.	Box	25 , I	eona	rdtov	wn, Ma	ryla	nd 2	0650	
	20a. METHOD OF DISPOSITI		ours! from Ctoto	20b. PL/	ACE AND DATE	OF DISPO	OSITION (N				20c. LO				\neg
	4 Donation 5 Donat	(Specify)		01d	St. A	other plec loys	ius	Cemet	terv	11/	5 Lec	nard	ltown	, Marylan	nd
	21. SIGNATURE OF PUMERAL BERRYLCY OCCURSEE														
	Brinsfield Funeral Home Midhael K Blankenship														
	P.O. Box 279, Leonardtown, Maryland 20650 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest. Approximate										$\overline{}$				
	anock, or na	aert fallura,	List only one cau	se on aach	lina.							atory a		Interval Baty Onsat and D	veen
									auth						
	reaulting in death)	a. Due TO (OF AS A CONSCOUENCE OF):								\dashv					
_		antially list conditions, , laading to immediata b. Enter UNDERLYING E (Disease or Injury nitiated events Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of):													
CERTIFICATION	Sequentially list conditi if any, leading to immed		DUE TO	(OR AS A CO	NSEQUENCE (DF):		-							
S	cause. Entar UNDERLYI CAUSE (Disease or Inju		c(STA	04	17	UN	- < L	12,						
E	that initiated events resulting in death) LAS	·	DUE TO	(OR AS'A CO	SEQUENCE (OF):									
Ä	resulting in death, EAS		d												
	PART II. Other significa	nt condition	a contributing to	daath but r	not reaulting	in the t	underlyln	g cauae	givan in	Part 1.	24a. WAS AN	AUTOPSY	24b	WERE AUTOPSY FIND	INGS
MEDICAL											PERFOR			AMAILABLE PRIOR TO COMPLETION DF CAU	
									-	— i	1 TYES 2	NO		OF DEATH?	
	DID TOBACCO	USE C	ONTRIBUTE	TO CA	USE OF	DEA	TH Y	ES 🗀	NO					1 YES 2 NO	
PHYSICIAN:	25. WAS CASE REFERRED TO									eck only one)				-
SIC	EXAMINER?	- 1	HOSPITAL:	ER/Outpetler	nt 3 🗆 DOA	OTHE 4 N	ER:			6 🗆 Other	,				
H	27. MANNER OF DEATH		26s. DATE OF	NJURY	28b. TII	WE OF	28c. IN.	JURY AT	asidenca		CRIBE HOW II	JURY OC	CURED		\dashv
		Pending Investigation	(Month, D	ay, Yeer)	IN	JURY M		ORK? YES 2 [□ NO						
ВУ	2 Culaida	Could not be	28a. PLACE O	F INJURY - /	At home, ferm,	atreet, fa	ectory, offic	in .			TION (Street a	nd Numbe	r or Rural F	Route Number,	\dashv
Ĕ		determined	building,	atc. (Specify)						City or	r Town, State)				
COMPLETED	29a. CERTIFIER	IFYING PHYSIC	CIAN: To the best of	my knowledo	e deeth occur	red at the	time det	and place	a and due	to the save	-(a) and		40.4		
ğ) and manner as state	
	29b. SIGNATURE AND TITLE	_						_	ENSE NUN					at a management	_
BE	74.1/	Sha	Jams								i i	296, DAI	1 / /	(Month, Day, New)	- 1
유	30. NAME AND ADDRESS OF	PERSON WHO	O COMPLETED CAU	SE OF DEATH	(ITEM 27) / ‰	e, Print)		DI	4285				11/	7/17	
							C+	10+ T	0000	- مالم سو	772 M	,,1 ~ ·-	4 20	650	
	31. DATE FILE WORK DOWN	791° 100 4	32 AFGISTRE	R'S SIGNATUI	Jeffer 19	Son	SLIE	et,I	геопа	Lutor	wn, rar	утап	u 20	030	-
	110 0	4 1334	Julia do	Russlan-1	Nardall										
1															



0
6876
00
9
×
2
80
0
P.0
co
Ö
7
=
\mathbf{c}
O
ш
Œ
VITAL RECORDS, P.
7
_
>
OF V
ō
_
Z
VISION
S
>
=

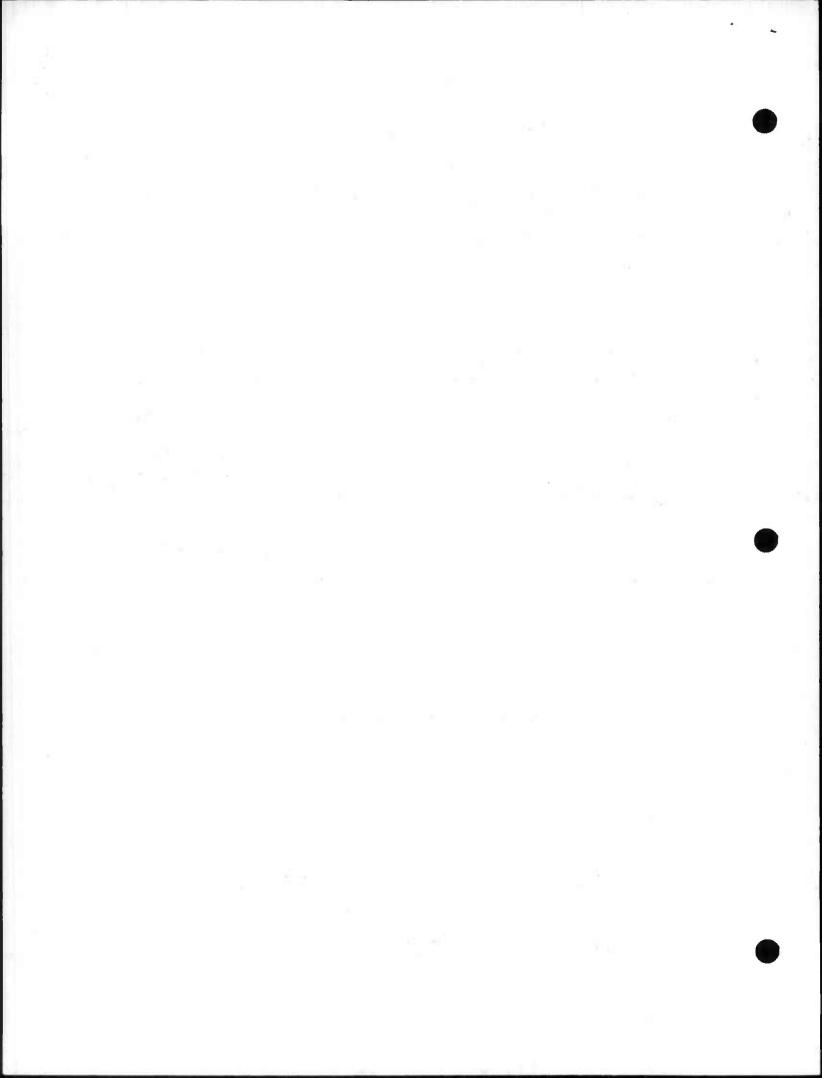
FOR STATE REGISTRAR CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF OEATN 3. TIME OF OEATN YEAR Bell <u>Andrew</u> Sabin 1994 5:00 A November 4. SOCIAL SECURITY NUMBER 5. SEX S. AGE (in yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year) Sep 12, 1920 IF UNDER 24 HRS. 6. BIRTNPLACE (State or Foreign DAYS 216-30-4475 74 1 X M 2 - F Maryland the burial-transit permit. Pages 1, 2, 3 should 9e. FACILITY NAME (If not institution, give street and number) 96. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATN DIRECTOR 9 Prather Drive St. Mary's Lexington Park 10s. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY St. Mary's Lexington Park 1 YES 2 NO Maryland FUNERAL 10f. ZIP CODE 10a, CITIZEN OF WHAT COUNTRY? 9 Prather Drive 20653 U.S.A. retained by the hospital or attending physician. 5 should be detached for use as the burial-tran 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 X YES 2 NO IF YES, GIVE WAR OR OATES 11. MARITAL STATUS 13. WAS DECENOENT OF NISPANIC ORIGIN? (Specify Yes or No—
If yes, specify Cuben, Maxicen, Puerto Rican, stc.) RACE — American Indian, Black, White, etc. 1 Never Married 2 Merried 1 TES 2 NO Specific BY 3 Wildowed 4 Divorced White use as COMPLETED 15. DECEDENT'S EDUCATION 18a. DECEDENT'S USUAL OCCUPATION 16b, KIND OF BUSINESS/INDUSTRY (Specify only highest grade comp (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) Boat Builder Construction 12th Grade 17. FATNER'S NAME (First, Middle, Last) 16. MOTNER'S NAME (First, Middle, Malden Surname) Edward Sabin Bertha Bell at BE notified page 5 should 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) 2 Judith A. Conley 8831 Deep Turn Lane, Owings, Maryland 20736 nours after death. Page 6 may be be 20e. METNOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State OATE must 20e. METNOD OF DISPOSITION

1 □ Burtel 2 □ Cremation 3 □ Removal Irom State

4 □ Donation 5 □ Other (Specify) director, Metropolitan Crematory 11/8/94 Alexandria, Virginia 21. SIGNATURE OF FUNERAL SERVICE LICENSEE medical examiner 22. NAME AND ADDRESS OF FACILITY
Mattingley-Gardiner Funeral Home, P.A. funeral P.O. Box 270, Leonardtown, Maryland 20650 filled in by the or removal 23. PART(I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiec or respiratory arrest, Approximate shock, or heert failure. List only one cause on each line. interval Between IMMEDIATE CAUSE (Fine) Onset and Death cremation. the disease or condition completely other traumatic event, resulting in death) executed with DUE TO (OR AS A CONSEQUENCE OF) bunal. month CERTIFICATION and Sequentially list conditions, OUE TO (OR AS A CONSEQUENCE OF): Hygiene prior to if any, leading to immediate cause. Enter UNDERLYING physician e death certificate CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events DIRECTOR: After this certificate has been signed by the attending hours after death with the State Dept. of Health and Mental Hygien resulting in death) LAST 6 Injury, PART ii. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMEO? the MEDICAL 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE that any 1 TES 2 NO OF DEATH? requires shows : 1 YES 2 NO PHYSICIAN: DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO 3W 23 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF OEATH (Check only one) HOSPITAL OR ATTENDING PHYSICIAN: The Item HOSPITAL OTHER: 1 TES 2 NO ☐ Inpetient 2 ☐ ER/Oulpatient 3 ☐ DOA 4 ☐ Nursing Nome 5 12 Residence 8 ☐ Other (Specify) 0 27. MANNER OF OEATN 28e. OATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28b. TIME OF 26d. DESCRIBE NOW INJURY OCCUREO marked, 1 Natural 5 Pending investigation 1 YES 2 NO ВУ 2 Accident 28e. PLACE OF INJURY — At home, ferm, street, lectory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street end Number or Rural Route Number, City or Town, State) 90 COMPLETED 6 Could not be after 28 i 4 Nomicide item 29e. CERTIFIER

(Check only 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the lime, date end place, end due to the cause(e) end manner ee stated. TO THE HOSPITAL (
TO THE FUNERAL C
BE filed within 72 h
IMPORTANT: If It (Check only one) 2 MEDICAL EXAMINER: On the beele of examination end/or investigation, in my opinion, death occurred at the time, date end piece, and due to the ceuse(e) end manner ee stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year) 29c LICENSE NUMBER BE 4 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 2470 Business Center Drive, Mechanicsville, MD Alison Lavigne, M.D. 32. REGISTRAR'S SIGNATURE 31. DATE FILEO (Month, Day, Year) NOV 07 1994

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE



REG. NO.

FOR STATE REGISTRAR

DIVISION OF VITAL RECORDS, P.O. BOX 68760

2. DATE OF DEATH DAY 1. DECEDENT'S NAME (First, Middle Lest) 3. TIME OF DEATH Lola Taylor Sebra November 12,1994 5:00 A. M 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (in yrs. last birthday) 7. DATE OF BIFTH (Month, Day, Year, 8. BIRTHPLACE (State or Foreign IF UNDER 1 YEAR IF UNDER 24 HRS DAYS HOURS 1 🗌 M 2 😾 F YRS 217-14-7077 February 26,1902 Maryland permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR St. Mary's Nursing Center Leonardtown St. Mary's 10a STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland St. Mary's Great Mills 1 TYES 2 TO NO FUNERAL 10a STREET AND NUMBER 10f ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? use as the burial-transit P.O. Box 20653 United States ours after death. Page 6 may be retained by the hospital or attending physician. I by the funeral director, page 5 should be detached for use as the burial-tran 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. BALTIMORE, MARYLAND 21215-0020 FORCES? 1 ☐ YES 2 ☑ NO IF YES, GIVE WAR OR DATES If yes, specify Cuban, Maxican, Puerto Rican, etc.) 1 Never Married 2 Married 1 TYES 2 X NO ВУ Specify Specify: 3 🔀 Widowed 4 🗌 Divorced White COMPLETED 15. DECEDENT'S EDUCATION 18a. DECEOENT'S USUAL OCCUPATION
(Give kind of work done during most of working 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest ive kind of work done
Do NOT use retired.) Elamentary/Secondary (0-12) College (1-4 or 5+) Business Manager Telephone Company once. 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) at Joseph Clarence Taylor BE Catherine Raley notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Aubrey Gatton Route 1. Box 156, Lexington Park, Maryland 20653 be 20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, Stata must 1 ★ Burial 2 Cremation 3 Ramoval from State Holy Face Catholic Cemetery 11/15 Donation 5 Other (Specify) Great Mills, Maryland Live II. examiner 22. NAME AND ADDRESS OF FACILITY Brinsfield Funeral Home Brinsfield M00052 P.O. Jr. Box 279, Leonardtown, Maryland 20650 filled in by the medicai 23. PART I. Enter the diseases, or complications that caused tha death. Do not anter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, Dr haart fallura. List only one cause on each line. interval Between ŏ IMMEDIATE CAUSE (Final Onset and Death cremation, traumatic event, the Azi disease or condition reb Ce. completely resulting in death) DUE TO (DR AS A CONSEDUENCE OF) bunal. and CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): on or or if any, leading to immediate cause. Enter UNDERLYING physician certificate be CAUSE (Disease Dr Injury other 1 the attending physical displayers that the physical displayers are the physical displayers at the physical displayers are the physical displayers. DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 6 HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death injury, PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? a de any signed Health a 1 U YES 2 THO shows a 1 TYES 2 THO has been Dept. of h DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES PHYSICIAN: NO IV 23 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 28. PLACE OF DEATH (Check only one) item certificate h HOSPITAL: 1 YES 2 NO OTHER: 1 Inpatient 2 ER/Outpatient 3 DOA 5 the 28a. DATE OF INJURY (Month, Day, Year) 27, MANNER OF DEATH 28c. INJURY AT WORK? with t marked, 28b. TIME OF 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending Investigation м 1 YES 2 ND DIRECTOR: After the hours after death vitem 28 is mari BY 2 Accident 28a. PLACE OF INJURY — At home, term, atreet, factory, office building, atc. (Specify) 3 Suicide 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be COMPLETED 4 Homicide 29a. CERTIFIER

(Chack and Chack and Certifying Physician: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and menner as stated. be filed within 72 120 IMPORTANT: If it (Check only one) FUNERAL within 72 h 2 MEDICAL EXAMINER: On the basis flation and/or investigation, in my opinion, death occured at the time, data and place, a 296. SIGNATURE AND TITLE OF CERTIF 29c. LICENSE NUMBER 29d. DATE SIGNED (About) BE 異性意 2 D19917 2 17 Jefferson Street, Leonardtown, Maryland 20650 30. NAME AND ADDRESS OF PE 31. DATE FILED /M NOV 14

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

 FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Lest)

29b. SIGNATURE AND SHEET OF CERTIFIER

NOV

FRANCIS 31. DATE FILED (Month, Day, Year)

30, NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF

1994

0 1

32. REGISTRAR'S

Lilia Savidson

품 0 1 -

	J
工	
$\tilde{\mathbf{z}}$	
æ	
9289	
00	
9	
~	
BOX	
O	
m	
o.	
v	
<u>.</u>	
400	
(7)	
m	
RECORDS	
U	
O	
ĬĬ.	
=	
LL.	
AL	
=	
ч.	
\vdash	
_	
>	
<u>Т</u>	
0	
U	
_	
ō	
=	
CD	
==	
>	
_	

CHON Nov 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. DAYS HOURS 1 M 2 X F 434-35-4395 YRS. 79 Jan. should 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH Pages 1, 2, 3 ; DIRECTOR Suburban Hospital Bethesda RESIDENCE OF DECEDENT 10c CITY TOWN OR LOCATION Maryland Rockville Montgomery permit. FUNERAL 10e. STREET AND NUMBER 101 ZIP CODE use as the burial-transit 20852 25 Farm Haven Court after death. Page 6 may be retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-If yes, specify Cuben, Mexicen, Puerto Ricen, etc.)

1 YES 2 NO Specify: 1 Never Married 2 Merried IF YES, GIVE WAR OR DATES 1 TYES 2 X NO BY 3 Widowed 4 Divorced 18e. DECEDENT'S USUAL OCCUPATION

This kind of work done during most of working COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete (Give kind of work done life. Do NOT use retired. for Elementary/Secondary (0-12) Coflege (1-4 or 5+) Homemaker funeral director, page 5 should be detached 8 Once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Sumerne) 76 Not Available Not Available BE. notified 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) 2 Richard H. Shih 25 Farm Haven Court, Rockville, Maryland Pe 20g, METHOD OF DISPOSITION
1 🔀 Buriel 2 🗆 Cremation 3 🗆 Removal from State 20b. PLACE AND DATE OF DISPOSITION / Name of DATE must Norbeck Memorial Park 11/12/94 4 Donation 5 Other (Specify) the medical examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE Robert A. Pumphrey Funeral Home/ Bethesda-Chevy Chase, Inc. M00198 Jalu Den and completely filled in by the cremation, or removal. 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart fallure. List only one cause on each line. executed within 24 hours IMMEDIATE CAUSE (Final disease or condition OUE TO (OR AS A CONSEQUENCE OF): INFARCTION resulting in death) event. prior to burial, EKIOSCLEROTIC traumatic ARDIOVASCULAR CERTIFICATION Sequantially list conditiona, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate signed by the attending physician Health and Mental Hygiene prior to OR ATTENDING PHYSICIAN: The law requires that the death certificate be cause, Enter UNDERLYING CAUSE (Disease or Injury or other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL shows any TO THE HOSPITAL OR ATTENDING PROTOCULAR TO THE FUNERAL DIRECTOR: After this certificate has been be first with the State Dept. of 4 IMPORTANT: It item 28 is marked, or item 23 sho DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) HOSPITAL: OTHER 1 TES 2 NO ☐ Inpatient 2 ER/Outpatient 3 ☐ DOA 4 - Nursing Home 5 - Residence 8 - Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 1 Natural 5 Pending BY 1 YES 2 NO Investigation 2 Accident 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 3 Suicide COMPLETED 8 Could not be 4 Homicide determined 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end menner ee stated. (Check only one) 2 MEDICAL EXAMINER: On the beele of examination end/or investigation, in my opinion, death occured at the time, date end piece, end due to the ceuse(e) end manner es stated.

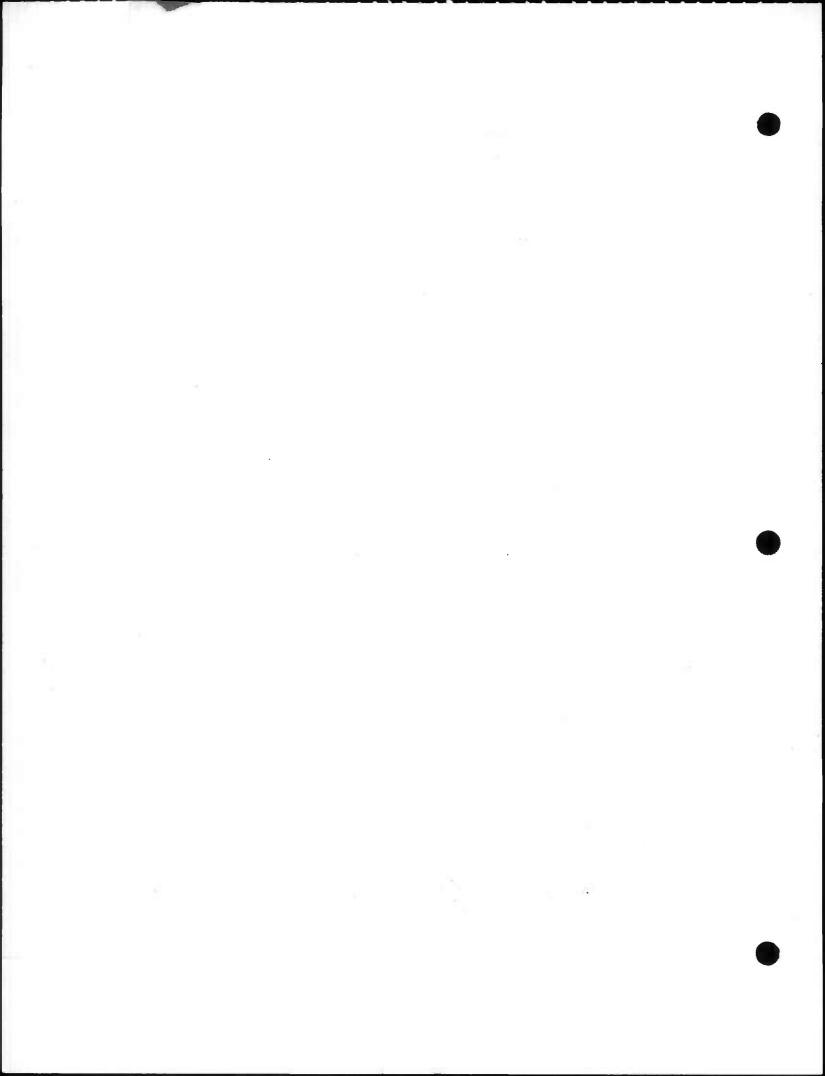
CERTIFICATE OF DEATH

29c. LICENSE NUMBER

SEATH (ITEM 27) (Type, Print)

- Randell

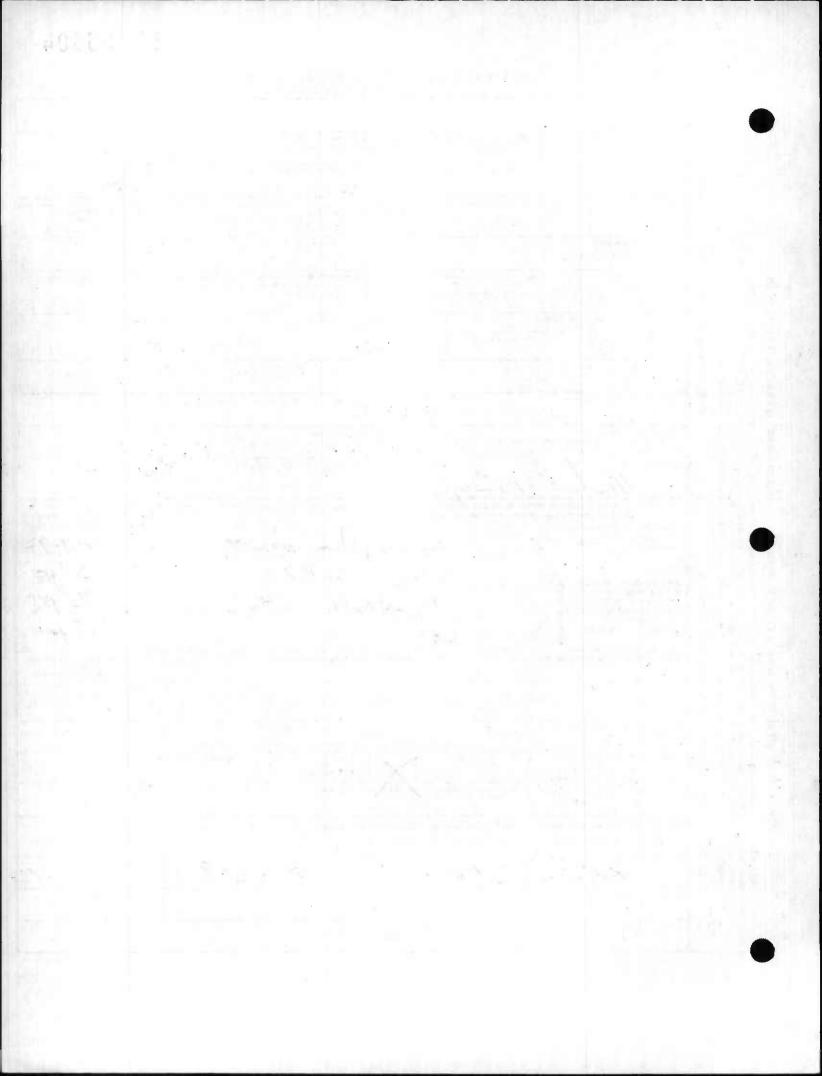
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REG. NO 2. DATE OF DEATH 3. TIME OF DEATH 18 B. BIRTHPLACE (State or Foreign China 20,1915 9c. COUNTY OF DEATH Montgomery 10d. INSIDE CITY LIMITS? 1 X YES 2 NO 10g. CITIZEN OF WHAT COUNTRY? China 14. RACE — American Indian, Black, White, etc. Specify: Asian 16b. KIND OF BUSINESS/INDUSTRY Own Home 20852 20c. LOCATION - City or Town, State Olney, Maryland Bethesda-Chevý Chase, Inc. Wisconsin Ave., Bethesda, MD 20814-3501 Approximata Interval Batween Onset and Death 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PERFORMED? WAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO 1 TES 2 NO 28d. DESCRIBE HOW INJURY OCCURED 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 29d. DATE SIGNED (Month, Day, Year)



1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF OEATH 3. TIME OF DEATH NOVEMBER 9, 1994 BRADLEY STEWART, JR. AMES 7:30 AM 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign DAYS HOURS 1 M 2 F 1907 577 14 7847 87 January 13 WASHINGTON, DC Pages 1, 2, 3 should 9e. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 10310 ROYAL RD. SILVER SPRING MONTCOMERY RESIDENCE OF DECEDENT 10e. STATE 10h COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? MD. MONTGOMERY SILVER SPRING 1 X YES 2 NO permit. FUNERAL 10e STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 10310 ROYAL RD. 20903 u.s.a. detached for use as the burial-transit the hospital or attending physician 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ABMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. BALTIMORE, MARYLAND 21215-0020 t Never Married 2 Merried 1 TES 2 NO IF YES, GIVE WAR OR DATES Specify: BY Specify: 3 🔀 Widowed 4 🗌 Divorced WHITE COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) MILL WORKER LUMBER MILL 17. FATHER'S NAME (First, Middle, Lest)
JAMES B. STEWART, SR. 16. MOTNER'S NAME (First, Middle, Meiden Sur ANNIE ELIZA BROWN page 5 should be 늄 retained by BE notified a 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 LORRAINE J. EDGINS SAME AS 10e Раде 6 тау be pe 20e. METNOD OF DISPOSITION
1 ☑ Buriel 2 ☐ Cremation 3 ☐ Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION -- City or Town, State must funeral director, FT. LINCOLN CEMETERY 11/12/94 4 ☐ Donation 5 ☐ Other (Specify) BRENTWOOD, MD. examiner 21. SIGNATURE OF FUNERAL SBUTICE LICENSEE 22. NAME AND ADDRESS OF FACILITY HOME INC 254 CARROLL ST N.W. WASHINGTON, D.C. in and completely filled in by the 1 to burial, cremation, or removal. medicai 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory erreat, ahock, or heart fellure. List only one cause on each line. Interval Between Onset and Death IMMEDIATE CAUSE (Final the disease or condition DUE TO (OR AS A CONSEQUÊNCE OF): event, resulting in death) DUE TO (OR AS A CONSEC traumatic CERTIFICATION Sequentially list conditions, If any, leading to immediate the attending physician Mental Hygiene prior to cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST 0 PART II. Other algorificant conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL been signed by the AMAILABLE PRIOR TO COMPLETION OF CAUSE any t YES 2 NO Shows t TYES 2 NO has be Dept. PHYSICIAN: OR ATTENDING PHYSICIAN: The law 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATN (Check only one) r this certificate h h with the State I EXAMINER? HOSPITAL: OTHER:
4 □ Nursing Nome 5X Residence 8 □ Other (Specify) 1 Inpetient 2 ER/Outpetient 3 DOA 6 27. MANNER OF DEATN 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE NOW INJURY OCCURED marked, 1 X Natural 5 Pending BY 1 YES 2 NO After Investigation 2 Accident DIRECTOR: Aff hours after de-item 28 is r 28e. PLACE OF INJURY — At hope, term building, etc. (Specify) 3 Suicide 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be determined COMPLETED FUNERAL DIRECT within 72 hours a 29e. CERTIFIER
(Chack ank)

1 CERTIFYING PHYSICIAN: To the best of my knowledge, deeth occurred at the time, dete end place, end due to the cause(e) end manner se steted. HOSPITAL TO THE HOSPITA
TO THE FUNERAL
De filed within 72
IMPORTANT: II 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occured at the time, date end place, end due to the cause(e) end menner ee stated. 296. SIGNATURE AND TITLE OF CENTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE Mo -KH Da 10 NOVEMBER 10,1994 0 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) ROY SANDSTROM, M.D. 7701 CARROLL AVE. TAKOMA PARK, MD 20912 31. DATE FILED (M 32. REGISTRAR'S SIGNATURE

who Davidson Randall



Pages 1, 2, 3 should

permit.

ached for use as the burial-transit

the	9		5
3	ğ		동
ed	묠		5
Teg	S		=
9	3		2
y D	306		Pe
E	0,0		\$5
9) J J		Ē
30	Ġ		9
-i	eral		듵
leat	Ę		Xai
er d	the	3	-
A.	à	E C	23
SIN	.5	f re	3ed
ĕ	Pel	0.	-
	λ	ation	£
4	etel	ema	Ħ,
3	du	5	26
ute	8	ria	3
Sec	and	P	Tat
90	lan	r to	5
te	Sic	prio	E
Ifica	퉏	au.	he
Sert	ling	SQ.	9
#	end	H	9
dea	at	entre	5
the	Ē	N	壹
hal	5	an	1
es t	Jue C	atth	60
July 1	Sign	운	*
9	bee	0	5
MB.	as t)ept	23
	e h	te D	E
ž	hear	Sta	=
S	enti	the state	6
32	is	₽	Pa
9	=	4	ark
NO.	Afte	feat	E
EN	8	Je.	- 50
AT	5	affe o	28
OR.	J.K.	OUL	em
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within rouns after death. Page 6 may be retained by the	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be de-	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at on
PIT	ER	in 7	=
502	3	F	AN
¥	事	Page 2	E
1	Ė	100	¥ F
H	Ħ	2	=

BY

COMPLETED

BE

0

Amended #7, 11/9/94, MRT, Montgomery Co. 94 35605 mended # 200, 11/4/94, J.W., Montgomery 1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. OECEOENT'S NAME (First, Middle, Last) NOVEWAEL Z 7:35 PM Robert W Stone, Sr. 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH 1915 IF UNDER 1 YEAR IF UNDER 24 HRS. September 15, MONTHS DAYS HOURS 1 😾 M 2 🗌 F YRS 578-18-4774 Maryland 9a. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF GEATH 9c. COUNTY OF DEATH DIRECTOR Paint Branch Home Adelphi Prince Georges RESIDENCE OF DECEDENT 10a. STATE 16b. COUNTY 10c. CITY, TOWH OR LOCATION 10d, INSIDE CITY Prince Georges Maryland Hvattsville 1 YES 2 X NO FUNERAL 10a. STREET AND NUMBER 101. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 6908 24th Avenue 20783-2730 U.S.A. 12. WAS OECEDENT EVER IN U.S. ARMED FORCES? 1 X YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No 11. MARITAL STATUS 14. RACE — American Indian, Black, Whita, etc. If yes, specify Cuban, Maxican, Puarto Rican, etc.)

1 YES 2 NO Specify: 1 Never Married 2 X Married Specify: B 3 Widowed 4 Divorced WW II White COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEOENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INQUISTRY (Specify only highest grade comp (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5 +) 12 Federal Government Systems Analyst 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) Charles Reitz Stone Lilly May Burdette BE notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 6908 24th Avenue Lucille S. Stone Hyattsville, Maryland 20783-2730 Pe 20g METHOD OF DISPOSITION
1 Surial 2 Cremation 3 Removal from State Cheltenman, Maryland 11/7/94ATE 20b. PLACE AND DATE OF DISPOSITION (Name of must Cemetery, crematory or other place)
Maryland Veterans Cemetery 4 Donation 5 Other (Specify) examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Francis J. Collins Funeral Home, Inc. 500 University Blvd., W. Sil.Spr., MD 20901 medical 23. PART i. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiec or respiratory arrest, Approximate shock, or heart failure. List only one cause on each line. Interval Between IMMEDIATE CAUSE (Finel Onset and Deeth the disease or condition MEUMONIA reaulting in deeth) event, OUE TO (OR AS A CONSEQUENCE OF) traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) If eny, leading to immediate cause. Enter UNDERLYING other CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF)that initieted evente reaulting in deeth) LAST 0 injury, PART II. Other algorithms conditions contributing to death but not resulting in the underlying ceuse given in Pert I. PHYSICIAN: MEDICAL 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE DISC any t YES 27 NO OF DEATH? Shows 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES \square NO \square UNCERTAIN \square 23 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 28. PLACE OF OEATH (Check only one) Hem OTHER: 1 YES 2 NO 1 | Inpetiant 2 | ER/Outpetiant 3 | DOA 8 Other (Specify) 6 27. MANNER OF OEATH marked, 28c. INJURY AT WORK? 28d. OESCRIBE HOW INJURY OCCURED Natural Acold

28a. OATE OF INJURY (Month, Day, Year)

28b. TIME OF м

1 YES 2 NO 28a. PLACE OF INJURY — At home, tarm, street, tactory, offica building, atc. (Specify)

281. LOCATION (Street and Number or Rural Route Number, City or Town, State)

CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated.

MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opini	on, death occured at the time, data and placa,	and due to the cause(s) and manner as state
WILL ALLAN WD	29c. LICENSE NUMBER	29d. DATE SIGNED (Month, Day, Year)

			V	-		<u>v - </u>		UV	~	00.	-					
E	ANG) A	DORESS	OF	PERSO	WH	о со	MPLETE	O 0	AUSE	OF	DEATH (TEM 27)	(Type.	Print)	
ì		0	-			0	C 1.	1	17	1.1	190		0	1.	-	,

DRIVE

Ц onth, Day, Year)
4 1994 32. REDISTRAR'S SIGNATURE

5 Pending Investigation

8 Could not be

determined

Accident

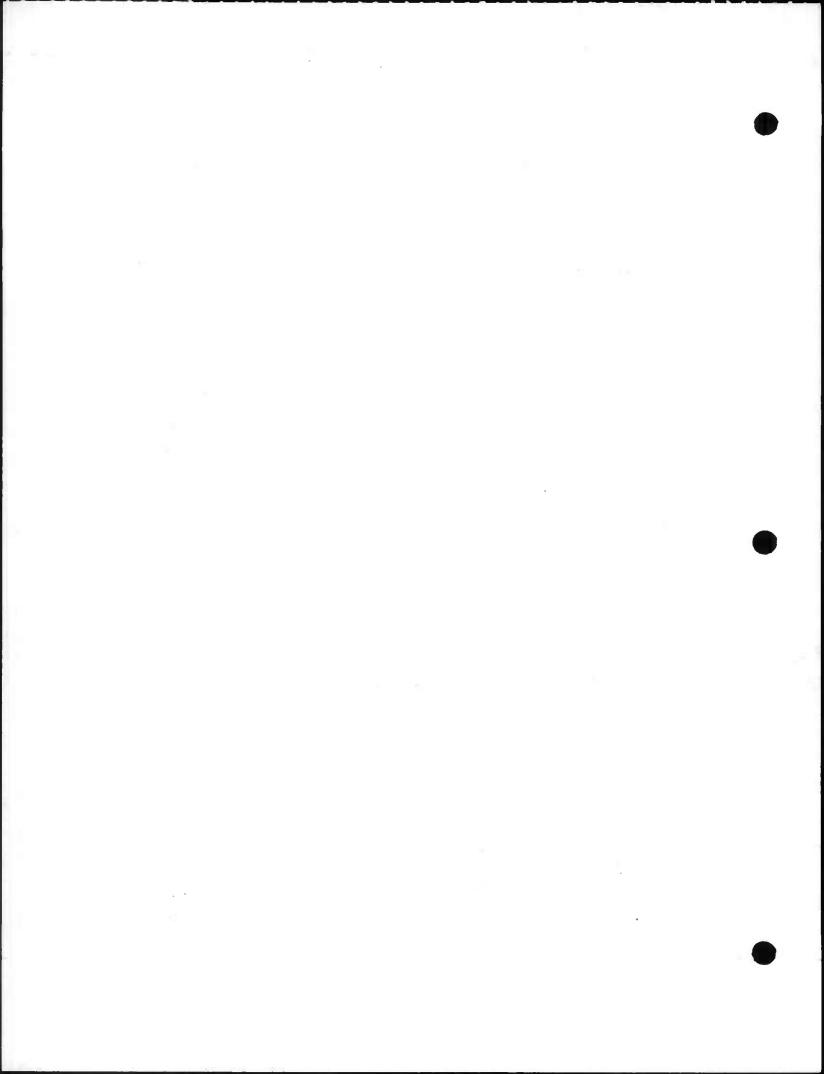
3 Suicide

29a. CERTIFIER

30, NAM

4 Homicide

(Check only one) 29h SIGNATURE

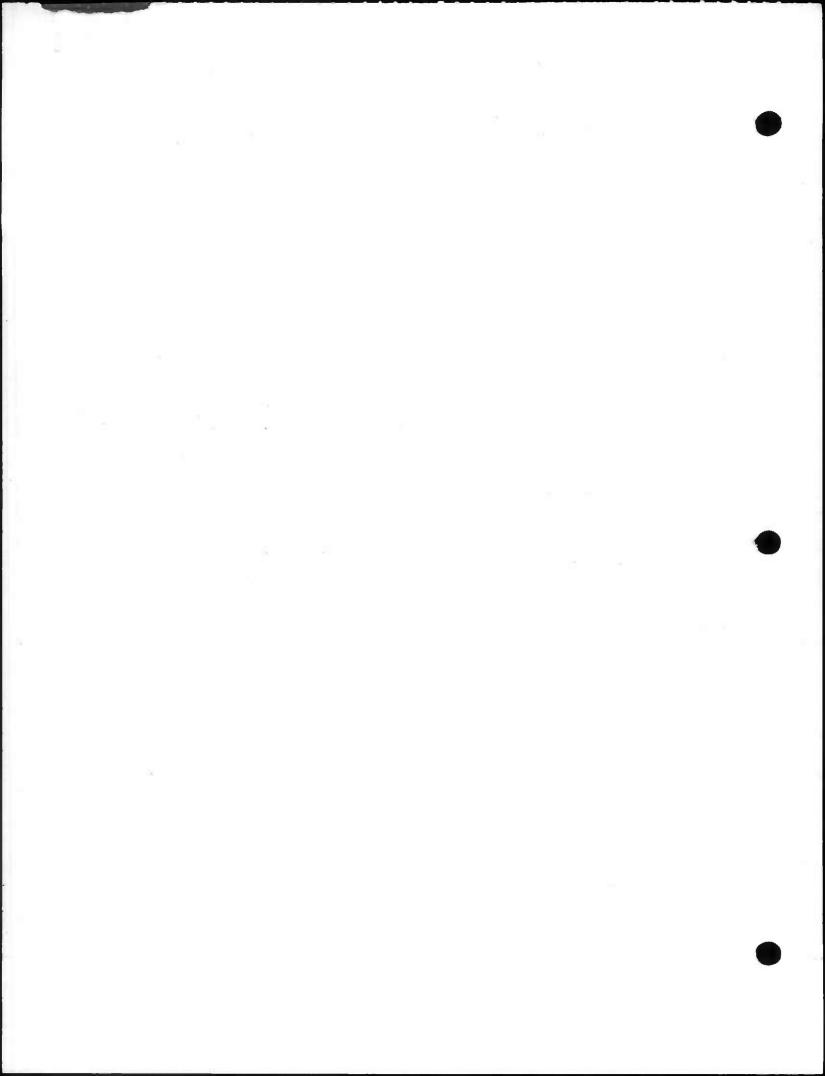


Amended # 1#0e #19b 11/9/94 MRT Monta 1. STATE STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CE	RTIF	ICATI	E OF	DEAT	Ή		REG. NO		0		0	
	1. DECEDENT'S NAME (First, Middle, Last)	Villiam								E OF OEATH		Mark	3. TIME OF D	EATH	
	Remond)	di Seu	1190						MOI		AY S	SH YEAR	(0	P	M
	4. SOCIAL SECURITY NUMBER	5. SEX	B. AGE (In yrs. last	birtnday)	IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DAT	E OF BIRTH	918	8. BIRTI	HPLACE (State of	r Foreign	7
	268-05-3846	1 👽 M 2 🗆 F	76	YRS.	MONTHS	BYAG	HOURS	MIN.	(MU	ust 21,		Ohi	* *		
	9a. FACILITY NAME (If not institution, give stre	et and number)	70		9b. CITY	. TOWN C	R LOCATIO			ust 21,	7	UNTY OF D			
œ											l				
2	Suburban Hospital					ethe	sda				Mon	tgom	ery		
E	10a. STATE 10b. COUNTY			10c. CIY	Y, TOWN	OR LOCAT	ION						10d. INSIDE	YTE	
DIRECTOR	Maryland Mont	gomery		Rο	ckvi	110							LIMITS?	V NO	
7	10e. STREET AND NUMBER	gomery		100	CICVI	_	ZIP CODE				10a. CI1	TIZEN OF V	WHAT COUNTR		
FUNERAL	4851 Floral Valley	Drivo					208	252				S.A			
Z I		12. WAS DECEDENT	EVER IN U.S. ARM	IED	13.	WAS DEC			IIC OBIG	IN? (Specify Ye			E — American	ndlen	\dashv
	1 Never Married 2 Merried	FORCES? 1) IF YES, GIVE WA	YES 2 NO			If yea, spe	ecify Cuban	, Mexica	n, Puart	o Ricen, etc.)		Black	k, White, etc.	rorari,	
BY	3 Widowed 4 Divorced	WW				I TES	2 X NO	Speciny	,			Spec	ite		
	15. DECEDENT'S EDUCA	TION	18a. DEC	EDENT'S	USUAL O	CCUPATIO)N		10	6b. KIND OF BU	SINESS/IN	-	Tre	_	\dashv
	(Specify only highest grade of Elementary/Secondary (0-12)	College (1-4 or 5+)	(Giv	e kind of v Do NOT us	work done se retired.)	during mo:	st of working	7							
7	, (6 12)	5+	C.P.	Δ					- -	Federa1	Con	rornm.	ent		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		10.1	21.			18. MOTH	ER'S NA		t, Middle, Malden			CIIC		
	John Sewe	1.1									Jonaine				
BE	19a. INFORMANT'S NAME (Type/Print)		19h	MAILINO	ADDRES	S (Street a				Spaeth mbor, City or Tow	on Ctube 7	'n Cadal	,		\dashv
임	A CONTRACTOR OF THE PROPERTY O		ľ		PIDU	Der						111000	194208	53	
	Rita H. Sewell		20b. PLACEAI	*				7 Dr	_	Rocky					-
	1 XBurial 2 Cremetion 3 Remov	ral from State	cemetery crem	etory or o	ther place)				1			- City or To	,		
	4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICE	NSEE] Gate o	or H			Metel			/94Silv	er S	prin	g,Mary	Land	1_
	1/4 11	0								s Funer	al H	lome,	Inc.		
	Ullrew Sta	ond			50	0 Un	ivers	sity	B1	vd.,W.	Sil.	Spr.	,MD 20	901	
	23. PART I. Enter the diseeses, or co	mplicatione that	ceueed the dea	th. Do r									Approx	Imate	
- 1	ehock, or heart failure. Li IMMEDIATE CAUSE (Final	at only one cause	e on each line.											Betwe	
	disease or condition	1-	10.0	0.	400	1.1.	at	4.					15	سيال	
- 1	reaulting in death) a.	DUE TO (C	OR AS A CONSECU	JENCE O	F):	San Charle	Las	1					-	-0	\dashv
z		(1.5	4	A 40.	t		0	C	-1			116	day	0
ᅙᅵ	Sequentially list conditions, if any, leading to immediate	DUE TO (C	OR AS A CONSECU	JENCE OI	F):		~)	Pu	from	ov.				0	
CERTIFICATION	cause. Enter UNDERLYING		Coun		2	VIA	B	. Co	40	21.210			16	duy	
Ĕ	CAUSE (Disease or Injury that initiated events	DUE TO (C	AS A CONSECU	JENCE DI	F):	-	1	11.		-wy	m	-			
٤١	resulting in death) LAST		Crum of AS A CONSEON	len	etre	cen	dur	man	ln	disina	_0		45	and	ا ، د
	DATE II Colored and a second												10		
DICAL	PART II. Other aignificent conditions	contributing to d	eath but not re	sulting	In the ur	nderlying	ceuse g	iven in	Pert I.	24a. WAS AN PERFOI		24b	. WERE AUTOPS AVAILABLE PR		GS
ă	Sepris									1 TYES 2	NO		OF DEATH?	F CAUSE	E
<u>w</u>												- 1	1 YES 2	KNO	
PHYSICIAN: ME	DID TOBACCO USE CONTRI	BUTE TO CAU	SE OF DEAT	H YE	S 🔲 I	NO 🗆	UNC	ERTAIN	N 🗆				,		
¥	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		26. PLACE	OF DEAT											
<u>i</u>		HOSPITAL:	ER/Outpatient 3	DOA	OTHER		o 5 □ Ras	Idenca	8 🗆 Ott	her (Specify)					
Ē	27. MANNER OF DEATH	28e. DATE OF IN	IJURY	28b. TIM	E OF URY	28c. INJU	URY AT		28d. D	EŞCRIBE HOW I	NJURY OC	CURED			\dashv
	Netural 5 Pending	(Moran, Day,	rour)	INJ	M		ES 2	NO							Ì
B√	2 Accident Investigation 3 Suicida 8 Could not be	28e. PLACE OF	INJURY — At hom	e, ferm, s	street, fect	ory, office			28f. LC	CATION (Street	and Numbe	or Or Rural F	Route Number,		\dashv
Ĕ	4 Homicide detarmined	building, at	с. (Ѕреспу)						Ch	ty or Town, State;					- 1
۱ ب	29a. CERTIFIER	AN THE STATE OF										- ·			\dashv
MP	(Check only one)														. 1
COMPLETED	2 MEDICAL EXAMINER:	On the beat of exe	milation and/or in	ventigatio	n, in my c	pinion, de	PHITH OCCUPE	a st the	tima, da	ne and pieca, ar	nd due to t	the cause(e	e) end manner (e stated	
ш I	296. SIGNATURE AND TITLE OF CENTIFIER)	5				29c. LICE				29d. DA		(Month, Day, Ye	ar)	<u> </u>
0 8	Samuel II To	realber	Some				16	36	00			11-	6-94		
-	30. NAME AND ADDRESS OF PERSON WHD											2			
	1 1). Gold	han	MD		(LY)	2 80	NK!	lead.	a Di		Solhar	1 M 1	2- 6	10



31. DATE FILED (Month, Day, Year)
NOV 0 9 1994



BALTIMORE, MARYLAND 21215-0020

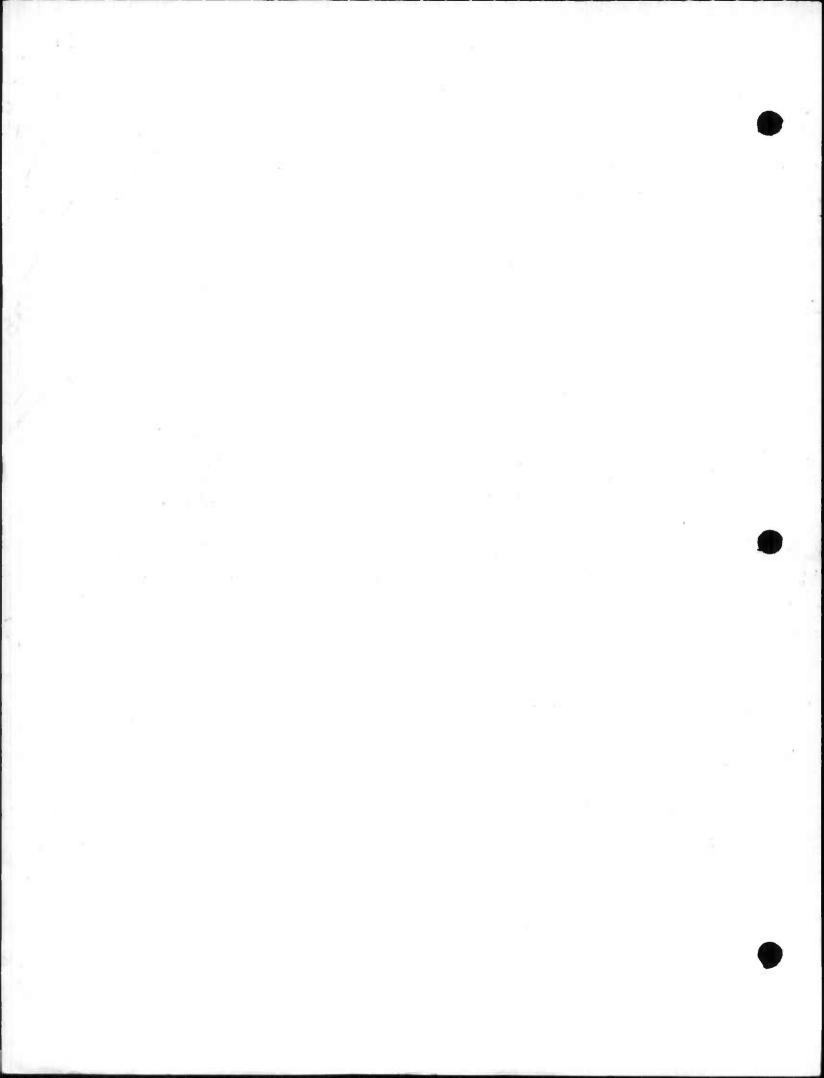
DIVISION OF VITAL RECORDS, P.O. BOX 68760.

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIF	ICATE O	F DEATH	REG. NO	O.	
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH
L	Brendon	Shores				October 2	8. 1994	8:24 A
	4. SOCIAL SECURITY NUMBER 5. SEX	8. AGE (In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7 DATE OF BIRTH	0 04	RTHPLACE (State or Foreign
	N/A 13	M 2 🗆 F	YRS.	MONTHS DAYS	Hours Min.	(Month, Day, Year) October 2		ountry)
	9a. FACILITY NAME (If not institution, give street and	f number)	*	9b. CITY, TOW	OR LOCATION OF DI		9c. COUNTY O	aryland
Œ	Holy Cross Hospital							
18	RESIDENCE OF DECEDENT			L SIIVE	r Spring		Montgo	omery
DIRECTOR	10a, STATE 10b, COUNTY		10c. CIT	Y, TOWN OR LOC	ATION			10d. INSIDE CITY
5	Maryland Montgom	erv	Ge	rmantow	m			LIMITS?
7	10e. STREET AND NUMBER	/	1 00		of. ZIP CODE		10g. CITIZEN C	OF WHAT COUNTRY?
EH.	18018 Cottage Garden	Drive			20874		11	S.A.
FUNERAL		AS DECEDENT EVER IN PRCES? 1 YES	U.S. ARMED	13. WAS D		IIC ORIGIN? (Specify Y		ACE American Indian.
		PRCES? 1 YES	2 XNO	If yes,	specify Cuban, Mexica S 2 X NO Specifi	n, Puarto Rican, etc.)	8	lack, White, atc.
B	3 Widowed 4 Divorced				T LE TO SPECIA		, ,	White
8	15. DECEDENT'S EDUCATION (Specify only highest grade complete	nerf)	16a. DECEDENT'S	USUAL OCCUPA	TION	16b. KIND OF B	USINESS/INDUSTR	
Li		ge (1-4 or 5+)	ille. Do NOT u	se retired.)	nost of working			
Ē	N/A		N/A					
COMPL	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Maide	n Sumame)	
BE	Brandon Keith Shore	es			Belind	la Lynn Ba	iley	
	19e, INFORMANT'S NAME (Type/Print)		19b. MAJLING	ADDRESS (Stree		Route Number, City or To		20879
2	Denise Schattenberg		19035	Ouail V	allev Bon	levard G	aithersh	ourg, Maryland
	20a. METHOD OF DISPOSITION	20b.	PLACE AND DATE	OF DISPOSITION			OCATION — City o	
	1 Donalion 5 Other (Specify)	m State cem	etery, crematory or o	ther place)	emetery 1	1/// /9/911	vor Cari	ing,MD 20901
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE.)	400 OI II	22. NAME	AND ADDRESS OF FA	CILITY		
	1 /4 / AS	20				lins Fune		
	Olevan O	rona		500 U	niversity	Blvd.,W.	Sil.Spr	.,MD 20901
	23. PART i. Enter the diseases, or complice abook, or heart fellure. List on	cations thet caused ily one ceuse on as	the death. Do a	not enter the n	node of dying, suc	h ea cerdiec or rea	piratory arrest,	Approximate interval Batween
	IMMEDIATE CAUSE (Final		-					Onset and Death
	disease or condition resulting in death)	DUE TO (OR AS A	ntho	Lan	hemon	hos		1
1		1 6				0		
Z	Sequentially list conditions, b.	eri had			à			
Ĕ	if any, leeding to immediate	DUE TO (OR AS A	CONSEQUENCE O	F):	-	^ -		
2	cause. Enter UNDERLYING CAUSE (Disease or injury	remas	Jung	1	20 h	recho, 8	11 gras	200
<u> </u>	that initiated events	DUE TO (OR AS A	CONSEQUENCE O	5 7:		,	0	
CERTIFICATION	d.							
L 0	PART ii. Other significent conditions contr	ributing to deeth bu	ut not reaulting	in the undariv	ng cause given in	Part I. 24s. WAS A	N AUTOPSY	24b. WERE AUTOPSY FINDINGS
DICAL	Resmoston	/	o Syn			PERFO	PRMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE
	Right	21	200	DOYOVE		1 _ YES	2 🗌 NO	OF DEATH?
ME	Track there	- Cla	a year					1 YES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL							
PHYSICIAN:	EXAMINER? HOS	PITAL:	9.500	OTHER:	PLACE OF DEATH (Ch	eck only one)		
IXS		npatient 2 ER/Outpu			me 5 Realdenca			
ᇤ	1 Netural 5 Pending	8a. DATE OF INJURY (Month, Day, Year)	28b. TIN	JURY V	JURY AT	28d. DEŞCRIBE HOW	INJURY OCCURED)
À	2 Accident Investigation				YES 2 NO			
₽	3 Suicide 8 Could not be 4 Homicide detarmined	8e. PLACE OF INJURY building, etc. (Special Control of the Cont	— At home, term, : ify)	street, factory, of	ice	281. LOCATION (Street City or Town, State	and Number or Ru 9)	ral Route Number,
E								
립	29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To	the best of my knowle	edge, death occurr	ed at the time, da	ta and placa, and dua	to the cause(s) and m	anner as stated.	
COMPLETED	one) 2 MEDICAL EXAMINER: On th	ne beels of examination	and/or investigation	on, in my opinion	death occured at the	Ilme, data and place, s	and due to the ceu	ee(a) and manner as stated.
Ш	29b. SIGNATURE AND TITLE OF CERTIFIER	0 1			29c. LICENSE NUI	MBER	29d. DATE SIGN	NED (Month, Dlay, Year)
0	Mandon	M.			D 35	4.1.1	10	128/94
2	30. NAME AND ADDRESS OF PERSON WHO COMP	LETED CAUSE OF DEA	ATH (ITEM 27) (Type	, Print)	1 5 55	11	/0/	011
					110 1	C!	W 1	1 20010
	Marilea K. Miller, M	2. REGISTRAR'S SIGNA	TURE	Gren Ro	bad Silve	er Spring,	Maryla	na 20910
	NOV 0 7 1994	Davidor	r. Randell					



DIVISION OF VILAL RECORDS, P.O. BOX 60100, BALLIMORE, MARYLAND 21215-0020
TO THE MOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the contractions after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this centificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	DECEDENT'S NAME (First, Mi		YS MARIE	SHAVE	ER				2. DATE OF MONTH		Ъ	44	3. TIME OF DEATH
4.	212-34-7078		5. SEX 1 □ M 2 □ F	6. AGE (In y	rs. last birthdey) YRS.	IF UNDER 1 YEAR MONTHS DAYS		24 HRS. MIN.	7. DATE OF (Month, De July,	ly, Year)	924	Count	HPLACE (State or Foreign
F	Bon Secours	Exter		Faci	lity	96. СІТУ, ТОМІ Е	OR LOCATION		EATH		9c. COU	INTY OF D	- nd
	esidence of decei	Ob. COUNT	Y		10c. CIT	Y, TOWN OR LOC	ATION						10d. INSIDE CITY LIMITS?
	laryland	Howa	rd County	7	E	llicott	City	_			10- 017	TEN OF I	1 TYES 2. NO
	3000 North R	idge	Road			1.0	2104					SA	WHAT COUNTRY?
11.	. MARITAL STATUS Never Merried 2 Me Wildowed 4 Divorce	erried	12. WAS OECEOEN FORCES? 1 IF YES, GIVE W	YES 2	2 NO	If yes,		n, Mexico	NIC ORIGIN? (S n, Puerto Rica y:		_	14. RAC	E — American Indien, ek, White, etc.
- 201	15. DECEO	ENT'S FOU	CATION	16	ia. DECEDENT'S	USUAL OCCUPA	TION	-	165 KIR	ID OF BUS	INFSS/IN	DUSTRY	white
	(Specify only his Elementary/Secondary (0-12)	ighest grade	completed) College (1-4 or 5 +	+)	(Give kind of life. Do NOT u	work done during : se retired.)	most of workin	ng					acility
17.	FATHER'S NAME (First, Middle	fle, Last)			1100000	COL	18. MOTI	HER'S NA	ME (First, Midd			re r	actiticy
J	John Hence W	hetze	21				Em	ua V	iola D	ove			
- 1	e. INFORMANT'S NAME (Type					ADDRESS (Street							
	r. Raymond I		Shaver, J			Box 55		icot					
120	☐Burial 2 ☐ Cremation ☐ Donation 5 ☐ Other (Sp	3 🗆 Rem	oval from State	cemelei	ACE AND DATE ry, crematory or continued to the 1 months of th	of DISPOSITION (Name of	cdon	DATE	20c. LO	CATION —	City or To	own, State Sville, M
_	SIGNATURBYOF FUNERAL S		rever 1	- 1018	BUICHMII	PERMIT	al Cal	COLL	$\tau \uparrow - \tau \tau -$	360	TOLL	TOUL	54 M 1 1 163 - 171
	/1 . 1		CEMBER /				AND AODRES						13 4 22 22 22 7 1 2
	1/ plumby	Un	Sel			Slace Slace	AND AODRES	ss of fa nera	auty 1 Home	, p.:	Α.		5 4 1 3 1 3 1 5 1 5 1 5 1 5 1 5 1 5 1 5 1 5
22	2 PARY i. Enter the dise	Mar.	Sections that	t ceused th	MOOS	22. NAME Slac 535 E11:	and Address Cla Fur Loott	ss of FA nera Cit	auty 1 Home y, MD	, P.	A.		Approximata
IN di	IMSDIATE CAUSE (Fine)	Man peses or ent failure.	complications that	ise on each	MOOS	22. NAME Slace 535 E11	AND AODRES CIC FUY COULT COUL	ss of FA nera Cit Ing, suc	Home y, MD h as cerdiac	21.04: pr respi	A. 3 ratory ar		Approximata interval Batw Onset and D
IN di	shock, or hear MM5DIATE CAUSE (Finei	Man peses or ent failure.	complications that List only one cau	WO CO	MOOS	22. NAME S1ac S1ac S1ac S1ac S1ac S1ac S1ac S1ac	AND AODRES CIC FUY COULT COUL	ss of FA nera Cit Ing, suc	THOME Y, MD h as cerdiac	21.04: pr respi	A. 3 ratory ar		
IN di re	shock, or hear MM5DIATE CAUSE (Fine) Isease or condition sesulting in death) equantially list condition any, leading to immedia ause. Enter UNDERLYING AUSE (Disease or injury	esses or or failure.	a. DUE TO	OR AS A CO	MOOS ne death. Do n line.	22, NAME S1 ac S1	AND AODRES CIC FUY COULT COUL	ss of FA nera Cit Ing, suc	THOME Y, MD h as cerdiac	21.04: pr respi	A. 3 ratory ar		Approximata interval Batw Onset and D
di di re	shock, or hear MM5DIATE CAUSE (Fine) Isebse or condition seutting in death) equantially list condition any, leading to immedia ause. Enter UNDERLYING	esses or or failure.	a. DUE TO	OR AS A CO	MOO! ne death. Do n line. NECULION ONSEQUENCE O	22, NAME S1 ac S1	AND AODRES CIC FUY COULT	ss of FA nera Cit Ing, suc	THOME Y, MD h as cerdiac	21.04: pr respi	A. 3 ratory ar		Approximata interval Batw Onset and D
IN di re	shock, or hear MM5DIATE CAUSE (Fine) Isebse or condition sulting in death) equantially list condition any, leading to immedia ause. Enter UNDERLYING AUSE (Disease or injury act infitted events	More seems of the	DUE TO d	(OR AS A CO	MOOS ne death. Do n line. DONSEOUENCE O DONSEOUENCE O DONSEOUENCE O	22. NAME SI ac SI	AND AODRECTS FUY LCOTT HODE OF DY	ss of FA	CHITY 1 Home 1 H	21.04: pr respi	A. 3 Fratory ar	reat,	Approximata interval Batw Onset and D / MMM
Si if ci Ci th re	shock, or hear shock, or hear lacese or condition esulting in death) equantially list condition any, leading to immedia ause. Enter UNDERLYING AUSE (Disease or injury lat initieted events esulting in death) LAST	More seems of the	DUE TO d	(OR AS A CO	MOOS ne death. Do n line.) ONSEQUENCE O ONSEQUENCE O	22. NAME SI ac SI	AND AODRECTS FUY LCOTT HODE OF DY	ss of FA	Part I. 24	21.04 Dr respli	A. 3 Fatory ar Autropsy MED?	reat,	Approximate interval Betw Onset and D
Si if ci Ch	shock, or hear MM5DIATE CAUSE (Fine) Iseese or condition seutting in death) equantially list condition any, leading to immedia ause. Enter UNDERLYING AUSE (Disease or injury rat inflieted events seutting in death) LAST ART II. Other significent Curgestul WAS CASE REFERRED TO M	na, ata G	DUE TO d	(OR AS A CO	MOOS ne death. Do n line.) ONSEQUENCE O ONSEQUENCE O	22. NAME SI 30 SI	AND AODRECTE FUR LCOTT HODE OF dyl	ss of FA	Part I. 24	21.04 Dr respli	A. 3 Fatory ar Autropsy MED?	reat,	Approximate interval Batw Onset and D / Mow.
Siff care Countries Pr	equantially list condition any, leading to immedia ause. Enter UNDERLYING AUSE (Disease or injury lat initiated events esuiting in death) ART II. Other significent Cury & S Full	na, ata G	DUE TO d	(OR AS A CO	MOO! ne death. Do n line. COM ON ONSEQUENCE O ONSEQUENCE O ONSEQUENCE O ONSEQUENCE O	22. NAME SI 30 SI	AND AODRES FUR ICOUTE TO THE I	given in	Part I. 24	Dr resplication of the control of th	A. 3 Fatory ar Autropsy MED?	reat,	Approximate interval Batw Onset and D. / / / / / / / / / / / / / / / / / /
Solitore P/	shock, or hear MMSDIATE CAUSE (Fine) Iseese or condition southing in death) equantially list condition any, leading to immedia ause. Enter UNDERLYING AUSE (Disease or injury act initiated events southing in death) LAST ART H. Other significent Curry & Struct Curry & Struct WAS CASE REFERRED TO M EXAMINER? 1 YES 2 NO MANNER OF DEATH 1 Natural 5 Per	condition	DUE TO b. DUE TO c. DUE TO d. HOSPITAL:	(OR AS A CO	MOO! ne death. Do n line. ACULO ON ONSEQUENCE OF ONSEQUEN	22. NAME SI 30 SI	AND AODRES FUR ICOUTE TO THE I	given in	Part I. 24	21.04. Dr respli	Autropsy MED?	24b	Approximate interval Batw Onset and D. / / / / / / / / / / / / / / / / / /
Siff car Cith re P/	shock, or hear MM5DIATE CAUSE (Fine) Iseese or condition seulting in death) equantially list condition any, leading to immedia ause. Enter UNDERLYING AUSE (Disease or injury act inflieted events soulting in death) LAST ART II. Other significent Church Colored WAS CASE REFERRED TO N EXAMINER? 1 YES 2 NO MANNER OF DEATH 1 Natural 5 Per 2 Accident Inv 3 Suicide 8 Coo	desces of rt failure. na, na, nta G condition (S) MA Leac MEDICAL	DUE TO DUE TO	(OR AS A CO (OR AS A CO (OR AS A CO (OR AS A CO (OR AS A CO (OR AS A CO (OR AS A CO (OR AS A CO (OR AS A CO	MOOS ne death. Do n line. ONSEQUENCE O ONSEQUENCE O ONSEQUENCE O ONSEQUENCE O ONSEQUENCE O ONSEQUENCE O ONSEQUENCE O ONSEQUENCE O ONSEQUENCE O ONSEQUENCE O ONSEQUENCE O ONSEQUENCE O ONSEQUENCE O ONSEQUENCE O ONSEQUENCE O	22. NAME SI 30 SI	AND AODRES TO FUN LCOTT TOOR OF DATE O	given in	Part I. 24	21.04. Dr respli	Autopsy MED?	24b	Approximate interval Baty Onset and D / Mow.

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print)
TOSE PH C 1880 NS, ND 9501 OLD ANNAPOLI

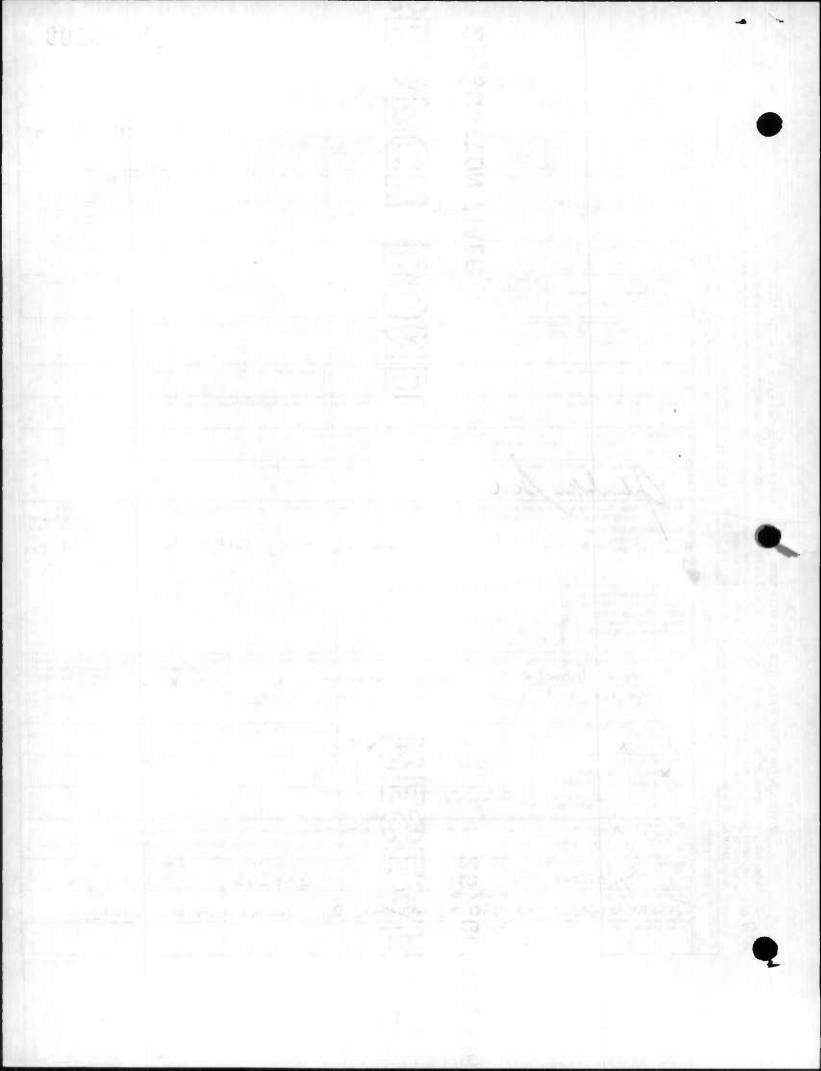
31. DATE FILED (Month, Day, Year)

NOV 1 4

DHMH-18 Rev 1/89

21042

ELLICOTT CITY, MS

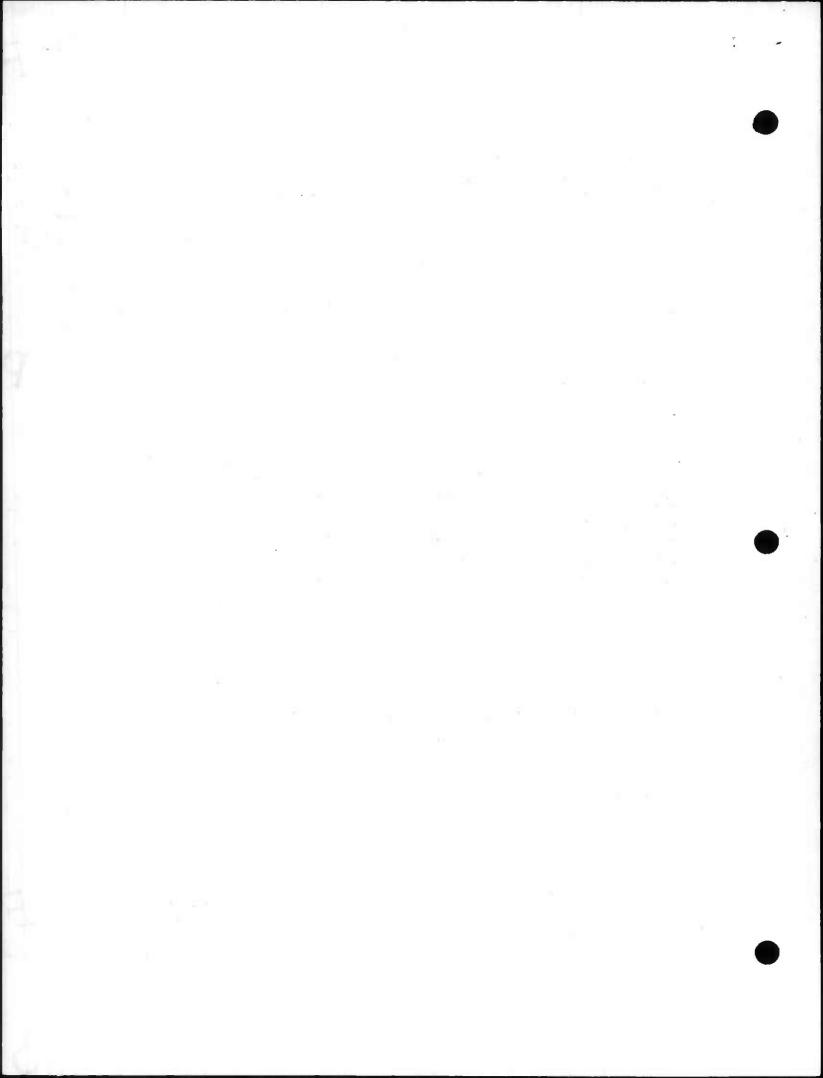


_	
0	
N	
0	
5-002	
LO	
=	
2121	
CA	
$\overline{}$	
N	
_	
MARYLAN	
0	
- 7	
_	
\sim	
00	
_	
⋖	
-	
BALTIMORE	
MAI.	
OR	
0	
\mathbf{C}	
5	
-	
_	
-	
-	
•	
68760	
Ø	
/	
∞	
(0)	
-	
×	
8	

DIVISION OF VITAL RECORDS, P.O. BO

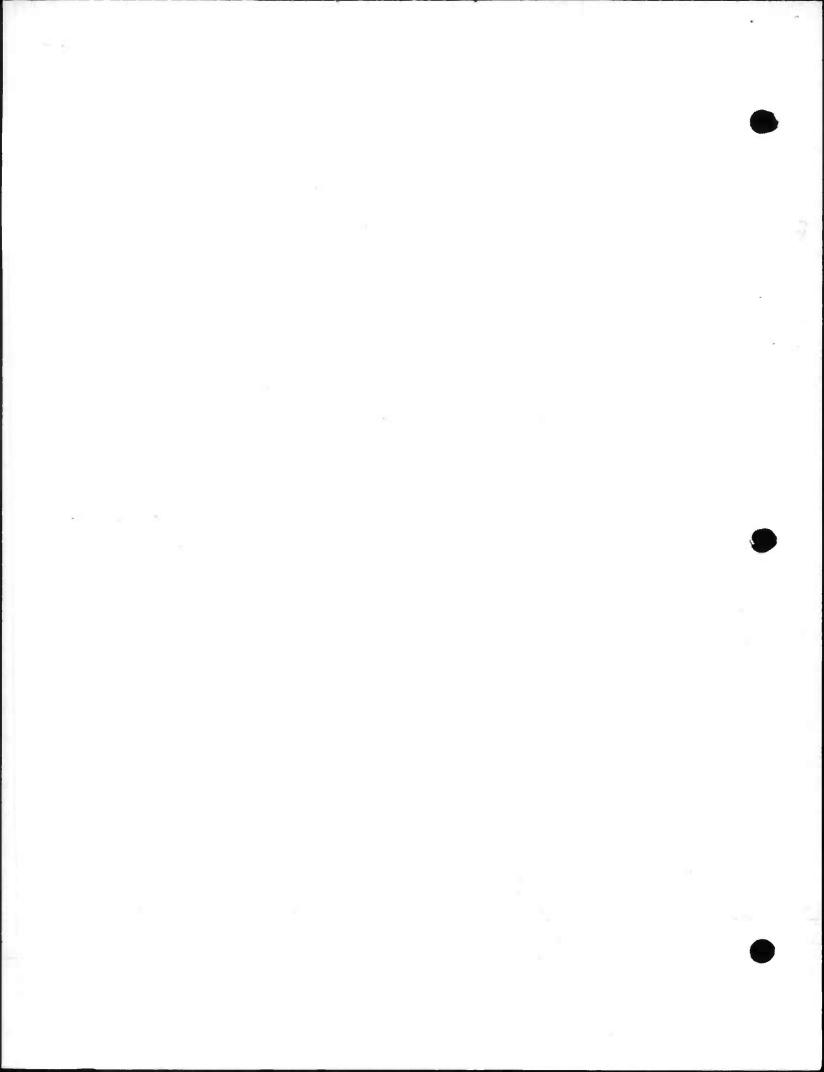
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a four ster death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

	1 - FOR STATE REGISTRAR	STATE OF MA		ENT OF HEALTH AND I	MENTAL HYGIENE REG. NO.						
	1. DECEDENT'S NAME (First,		· ·		2, DATE OF DEATH	3. TIME OF OEATH					
-	Marga	ret E Dar	mpson		MONTH DAY	YEAR 1755 H					
	4. SOCIAL SECURITY NOMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month Day Year) (Month Day Year)										
	216-10-745 10M27 0 7 YRS. 1/06/07 MARYLAND										
DIRECTOR	Northwest Hospital Center 540, DISCHE Randal Stown Balto										
2	10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY										
1 2	MARYLAND	BALTIMORE COUN	NTY BALT	IMORE		1 YES 2 A NO					
AL	10e. STREET AND NUMBER			10f, ZIP CODE	10g. CITIZ	EN OF WHAT COUNTRY?					
FUNERAL	5617 JOHNNYC	AKE ROAD		21244		USA					
15	11. MARITAL STATUS	12. WAS DECEDENT E	VER IN U.S. ARMED	13. WAS DECENDENT OF HISPAN	HC ORIGIN? (Specify Yes or No-	14. RACE — American Indian,					
BY F	1 Never Married 2 Never Marrie	IE VES CIVE WAD	YES 2 X NO	If yes, specify Cuben, Mexice 1 ☐ YES 2 ☒ NO Specify		Black, White, etc. Specify:					
						WHITE					
COMPLETED		DENT'S EDUCATION highest grade completed)	18e. DECEDENT'S USUA (Give kind of work d	one during most of working	16b. KIND OF BUSINESS/INDE	JSTRY					
1 2	Elementery/Secondary (0-1		life. Do NOT use retir	ed.)							
3 8		INKNOWN	LABORER		PHARMACEUTIC	CALS					
8	17. FATHER'S NAME (First, Mid				ME (First, Middla, Maiden Surneme)						
H	FRANK DO				THERINE WITTMAN						
TO BE COM	19e. INFORMANT'S NAME (Typ				Route Number, City or Town, State, Zip						
-	MS. ANNA MAR		6517 JO	INNYCAKE ROAD,	BALTIMORE, MAS	RYLAND 21244					
	20e. METHOD OF DISPOSITION XIX Burlel 2 Cremetion		20b. PLACE AND DATE OF DIS cemetary, crematory or other pl		DATE 20c. LOCATION - C	lity or Town, State					
	4 Donetion 5 Other (ST. JOHN'S THE	ERAN CEMETERY	11-11-94 PSEIDED	RS CORNER, MD					
	21. SIGNATURE OF FUNERAL	SERVICE LICENSEE		22. NAME AND ADDRESS OF FAI							
	Columbally Slack FUNERAL HOME, P.A. ELLICOTT CITY, MARYLAND 21043										
	23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiac or respiratory errest, abock, or heart fellure. List only one cause on each line. Approximate interval Between										
	IMMEDIATE CAUSE (Final										
	disease or condition resulting in death) a. Rughted Anguers DUE TO (ON/AS A CONSCOURNCE OF): **Sequentially list conditions** b. **Sequentially list conditions** b. **Sequentially list conditions**										
	reauting in death)	DUE TO (O	PAS A CONSEQUENCE OF):	Wielegar							
			Kenny	6,000							
ATION	Sequentially list condition If any, leading to immediate		R AS A CONSEQUENCE OF):								
S	cause. Enter UNDERLYIN CAUSE (Disease or Injury										
TIFIC	thet initieted events	DUE TO (OF	R AS A CONSEQUENCE OF):								
: E	resulting in death) LAST	d									
	PART II. Other significan	nt conditions contributing to de	eath but not requision to the	underlying cause glues in	Part I. 24s. WAS AN AUTOPSY	245 WEDF AUTOROX TO TOTAL					
	TAIT II. Outer eightineen	Conditions contributing to de	an but not resulting in the	underlying cause given in	PERFORMED?	24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO					
EDIC					1 - YES 2 NO	OF DEATH?					
Σ					_	1 TYES 2 NO					
N N		USE CONTRIBUTE	TO CAUSE OF DE								
YSICI	25. WAS CASE REFERRED TO EXAMINER?	HOSPITAL:	ОТ	26. PLACE OF DEATH (Che	ock only one)						
ΥS	1 TYES 2 NO			Nursing Home 5 Residence							
	1 Netural 5 A	26e. DATE OF IN. (Month, Day,		28c. INJURY AT WORK?	26d. DESCRIBE HOW INJURY OCC	URED					
ВУ	2 Accident In	weatigation		1 YES 2 NO							
TED		could not be building, etc	NJURY — At home, 1erm, street, c. (Specify)	lactory, office	28f. LOCATION (Street and Number of City or Town, State)	or Rural Route Number,					
BE COMPLE		FYING PHYSICIAN: To the best of my									
ő	2 MEDIC	CAL EXAMINER: On the beele of exam	nination end/or investigation, in	ny opinion, death occured at the	time, date end place, end due to the	ceuse(e) end menner ee stated.					
BE C	296. SIGNATURE AND TITLE	OF CERTIFIER	00	29c. LICENSE NUM	IBER 29d, DATE	SIGNED (Month, Day, Year)					
	Koli	ell C	anne	1 025	234	11/8/94					
욘	30. NAME AND ADDRESS OF	PERSON WHO COMPLETED CAUSE	OF DEATH (ITEM 27) (Type, Pyry)	516 N	ROLLINGE	Ol CHOWILL					
			AMMLEN	a	SUM	E 205 MDZIZ					
	31. DATE FILEO (Month, Day, Ye	bar) 32. REGISTRAN'S	SIGNATURE								
	MOV	1 1004 /1.	Yourdean Rail 11								



T	: 등	1
5	E E	1
Š	at the	1
2	0	-
~	Ę	4
무	dso	4
2	-	1
\sim	5	1
⋝	3	à
α	8	2
⋖	a.	4
≥	9	ч
BALTIMORE, MARYLAND 21215-	2	000
7	Jay	Ċ
\overline{a}	9	400
Š	36	-
=	Page	200
Η.	ć	50
7	eat	the same
m	50	9
	afte	2
	82	2
	Š	7
	Ď,	filla
		3
o T	Į.	lote
9	5	É
8	PE-	5
9	9	Pure
×	63	0
0	0	10
0	cat	Ž.
<u>.</u>	E	c
٧.	8	ij
1	the second	tan
â	e	2
ö	he	the
~	#	2
0	£	Pa
Ü	res	inn
Ш	Q.	0
	16	hoo
	B	20
Ø	he	E a
		124
>	AN	116
_	SIC	8
0	¥	hie
7	0	19 20
5	NK.	å fta
=	N	à
2	Ë	É
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	IPTAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with the count after death. Page 6 may be retained by the hospital or attending	FRAI DIRECTOR After this certificate has been singed by the attendion physician and completely filled in by the fundor plant of should be described to the
		Ē
	IA	A
	0	E

	1 - STATE REGISTRAR	STATE OF MARYL		RTMENT OF H		MENTAL	HYGIENE REG. NO.				
j	1. DECEDENT'S NAME (First, Middle	Smith				2. DATE O MONTH		S	¥ 2	IME OF DEATH	
(8	4. SOCIAL SECURITY NUMBER 236–12–1276	1XXM 2 □ F 83	(In yrs. last birthday	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	June	F BIRTH Day, Year) 9,191		BIRTHPLAC Country) hio	E (State or Foreign	
стов	96. FACILITY NAME (If not institution, give street end number) St. Agnes Hospital Baltimore 9c. County of Death N/A/										
DIREC	10a. STATE 10b. (COUNTY Lbemarle	10c. C	Charlot	tesville		-			INSIDE CITY LIMITS? YES 2 NO	
ERAL	100. STREET AND NUMBER 701 Nelson Dr	cive		101	22902			USA	OF WHAT	COUNTRY?	
BY FUN	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	IF YES, GIVE WAR OR D	2 NO	If yes, sp	ENDENT OF HISPAI ecify Cuben, Mexica 2 XNO Specifi	n, Puerio Ric	(Specify Yes o	or No — 14	Black, Whi	mericen Indien, He, etc. White	
PLETED	15. DECEDENT (Specify only highes Elementary/Secondary (0-12) 1.2	'S EDUCATION at grade completed) College (1-4 or 5+)	160. DECEDENT (Give kind o ithe. Do NOT Sales	'S USUAL OCCUPATION of work done during mouse retired.)	ON st of working	16b. I	FOOD	ness/INDUS			
E COMPL	17. FATHER'S NAME (First, Middle, L Jataes		04100	-	18. MOTHER'S NA	ME (First, Mic na Mi	ddle, Meiden S				
0 8	190. INFORMANT'S NAME (Type/Prin	-	- 1	Nelson D						202	
8	200. METHOD OF DISPOSITION 200. PLACE AND DATE OF DISPOSITION (Name of cemetery, cremetory or other place) Matamoras Cemetery 11+10-94 New Matamoras, OH										
	PL SIGNATURE OF FUNERAL SERV	/ /	<u>4</u> 00535	Slac	k Funera cott Cit	1 Hom	e, P.A	2104	3		
NC	23. PART Enter the disease, or complicatione that caused the deeth. Do not enter the mode of dying, such as cerdiac or respiretory arreat, ehock, or heert failure. Est only one ceuce on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF):										
CERTIFICATION	if any, leading to Immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST	DUE TO (OR AS A	A CONSEQUENCE	OF):			16				
EDICAL	PART II. Other eignificent con	nditiona contributing to death b	out not reculting	in the underlying	g cauae given in		PERFORM	ED?	AVAIL COMI OF D	E AUTOPSY FINDINGS ABLE PRIOR TO PLETION OF CAUSE EATH?	
IAN: M	25. WAS CASE REFERRED TO MEDI-	ONTRIBUTE TO CAUSE C		TES NO C	UNCERTAI	<u>п</u>			1 🗆	YES 2 NO	
PHYSICIAN:	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	HOSPITAL: 1 Inpetient 2 ER/Outs 28a. DATE OF INJURY	patient 3 DOA	OTHER: 4 Nursing Hom	e 5 🗆 Residence		Specify)	JURY OCCUR	FD		
D BY	1 Natural S Pending 2 Accident Investig 3 Suicide 6 Could in	26e PLACE OF INJURY	— At home, larm	M 1 🗆 Y	RK? (ES 2 NO	281, LOCAT	ION (Street en Town, State)			Number,	
COMPLETE		PHYSICIAN: To the best of my know	ledge, death occu			to the cause	(s) and mann				
BE	2 MEDICAL EX	530	PAZ K		29c. LICENSE NUM			due to the co			
2	30. NAME AND ADDRESS OF PERSO	ON WHO COMPLETED CAUSE OF DE	ATH (ITEM 27) (Typ	oe, Print)	ON Ave	- BA	fort m	ORF	5 N	D 21229	
	NOV 0 7 199	4 Jun d'author	ASURE			- KA		-,-	- > /"	(



TO THE HOSPITAL OR ATENDING PHYSICIAN: The law requires that the death certificate be executed within an increase the relating by the hospital or attending physician.

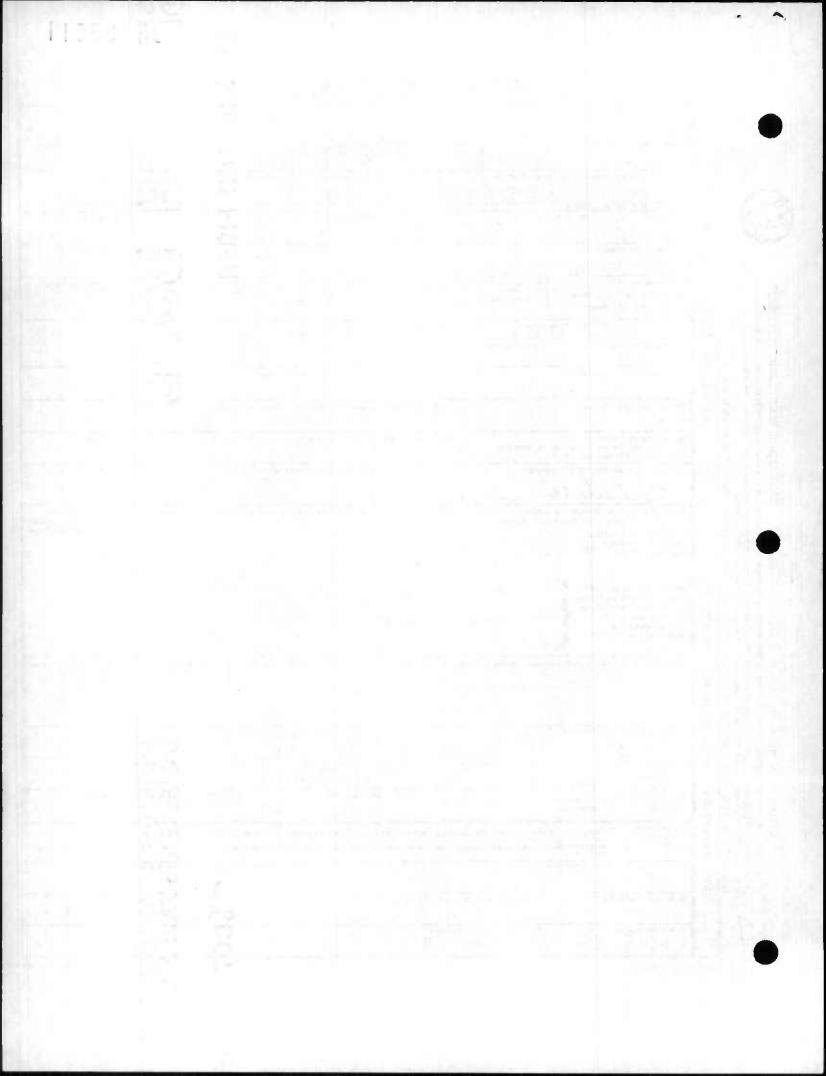
TO THE FUNEVALL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Inlury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO.

	REGISTRAR		CERTIF	ICATE OF	DEATH	REG. N	0.				
8	1. DECEDENT'S NAME (First, Middle, Last)	HAZEL MARY	SWECKER			2. DATE OF DEATH MONTH NOV. 4,	DAY YEA	3. TIME OF DEATH 7:15 D			
	4. SOCIAL SECURITY NUMBER 214-28-6677	1 🗆 M 25 🗗 F	E (In yrs. lest birthday) 93 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) Oct. 29,	AB	IRTHPLACE (Stote or Foreign puntry) Maryland			
Dinecton	99. FACILITY NAME (If not Institution, give street end number) 99. CITY, TOWN OR LOCATION OF DEATH 90. COUNTY OF DEATH HOWARD COUNTY FRESIDENCE OF DECEDENT 90. COUNTY OF DEATH HOWARD COUNTY										
	100. STATE 100. COUNT Maryland Howa		10c. CIT	Y, TOWN OR LOC	ation Cott Ci	ty		10d. INSIDE CITY LIMITS? 1 YES 2 1 NO			
	100. STREET AND NUMBER 4575 Rolling Mea	dows Way		1	of, ZIP CODE 2104	13	10g. CITIZEN OUSA	OF WHAT COUNTRY?			
	11. MARITAL STATUS 1 Never Married 2 Married **DEFWidowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 _ YES	S 2XXVO	If yes, s		NIC ORIGIN? (Specify Y an, Puerto Rican, etc.) fy:		RACE — American Indian, Black, White, etc.			
	15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12)			vork done during n se retired.)	nost of working		USINESS/INDUSTF				
	12		Dorm	itory S	upervisor	Frostb	urg Stat	te Universit			
	17. FATHER'S NAME (First, Middle, Last) William A. F	iler			Minni &	AME (First, Middle, Maide)		Densmore			
	196. INFORMANT'S NAME (Type/Print) Mr. Dale Swecker	M	19b. MAILING 4575	ADDRESS (Street	and Number or Rural Meadows	May, Elli	own, State, Zip Code COTT Ci	ty, MD 21043			
	20e METHOD OF DISPOSITION 1 S Burlat 2 Cremation 3 Ren 4 Donation 5 Other (Specify)		ob. PLACE AND DATE of the Color			0ATE 20c. L 11-7-94 N	ocation - chy a				
	21. SIGNATURE OF FUNERAL SERVICE L		M005	22. NAME S	and Address of Fack Funer		P.A.				
	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events										
	resulting in death) LAST	d									
	PART II. Other aignificent conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. 24s. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO OF										
	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			26.	PLACE OF DEATH (C	heck only one)					
ı	1 VES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Ou	rtpetient 3 🗆 DOA	OTHER:	me 5 🗆 Residence	6 Other (Specify)					
	27. MANNEY OF DEATH 1 Netural 5 Pending Investigation	28a. DATE OF INJURY (Month, Day, Year)		URY	JURY AT YORK? YES 2 NO	28d. DESCRIBE HOW	INJURY OCCURE	D			
	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Route A City or Town, State)										
	(and any	BICIAN: To the best of my kno						se(s) end menner ee stated.			
	29b. SIGNATURE AND TITLE OF CERTIFIE	ER ()			29c. LICENSE NU			NED (Month, Day, Mer)			
	30. NAME AND ADDRESS OF PERSON W	NO COMPLETED CAUSE OF I	DEATH (ITEM 27) (Type	Print)	RTIO.	Patrice	1 PL.	a Con			
	31. DATE FILEO (Month, Day Near) NOV 0 (1994	32. REGISTRAR'S SIG	MATURE	055	rittle	Value	I Oku	y. Col. 1			



BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within A hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE OF MAR	YLAND / DEPARTM CERTIFIC	MENT OF HEALT		NTAL HYGIENE REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last) DOROTHY E,	SHIK		2.1	DATE OF OEATH	1984 7:36 M			
		MO	UNDER 1 YEAR / IF UND	B. MIN (DATE OF BIRTH (Month, Day, Year)	8. BIRTHPLACE (State or Foreign Country)			
	578-07-5596 1 M 2 DF	13	o. CITY, TOWN OR LOCA		CT.17,191	. COUNTY OF OEATH			
DIRECTOR	3808 NICHOLSON ST.		HYATTSV	/ILLE		PRINCE GEORGES			
	MD. PRINCE GEORG		OWN OR LOCATION HYATTS	VILLE		10d. INSIDE CITY LIMITS? 1 X YES 2 NO			
FUNERAL	100. STREET AND NUMBER 3808 NICHOLSON ST.		101. ZIP CC	782	tog	CITIZEN OF WHAT COUNTRY?			
NO.	11. MARITAL STATUS 12. WAS DECEDENT EVE	R IN U.S. ARMED	13. WAS DECENDENT	OF HISPANIC O	RIGIN? (Specify Yee or N	U.S.A.			
BY	1 Never Married 2 Merried FORCES? 1 YES, GIVE WAR O		If yes, specify Cu t YES 2 N	ben, Mexican, Pu		Specify: WHITE			
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	(Give kind of work life, Do NOT use re	done during most of wor	rking	16b. KIND OF BUSINES	SS/INDUSTRY			
PLE	Elementery/Secondary (0-12) College (1-4 or 5+)	HOUSE	1997		АТ	HOME			
SON	17. FATHER'S NAME (First, Middle, Last)			OTHER'S NAME (F	First, Middle, Malden Surne				
BE	CHARLES J. PARIS			LILI		TUBBS			
2	190. INFORMANT'S NAME (Type/Print) JANE M. KLOTZ				Number, City or Town, Sta				
	20e. METHOD QF DISPOSITION	20b. PLACE AND DATE OF D			7	NGTON, MD.20744 ON — City or Town, State			
	4 U Donation 5 U Other (Specify)	cemetery, crematory or other CHAMBERS	CREMATO	RY 11	L/17 RIV	ERDALE, MD.			
V 1	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	11	22. NAME AND ADDI	RESS OF FACILITY	Υ	20737			
	M.W. Chambril	M00091	W. W. C	HAMBER	RS CO., R	IVERDALE.MD.			
	23. PART I. Enter the diseases, or complications that caushock, pr heart failure. List only one cause p IMMEDIATE CAUSE (Final disease or condition resulting in death)	n each line.				Approximate interval Batween Ongot and Daeth			
CERTIFICATION	Sequantially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury	AS A CONSEQUENCE OF): AS A CONSEQUENCE OF):							
PHYSICIAN: MEDICAL	PART II. Other significant conditions contributing to deat	h but not raaulting in t	he undarlying cause	given in Part	1. 24s. WAS AN AUTO PERFORMEOT 1 YES 2 XN	7 AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?			
Ä.	DID TOBACCO USE CONTRIBUTE TO CAUSE	OF DEATH YES	NO UN	ICERTAIN [ם	1 TYES 2 NO			
ICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	28. PLACE OF DEATH (Check only one)						
HYS	1 VES 2 NO t Input ent 2 ER/C 27. MANNER OF OEATH 28e. OATE OF INJU	Outpatient 3 DOA 4	Nursing Home 51		Other (Specify) . OESCRIBE HOW INJURY	N OCCUPEO			
ВУ Р	t Netural 5 Pending (Month, Day, Yei		WORK? M 1 YES 2		. OLSCRIBE HOW INJUR	Y OCCURED			
	3 Suicide 8 Could not be determined 28e. PLACE OF INJ building, etc. (3	281.	LOCATION (Street end No City or Town, State)	umber or Rural Route Number,					
S Could not be determined building, etc. (Specify) 29e. CERTIFFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause (e) end menner se stated.									
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIER 12 10 10 10 10 10 10 10 10 10 10 10 10 10	DEATH (ITEM 27) (Type Pris	DI	CENSE NUMBER	9 290	DATE SIGNED (Month, Day, Year) NOV 16, 1994			
	1. OATE FILED (MONTH), Day, Year) 32. PHEGISTRAN'S	1070171	CAFTED .	DR, L	ARGO	11) 2077Z			
	1404 1 0 1994 Julia Davi	dson-Randell							

DIRECTOR

FUNERAL

BY

COMPLETED

BE

CERTIFICATION

MEDICAL

PHYSICIAN:

ВҰ

COMPLETED

BE 9

31. DATE FILED (Month, Day, Year)

32. REGISTRAR'S SIGNATURE

ulia Davidson-Randall

TO THE HOSPITA
TO THE FUNERA
De filed within 72
IMPORTANT: If

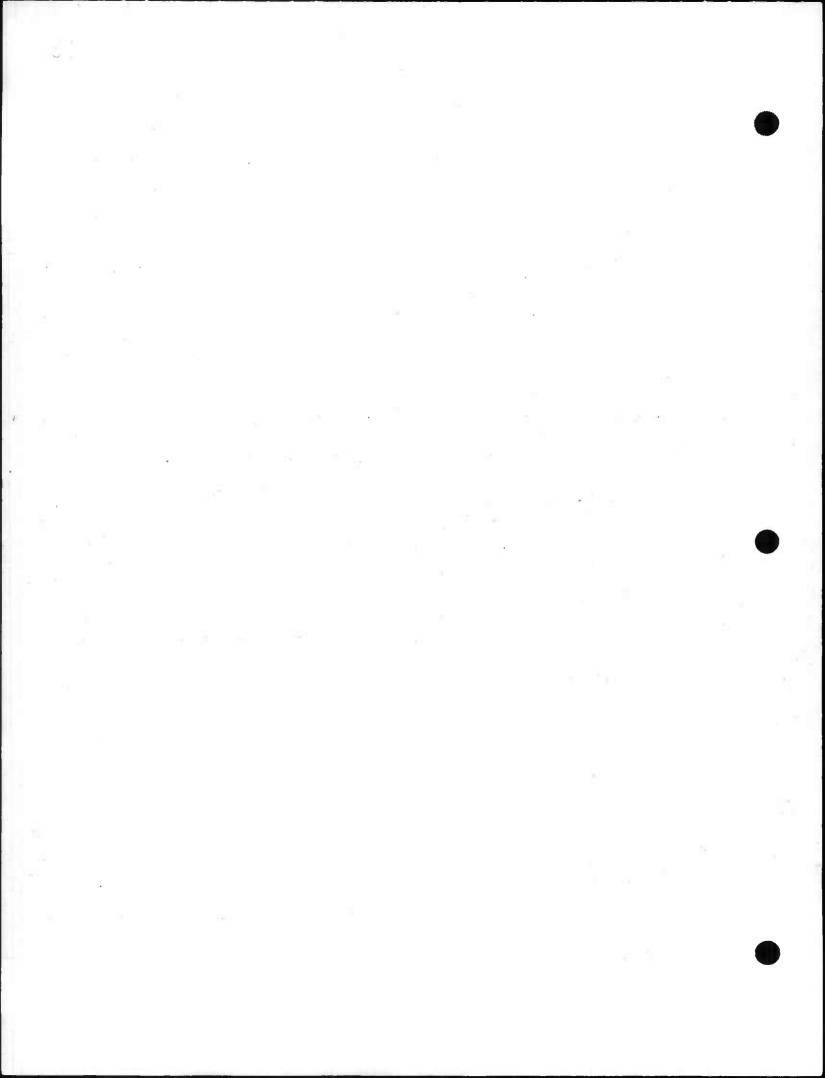
permit, Pages 1, 2, 3 should use as the burial-transit after death. Page 6 may be retained by the hospital or attending physician, in by the funeral director, page 5 should be detached for use as the burial-trans once. F notified pe must medicai examiner completely filled in by the rial, cremation, or removal. the event, executed with in and con to burial, traumatic the attending physician Mental Hygiene prior to certificate be other 10 death c injury, signed by the any shows a 10 has be Dept. 23 item certificate by the State the p this c marked, After 1 L DIRECTOR. Att ve FUNERAL DIN.

Amended #/
1 - STATE
REGISTRAR

STATE OF MARYLAND TO DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) Jason 2. DATE OF DEATH 3. TIME OF DEATH DAY Wesley Janson Smith 3 aa 09.01 A 4. SOCIAL SECURITY NUMBER 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. DATE OF BIRTH
(Month, Day, Year)
July 24, 1926 8. BIRTHPLACE (State or Foreign 236-40-5584 HOURS 1 XM 2 | F DAYS 68 YRS West Virginia 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Holy Cross Hospital Silver Spring Montgomery RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Montgomery Silver Spring 1 YES 2 X NO 10e. STREET AND NUMBER 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 1001 Spring Street 20910 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1XX YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-14. RACE — American Indian, Black, White, etc. If yee, specify Cuban, Mexicen, Puerto Rican, etc.)

1 YES 2 NO Specify: 1 Never Married 2 Merried Specify: 3 Widowed 4 X Divorced white 1948-1952 & 1962-1963 15. DECEDENT'S EDUCATION (Specify only highest grade complete 18e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY ntary/Secondary (0-12) College (1-4 or 5+) CONTRACTOR ELECTRICAL 17, FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) HENRY O. SMITH **MARTHA** MCALISTER t9e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) ALETKA CALVERT 3709 JEFFERSON ST., HYATTSVILLE, MD. 20782 20e. METHOD OF DISPOSITION
XX Burlel 2 Cremetion 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State DATE Cemetery Crematory or other place)
Maryland Veterans Cemetery 11/18/94 Cheltenham, MD 4 Donetion 5 Other (Specify) 22. NAME AND ADDRESS OF FACILITY TAKOMA Funeral Home, Inc. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 254 Carroll St.NW Washington, D.C.20012 23. PART I. Enter the dieaesea, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, or heart fellure. List only one couse on sech line. Interval Between **IMMEDIATE CAUSE (Finel** Onset and Death disease or condition resulting in death) Sequentially list conditions. If eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease Dr Injury A CONSEQUENCE OF: that initiated events reaulting in death) LAST PART in Other eignificent conditions contributing to death but not resulting in the underlying ceuse given in Pert i 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS Ulcer AVAILABLE PRIOR TO COMPLETION OF CAUSE NO 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: 1 YES 2 petient 2 - ER/Outpetient 3 - DOA 4 Nursing Home 5 Residence 8 Other (Specify) 27. MANNER OF DEATH 28c, INJURY AT WORK? 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28d. DESCRIBE HOW INJURY OCCURED t Natural Pending 1 YES 2 NO 2 Accident 3 Sulcide 28e. PLACE OF INJURY — At home, ferm, street, fectory, office building, etc. (Specify) 281. LOCATION (Street end Number or Rural Route Number, City or Town, Stete) 6 Could not be 4 Homicide determined 29e. CERTIFIER CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the ceuse(e) and menner ee stated. MEDICAL EXAMINER: On the beele of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the ceuse(e) end menner ee stated. 29b. SIGNATURE AND TITLE OF CERTIFIES 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) NOF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)



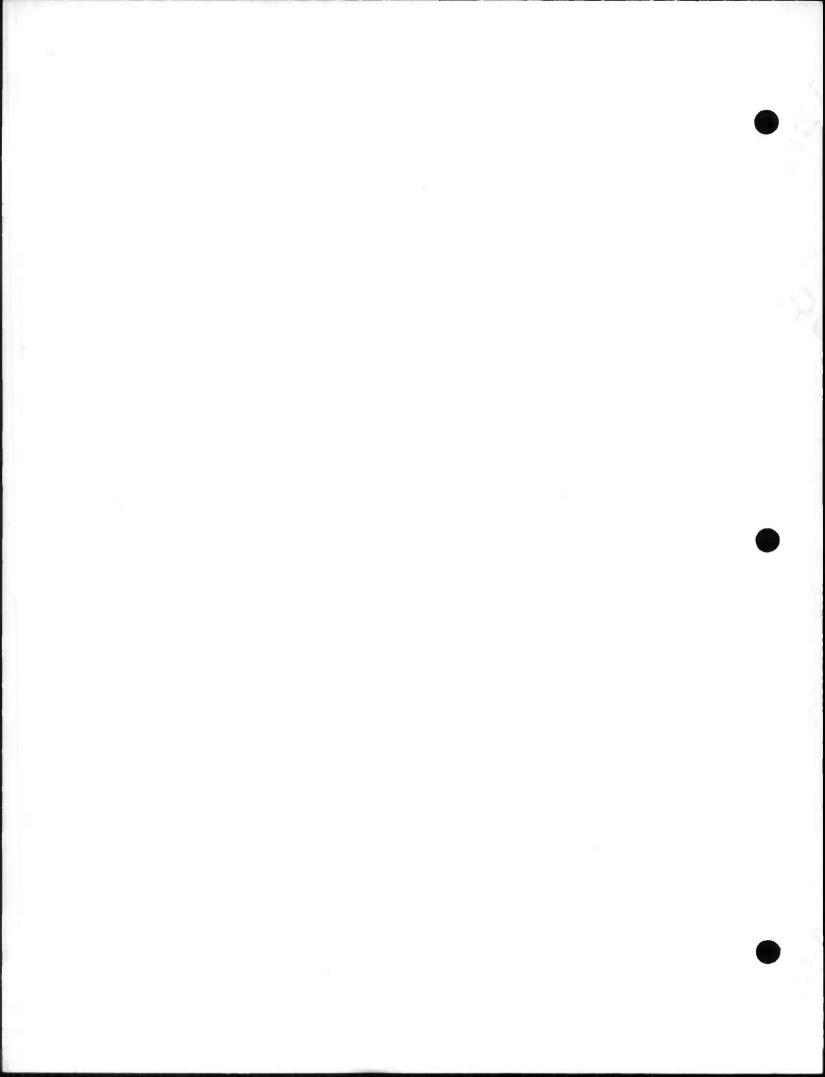
Amended # 1 #10e 11/18/94 MRT Montgomery Cty

	1 - STATE REGISTRAR	STATE OF MA			ICATE					NO.	1		1	0
	1. DECEDENT'S NAME (First, Middle, Last) HUGH		ran K	lin		Sm	1+1		2. DATE OF DEA	DAY		YEAR 3.	TIME OF DEAT	гн - А- м
	4. SOCIAL SECURITY NUMBER	AGE (In yrs. lest b	irthday) YRS.	IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS. MIN.	7. DATE OF BIRT (Month, Day, Y	H 19	23	. BIRTHPLA Country)	ACE (State or Fo	oreign	
	229-20-7840 90. FACILITY NAME (If not institution, give	1 TM 2 F	71	THO.	9b. CITY,	TOWN C	R LOCATIO	ON OF DEA	August			Virgi Y OF DEAT		
DIRECTOR	Washington Adven	tist Hospit	al			Cako	ma Pa	ark			Mon	tgome	ry	
IREC	10e. STATE 10b. COUN				Y, TOWN O		2.772					10-	d. INSIDE CITY	,
	Maryland Mont 100. STREET AND NUMBER		Sil	ver S	-	ng . zip cope			1	No CITIZE	_	T COUNTRY?	ND	
FUNERAL	13325 Sherwood F					2090	4				S.A.			
BY FUR	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT E FDRCES? 1 X IF YES, GIVE WAR	YES 2 NO OR DATES	D	11	yes, spe		ı, Mexicen,	C ORIGIN? (Spec , Puerto Ricen, el			Specify:	American Indi-	en,
COMPLETED	15. DECEDENT'S ED (Specify only highest grades)	DUCATION de completed)	18e. DECE	kind of s	USUAL OC			g	18b. KIND C	F BUSINE				
MPL	Elementary/Secondary (0-12)	College (1-4 or 5+)	Engi	nee	r				Feder	ral (Gove	rnmen	ıt	
	17. FATHER'S NAME (First, Middle, Last)								E (First, Middle, N		name)			
BE	Walter M. Smith 190. INFORMANT'S NAME (Type/Print)		196. 1	MAILING	ADDRESS	(Street a			Haywan		itate. Zip C	ode)	200	201
2	Bessie W. Smith								Drive				209 g,Mary	704 71and
	20e. METHDD DF DISPOSITION 1 The Burlel 2 Cremetion 3 Re 4 Donation 5 Other (Specify)	moval from State	20b. PLACE ANI cemetery, creme	tory or o	ther place)				10/04			y or Town,		
	21. SIGNATURE OF FUNERAL SERVICE L	JCENSEE ()	George	Wa	22. P	AME AN	D ADDRES	S OF FACI	LITY			Mary		
	- Steven	Doton	rd		500) Un	iver	sity	llins Fu Blvd.,	J. S:	i1.S	orM)1
	23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdisc or reepiratory errest, shock, or heert failure. Liet only one ceuse on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) DUE TO (DR AS A CONSEDUENCE DF):													
CERTIFICATION	Sequentially liet conditions, if sny, leeding to immediate cause. Enter UNDERLYING CAUSE (Diseese or injury that initisted events resulting in death) LAST b. DUE TO (OR AS A CONSEDUENCE OF): c. DUE TO (OR AS A CONSEDUENCE OF):													
CAL	PART II. Other eignificant condition	ons contributing to de	eth but not res	ulting	in the un	derlying	ceuse g	iven in P	PE	AS AN AUT		CO	RE AUTOPSY FI AILABLE PRIDR IMPLETION OF C DEATH?	TO
PHYSICIAN: MEDI	DID TOBACCO USE CON	TRIBUTE TO CAUS					UNC	ERTAIN			_			
SICI	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 AD	HOSPITAL:	26. PLACE [OTHER	:								
1 Stinpatient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 18JURY WORK? 28b. TIME OF 18JURY WORK?								RY OCCU	RED					
BĄ	1 Natural 5 Pending 2 Accident Investigation				М	1 🗌 Y	ES 2 _							
TED	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE DF IN building, etc.	(Specify)	, 10(1)1, 1	street, tecto	гу, опісе	,	1	28t. LOCATION (S City or Town,		Number or	Rural Route) Number,	
COMPLETED	29a. CENTIFIER CENTIFYING PHY	SICIAN: To the best of my											d menner es s	tated.
THE DEAL EXAMINER On the besis of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(s) and 28h, SIGNATORE AND TITLE OF CENTRAL 29d. DATE SIGNATORE AND TITLE 29d. DATE SIGNATORE AND TITLE 2														
T0 B	20 MME AND ADDRESS OF PERSON W	THO COMPLETED CAUSE O	OF DEATH (ITEM 2	7) (Type.	Print)		VO	175	4		11	115	194	6
	11. DATE FILED (Month, Day, Year)	32 REGISTRAR'S		6	100	n u	119	4	R)	1. (918	14.1	ell m	0
- 1	MOVI VIOCA	1. O. K.	1. 70.1	00									///	2 ()

ours after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020

_	
-6	١,
9	1
Φ	
_	į
0	1
9	1
\sim	1
ВОХ	1
0	Ī
20	1
_	4
	1
٧.	ď
a	4
_	1
ທີ	4
0	,
_	4
~	1
$\overline{}$	1
	,
\circ	1
ш	
~	í
_	
	The fact that have
d	,
_	ď
_	į
>	-
	č
-	č
\circ	3
_	č
Z	¢
7	3
\leq	6
Ω	i.
	-
>	
=	5
•	*
	į
	5
	č
	-

		FOR STATE REGISTRAR	STATE OF MAR	RYLAND /	DEPARTI	MENT OF	HEALTH AND	MENTAL HYGI				
	10	1. DECEDENT'S NAME (First, Middle, Last	fmonor	102				2. DATE OF OEAT		YEAR 3. TIME OF DEATH		
		4. SOCIAL SECURITY NUMBER 235-16-5633		AGE (In yrs. les	st birthday)I	F UNDER 1 YEAR		7. DATE OF BIRTIN (Month, Day, Von Oct. 20	7) 8.	D. BIRTNPLACE (State or Foreign Country) Vest Virginia		
. 3 should	HC HC	9a. FACILITY NAME (# not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1										
permit. Pages 1, 2,	DIRECTO	RESIDENCE OF DECEDENT 10a. STATE 10b. COUN	TY			TOWN OR LO				10d. INSIDE CITY		
nit. Pag			gomery		Si1	ver S	pring			1 X YES 2 NO		
sit pern	RAL	100. STREET AND NUMBER 1105 W. Nolcrest	Drive				10f. ZIP CODE 20903			en of what country? ted States		
the burial-transit	BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 X Married 3 Divorced	12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT					SPANIC ORIGIN? (Specify Yee or No — 14. RACE — American Indian, Black, White, atc. pecify: Specify: Specify:				
ed for use as	COMPLETED	15. DECEDENT'S ED (Specify only highest gra-		(G life	ECEDENT'S US Sive kind of wor Do NOT use i	k done durina	ATION most of working	White stay curity and - WRAMC				
d at once.	BE COM	17. FATNER'S NAME (First, Middle, Last) E.F. Harris						ME (First, Middle, Me N. Doyle		WICHEO		
o should	6	19a. INFORMANT'S NAME (Type/Print) William J. Symon	ovicz				et and Number or Rural rest Driv			g, MD 20903		
must be		20a. METNOD OF DISPOSITION 1 Duriel 2 Cremation 3 Ra 4 Donation 5 Other (Specify)		20b. PLACE	AND DATE OF	DISPOSITION	(Name of	DATE 200. LOCATION - City or Town, State 11/10 Silver Spring, Maryland				
ral direc		1 Surial 2 Cremation 3 Removel from State Cemetery, crematory or other place) Gate of Heaven Cemetery 11/10 Silver Spring,										
the Tune val.		Indient.	Julh	e		1180	O New Ham	pshire Av	re., Sil	ver Spring, MD		
y niled in by thon, or remo the medica		23. PART I. Enter the diseases, or complications that caused the deeth. Do not anter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Respiratory Arrost Seconds										
crema event,		DUE TO (OR AS A CONSEQUÊNCE OF):										
the attending prysician and competery filed in by the funeral direction whental Hygiene prior to burial, cremation, or removal. Ijury, or other traumatic event, the medical examiner	CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury cause.										
ttal Hygiene y, or othe	CERTIF	that Initiated events resulting in deeth) LAST d										
and Mental y injury.	AL	PART II. Other significant condition	ons contributing to das	th but not i	resulting in	the underly	ring cause given in		S AN AUTOPSY IFORMED?	24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO		
shows any	MEDIC	1						1 _ YE	S 2 NO	OF DEATH?		
Dept. of	AN: N	DID TOBACCO USE 25. WAS CASE REFERRED TO MEDICAL	CONTRIBUTE I	O CAU	SE OF		YES NO					
he State or item	PHYSICIAN:	EXAMINER?	HOSPITAL:	/Outpatient 3		THER:	PLACE OF DEATH (Ch					
eath with the	ВУ РНУ	27. MANNER OF DEATH Netural 5 Pending 2 Accident Investigation	28e. DATE OF INJU (Month, Day, Y		28b. TIME C	Y	INJURY AT WORK? YES 2 NO	28d. DESCRIBE NO	W INJURY OCCU	RED		
rs after dean 28 is n	ETED E	3 Suicide 8 Could not b 4 Homicide datarmined	28a. PLACE OF IN. building, etc.	JURY — At ho (Specify)	ome, farm, stre	et, factory, o	ffica	281. LOCATION (St. City or Town, S		r Rural Route Number,		
I HE FUNERAL DIRECTURY After mis commoder as open some of filed within 72 hours after death with the State Dept. of Health and PORTANT: If Item 28 is marked, or Item 28 shows any Ir	COMPLE		SICIAN: To the best of my i							I. cause(a) and manner as stated.		
10 THE FUNERAL be filed within 72 h IMPORTANT: If I	TO BE	296. SIGNATURE AND TITLE OF CERTIFI	01	10			D43L	MBER } 1 4	29d. DATE S	SIGNED (Month, Day, Year)		
		30. NAME AND ADDRESS OF PERSON W	Fickel	110		rint)	Stree	L. S.I.	Sprin	a MD		
		31. DATE FILED (MONTH, Day, Year)	32. REGISTRAR'S 4 Julia Dav	SIGNATURE	andelle		7			7		
			-							OHMH-16 Rev 1/8		



RDS, P.O. BOX 68760 BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

the hospital or attending physician.	detached for use as the burial-transit per		once,
SPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burda-transit i	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	MPORTANT: it item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
10 THE	H C	be filed	MPOR

Pages 1, 2, 3 should

DIRECTOR

FUNERAL

BY

COMPLETED

BE

2

CERTIFICATION

MEDICAL

PHYSICIAN:

BY

COMPLETED

BE

2

29b. SIGNATURE AND TITLE OF CERTIFIER

31. DATE FILER MOVE PY. 194 1994

12

Mark D. Goldman, M.D.

ena

32. REGISTRANS SIGNATURE PANCISC

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF GEATH (ITEM 27) (Type, Print)

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH YEAR **ELOISE STEVENS** I. 3:50 NOV. 10. 1994 4. SOCIAL SECURITY NUMBER 5. SEX 7. DATE OF BIRTH (Month, Day, Year 6. AGE (In yrs. last birthday) IF UNDER t YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign DAYS 1 M 2 YF 579-26-9603 98 June 7, 1896 Pennsylvania 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH 10,000 Portland Road Silver Spring Montgomery RESIDENCE OF DECEDENT 10a STATE 10c. CITY, TOWN OR LOCATION 10d, INSIDE CITY Maryland Montgomery Silver Spring 1 YES 2 X NO 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 10,000 Portland Road 20901 United States 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—
If yea, specify Cuban, Maxican, Puerto Rican, etc.) 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 14. RACE — American Indian, Black, White, alc. FORCES? 1 YES 2
IF YES, GIVE WAR OR DATES 1 Never Married 2 Merried 1 TYES 2 NO Specify: 3 🕅 Widowed 4 🗌 Divorced White 15. DECEDENT'S EDUCATION 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest Elementary/Secondery (0-12) College (1-4 or 5+) Clerk 12 Department of State 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Ireland Robert Sarah Louise Watrous 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code Eloise Achhammer (Daughter) 10614 Margate Rd., Silver Spring, MD 20e. METHOD ON OISPOSITION
1 □ Burlel 2X Cremellon 3 □ Removal from State
4 □ Donation 5 □ Other (Specify) 20c. LOCATION - City or Town, State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE Baltimore—Washington Crematory 11-11 Laurel, MD 22. NAME AND ADDRESS OF FACILITY
Rapp Funeral Services, P.A. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE M00827 933 Gist Ave, Silver Spring, MD 20910 25. PART I. Enter the diseases, or complications that causad the deeth. Do not enter the mode of dying, such as cerdiec or respiratory errest, Approximate ehock, or haert failure. List only one cause on each line. Interval Between **IMMEDIATE CAUSE (Final** Onset and Deeth diseese or condition resulting in deeth) alvila Sequentielly liet conditione, DUE TO (OR AS A CONSEQUENCE OF) If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF) thet initieted events resulting in deeth) LAST PART il. Other eignificent conditione contributing to deeth but not resulting in the underlying ceuse given in Pert i. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE Leimer's dispase 1 YES 2 XNO OF CEATH? 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES

▼NO

UNCERTAIN

UNCERTAIN

UNCERTAIN

UNCERTAIN

UNCERTAIN

UNCERTAIN

UNCERTAIN

UNCERTAIN

UNCERTAIN

UNCERTAIN

UNCERTAIN

UNCERTAIN

UNCERTAIN

UNCERTAIN

UNCERTAIN

UNCERTAIN

UNCERTAIN

UNCERTAIN

UNCERTAIN

UNCERTAIN

UNCERTAIN

UNCERTAIN

UNCERTAIN

UNCERTAIN

UNCERTAIN

UNCERTAIN

UNCERTAIN

UNCERTAIN

UNCERTAIN

UNCERTAIN

UNCERTAIN

UNCERTAIN

UNCERTAIN

UNCERTAIN

UNCERTAIN

UNCERTAIN

UNCERTAIN

UNCERTAIN

UNCERTAIN

UNCERTAIN

UNCERTAIN

UNCERTAIN

UNCERTAIN

UNCERTAIN

UNCERTAIN

UNCERTAIN

UNCERTAIN

UNCERTAIN

UNCERTAIN

UNCERTAIN

UNCERTAIN

UNCERTAIN

UNCERTAIN

UNCERTAIN

UNCERTAIN

UNCERTAIN

UNCERTAIN

UNCERTAIN

UNCERTAIN

UNCERTAIN

UNCERTAIN

UNCERTAIN

UNCERTAIN

UNCERTAIN

UNCERTAIN

UNCERTAIN

UNCERTAIN

UNCERTAIN

UNCERTAIN

UNCERTAIN

UNCERTAIN

UNCERTAIN

UNCERTAIN

UNCERTAIN

UNCERTAIN

UNCERTAIN

UNCERTAIN

UNCERTAIN

UNCERTAIN

UNCERTAIN

UNCERTAIN

UNCERTAIN

UNCERTAIN

UNCERTAIN

UNCERTAIN

UNCERTAIN

UNCERTAIN

UNCERTAIN

UNCERTAIN

UNCERTAIN

UNCERTAIN

UNCERTAIN

UNCERTAIN

UNCERTAIN

UNCERTAIN

UNCERTAIN

UNCERTAIN

UNCERTAIN

UNCERTAIN

UNCERTAIN

UNCERTAIN

UNCERTAIN

UNCERTAIN

UNCERTAIN

UNCERTAIN

UNCERTAIN

UNCERTAIN

UNCERTAIN

UNCERTAIN

UNCERTAIN

UNCERTAIN

UNCERTAIN

UNCERTAIN

UNCERTAIN

UNCERTAIN

UNCERTAIN

UNCERTAIN

UNCERTAIN

UNCERTAIN

UNCERTAIN

UNCERTAIN

UNCERTAIN

UNCERTAIN

UNCERTAIN

UNCERTAIN

UNCERTAIN

UNCERTAIN

UNCERTAIN

UNCERTAIN

UNCERTAIN

UNCERTAIN

UNCERTAIN

UNCERTAIN

UNCERTAIN

UNCERTAIN

UNCERTAIN

UNCERTAIN

UNCERTAIN

UNCERTAIN

UNCERTAIN

UNCERTAIN

UNCERTAIN

UNCERTAIN

UNCERTAIN

UNCERTAIN

UNCERTAIN

UNCERTAIN

UNCERTAIN

UNCERTAIN

UNCERTAIN

UNCERTAIN

UNCERTAIN

UNCERTAIN

UNCERTAIN

UNCERTAIN

UNCERTAIN

UNCERTAIN

UNCERTAIN

UNCERTAIN

UNCERTAIN

UNCERTAIN

UNCERTAIN

UNCERTAIN

UNCERTAIN

UNCERTAIN

UNCERTAI 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: **EXAMINER?** OTHER: 1 Inpatient 2 ER/Outpatient 3 DOA 1 YES 2X NO 4 Nursing Home 5X Residence 8 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY 28b. TIME OF INJURY 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED 1 X Natural 1 YES 2 NO 2 Accident Investigation 28e. PLACE OF INJURY — At home, term, street, factory, offica building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Sulcide 6 Could not be 4 Homicide 29e. CERTIFIER 1 🔀 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and menner as stated.

2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(s) and manner as stated.

29c. LICENSE NUMBER

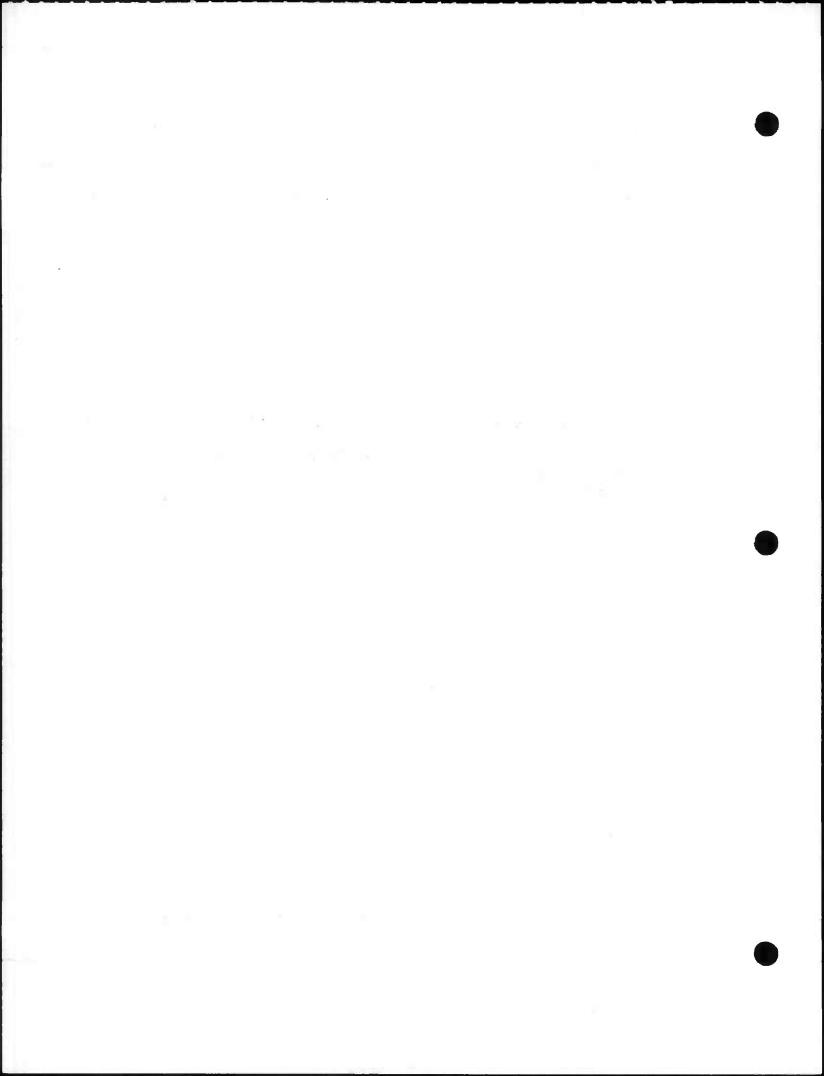
6525 Belcrest Rd, Hyattsville, MD

20782-2003

DHMH-16 Rev 1/89

Nov. 10, 1994

29d. DATE SIGNEO (Month, Day, Year)



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the Mount after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

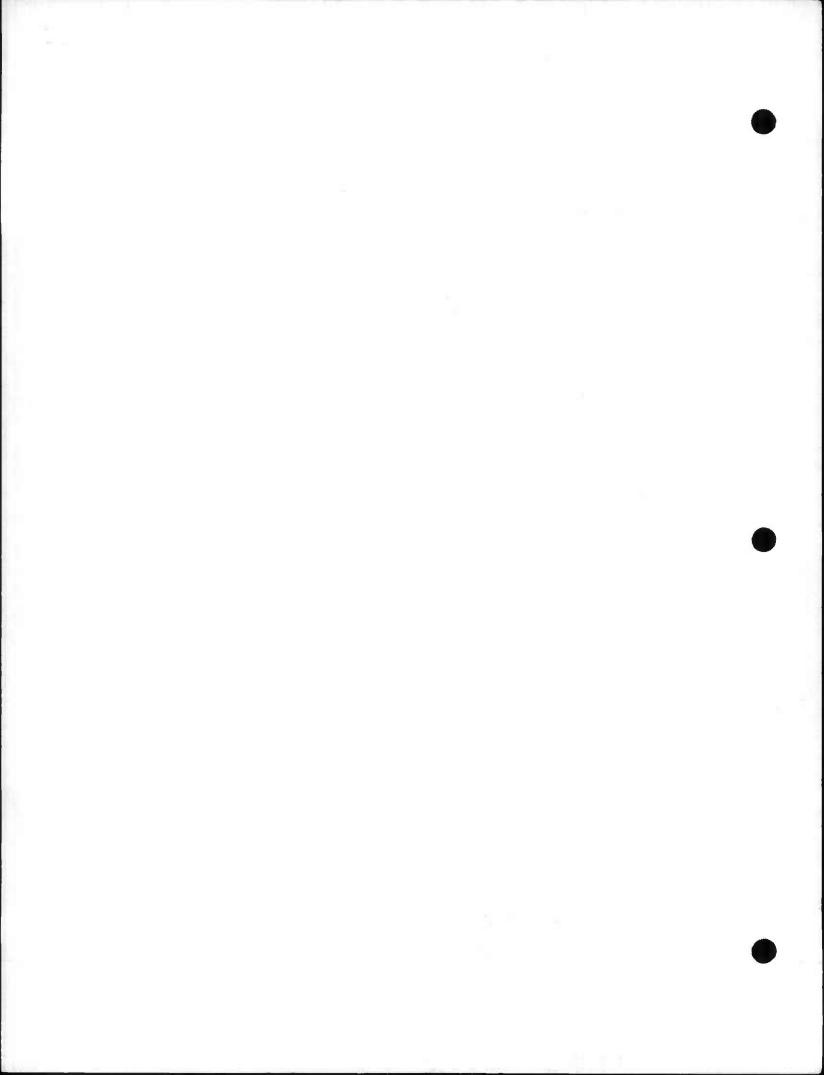
	REGISTRAR		CERT	IFICATE	OF	DEATH		REG. NO.			
	DECEDENT'S NAME (First, Middle, Las ANN G	» ALLAGHER	SI	/ITH			2. DATE OF MONTH	QA.	NY.	gean	3. TIME OF DEATH 0819 A
	4. SOCIAL SECURITY NUMBER			-			NOV				
	579-26-3614	5. SEX 6.	AGE (In yrs. lest birthde	MONTHS	TUNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Morth, Day, Year) MARCH 1,				8. BIRTHPLACE (State or Foreign Country) Virginia		
	9a. FACILITY NAME (If not institution, give	street and number)		9b. CITY,	TOWN C	R LOCATION OF DE				NTY OF D	
DIRECTOR	SUBURBAN HOSP	ITAL E.R.		BE	THE	SDA			MON	1TGC	MERY
<u> </u>	10a. STATE 10b. COUN	TY	10c.	CITY, TOWN O	R LOCAT	ION					10d. INSIDE CITY
		ontgomery		Che		Chase	_				LIMITS? 1 \(\overline{\pi} \) YES 2 \(\overline{\pi} \) NO
M	10e. STREET AND NUMBER				101	. ZIP COOE			10g. CITI	ZEN OF	WHAT COUNTRY?
FUNERAL	6808 Brennon La	ne				20	815		U.	S.	Α.
5	11. MARITAL STATUS	12. WAS DECEDENT ET				ENDENT OF HISPAN			or No-	14. RAC	E American Indian,
B∀	1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1				2 NO Specify		an, etc.)		Spec	k, White, etc.
COMPLETED	15. DECEDENT'S ED (Specify only highest gre		18a, DECEDEN (Give kind	T'S USUAL OC of work done of T use retired.)	CCUPATIO	ON st of working	16b, K	IND OF BUS	INESS/IND	USTRY	
	Elementary/Secondary (0-12)										
MP	12		Libra	rian				orary			
	17. FATHER'S NAME (First, Middle, Last) Dean Gallagher					18. MOTHER'S NA	,				
BE	19a. INFORMANT'S NAME (Type/Print)					Emma L					
ဥ	Christopher Sn					nd Number or Rural I					
.	20a. METHOD OF DISPOSITION	11 (11		loreho	_		aston	_			
	1 Suriel 2 ☐ Cremetton 3 ☐ Re	moval from State	20b. PLACE AND DA cemetery, crematory Rock Cre	TE OF DISPOS or other place)	ITION /Na	me of		20c. LO			
	4 Donetion 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE 1	ICENSES	ROCK Cre	ek Ce	mete	ry	I L I I	4 was	hing	ton,	D. C.
	· Hanhyn	Potino		513	30 W	I Ave. N	W Was	sepn hingt	Gawl on,	er's D.C.	20016
\neg	23. PARTA. Enter the diseases, or	complications that ca	used the death. D								Approximate
	shock, or heart failure	. List only one cause	on aach line.			ad or dying, out	. as carola	o or reapi	ictory att	cot,	Intarval Between
	IMMEDIATE CAUSE (Final disease or condition	Mult:	16 1/2	1.	. 1	1.1	-	, .		10	Onset and Death
ŀ	reaulting in death)	a. Multi	AS A CONSEQUENCE	V9 C	1.00	curi	ins	WO	und	<i>ح</i>	
_	_		THE RESIDENCE	. 01).							
CERTIFICATION	Sequentially list conditions, If any, leading to immediate	b. OUE TO (OR	AS A CONSEQUENCE	OF):							
SA	cause. Enter UNDERLYING	C.									
Ĕ	CAUSE (Disease or Injury that initiated events	OUE TO (OR	AS A CONSEQUENCE	OF):							
	resulting in death) LAST	d									
	PART II. Other significant condition	one contributing to de-	ath hut not moulting	a la tha un	elo els close	sauss elves te	D			Ι	
EDICAL	TAIT II. Other significant condition	Sis contributing to da	atti but not resultir	ig in the un	dariying	cause givan in	Part I. 2	4a. WAS AN PERFOR		248	. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
ă							— l'	TES 2	□ NO		OF DEATH?
Σ			The Island				_ [1 YES 2 NO
PHYSICIAN:	DID TOBACCO USE CON	TRIBUTE TO CAUS			- 7	UNCERTAIN	4 🗆 📗			\perp	
<u>5</u>	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	28. PLACE OF 0	OTHE							
Ιχs	1XXYES 2 □ NO 27. MANNER OF DEATH	1 Inpatient 2 X EF		_		5 Reeldence					
	1 Natural 5 Pending	28a. OATE OF INJ (Month, Day,)	bar)	TIME OF INJURY		RK?	28d. DESCE	NIBE HOW IN	JURY OCC	CUREO	,
B	2 Accident Investigation		-44 0	30CM		ES 2 NO	SUS	Ject	215	65€	2/
	3 ☐ Suicide 6 ☐ Could not be 4 ☑ Homicide determined	building, stc.	1.1		ory, office		281. LOCAT	ION (Street a Town, State)	nd Number	or Rumi I	Route Number,
	7		Une				6308	9 131	ENN	20	The
Sport Street and Number of Furtal House Numbe										n) and manner se stated	
	29b. SIGNATURE AND TITLE OF CERTIFI		4								
H	270. SIGNATURE AND THE CENTER	MU	4			O.C.M.		1	29d. OATI	IOV.	09, 1994
유	30. NAME AND ADDRESS OF PERSON W	/HO COMPLETEO CAUSE O	OF OEATH (ITEM 27) /7	vpe, Print)							
	David R	Powler	111 Pe	nn St	ree	t, Balt	timor	e, M	lary.	Land	1 21201
	31. DATE FILEO (Month, Dey, Year)	1 32. REGISTRAR'S	SIGNATURE Panda	82					_		
Į.	NOV 1 6 199	7									

STÂTE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGENE STÂTE SPECIALITY NAME (First, Micdie, Lasi) 1. DECEDENT'S NAME (First, Micdie, Lasi) Nina Sizveni Norm Norm Norm Sizveni STÂTE SAME STÂTE SAME STÂTE STÂTE STÂTE SAME STÂTE SAME STÂTE SAME STÂTE SAME STÂTE SAME STÂTE SAME STÂTE SAME STÂTE SAME STÂTE SAME STÂTE SAME STÂT	1	tmende	7 *		1/16	194	N	RI	- /	Monta	91 Om	er er	35618 7 Cty
1. DECEDENT'S NAME (First, Middle, Last) Nina Sizeni After Sizeni Sizeni Sizeni After Sizeni Sizeni After Sizeni S		1 - STATE REGISTRAR		STATE OF N	IARYLAND (/ DEPAR	TMENT O	F HEALTI OF DEA	HAND	MENTAL HYGIEN REG. NO.	E	0	1
State 100. County 100. City, town or location 100. City, t	,	1. DECEDENT'S NAME (First,	Middle, Last)		Si	ren	1			2. DATE OF DEATH MONTH DA	ΙΥ	YEAR	
96. CITY, TOWN OR LOCATION OF DEATH CATTIAGE HILL—Bethesda 96. CITY, TOWN OR LOCATION OF DEATH Bethesda 96. COUNTY OF DEATH Bethesda 96. COUNTY OF DEATH Bethesda 96. COUNTY OF DEATH Montgomery 106. STATE 106. STATE 106. COUNTY 106. CITY, TOWN OR LOCATION 106. CITY, TOWN OR LOCATION 107. STATE 108. COUNTY OF DEATH Montgomery 109. CITIZEN OF WHAT COUNTRY? 109	1	830 34570 GO 33404				"				(Month, Day, Year)	99	Country)
10e. STATE 10e. CITY, TOWN OR LOCATION 10d. INSIDE CITY 1 YES 2 NO 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 6305 9th Avenue 12. WAS DECEDENT EVER IN U.S. ARMED 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 1 MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or NO- If Yes, GIVE WAR OR DATES 10f. YES 2 NO No 10f. White, etc. Specify: White, etc. Specify: White 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 1 MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or NO- If Yes, Specify Cuben, Mexican, Puerto Ricen, etc.) 10f. RACE - American Indian, Black, White, etc. Specify: White 10f. RACE - American Indian, Black, White, etc. Specify: White 10f. RACE - American Indian, Black, White, etc. Specify: White 10f. RACE - American Indian, Black, White, etc. Specify: White 10f. RACE - American Indian, Black, White, etc. Specify: White 10f. RACE - American Indian, Black, White, etc. Specify: White 10f. RACE - American Indian, Black, White, etc. Specify: White 10f. RACE - American Indian, Black, White, etc. Specify: White 10f. RACE - American Indian, Black, White, etc. Specify: White 10f. RACE - American Indian, Black, White, etc. Specify: White 10f. RACE - American Indian, Black, White, etc. Specify: White 10f. RACE - American Indian, Black, White, etc. Specify: White, etc. Specify: White, etc. Specify: White, etc. Specify: White 10f. RACE - American Indian, Black, White, etc. Specify: White, etc. Specify: White, etc. Specify: White, etc. Specify: White, etc. Specify: White, etc. Specify: White, etc. Specify: White, etc. Specify: White, etc. Specify: White, etc. Specify: White, etc. Specify: White, etc. Specify: White, etc. Specify: White, etc. Specify: White, etc. Specify: White, etc. Specify: White, etc. Specify: White, etc. Spe	90. FACILITY NAME (If not Institution, give street end number) Carriage Hill-Bethesda								TION OF DI		9c. COUN	ITY OF DE	ATH
11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No— II. Mever Married 2 Merried 3 Merried 3 Merried 3 Merried 3 Merried 4 Divorced Merried 3 Merried 4 Divorced Merried 5 Merried 5 Merried 6 Merried 7 Merried 7 Merried 8 Merried 8 Merried 8 Merried 9 Merried 9 Merried 10 Mer		10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS?											
Never Married 2 Merried FORCES? 1 YES 2 NO If yes, specify Cuben, Mexican, Puerto Ricen, etc.) Black, White, etc. Specify White		6305 9th Ave	enue										
(Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) 12 Homemaker Own Home 17. FATHER'S NAME (First, Middle, Last) Pasquale Maggi 196. INFORMANT'S NAME (Type/Print) Rose M. Giannetti Story Connecticut Avenue Chevy Chase, Maryland 208. METHOD OF DISPOSITION 209. PLACE AND DATE OF DISPOSITION (Name of the content of the c		1 Never Married 2		FORCES? 1	YES 2X	ARMED NO	If yes	s, specify Cui	en, Mexica	n, Puerto Ricen, etc.)	or No—	Black, Specify	White, etc.
17. FATHER'S NAME (First, Middle, Last) Pasquale Maggi 19. INFORMANT'S NAME (Type/Print) Rose M. Giannetti 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) 208. ISSUE THOSE OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of the content of the con		(Specify only	highest grade	completed)		(Give kind of w	ork done durin		king	16b. KIND OF BUS	SINESS/IND	USTRY	
19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 20815 Rose M. Giannetti 20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of the content of th		12 17. FATHER'S NAME (First, Mi	iddle, Last)	_		Homen	aker	18. MO	THER'S NA				
Rose M. Giannetti 8101 Connecticut Avenue Chevy Chase Maryland 20a METHOD OF DISPOSITION 20b PLACE AND DATE OF DISPOSITION // James of Page 1 OCATION — City of Town State		10. MECOM AUT 9 NAME (Supplicated)											
1 M Burlej 2 Cremation 3 Removal from State 4 Donetion 5 Other (Specify) 21. SIGNATURE OF FUNCSAL SERVICE LICENSEF 22. NAME AND ADDRESS OF FACILITY													

TO BE COMPLETED BY FUNERAL DIRECTOR Francis J. Collins Funeral Home, Inc. 500 University Blvd., W. Sil.Spr., MD 20901 23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate ahock, or heart fallure. List only one cause on each line interval Between **Onset and Death IMMEDIATE CAUSE (Final** disease or condition reaulting in death) CERTIFICATION Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury OUE TO (OR AS A CONSEQUENCE OF). reaulting in death) LAST PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. PHYSICIAN: MEDICAL 24s. WAS AN AUTOPSY PERFORMEO? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER?

1 YES 2 NO 28. PLACE OF DEATH (Check only one) HOSPITAL:
1 | Inputient 2 | ER/Outpetient 3 | DOA sing Home 5 ☐ Residence 6 ☐ Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 26d. DESCRIBE HOW INJURY OCCURED 1 Natural 1 YES 2 NO В 2 Accident 3 Sulcide 28e. PLACE OF INJURY — At home, ferm, atreet, factory, office building, atc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 4 Homicide 29e. CERTIFIER (Check only one) To the best of my knowledge, death occurred at the time, date end place, end due to the cause(s) and menner as stated IE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNEO (Month, Day, Year) B 5 ETED CAUSE OF OEATH (ITEM 27) (Type, Print) chu onn. 31. DATE FILED (Month, Day, Year) 32, REGISTRAR'S SIGNATURE 1994

Davidson



BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 687604

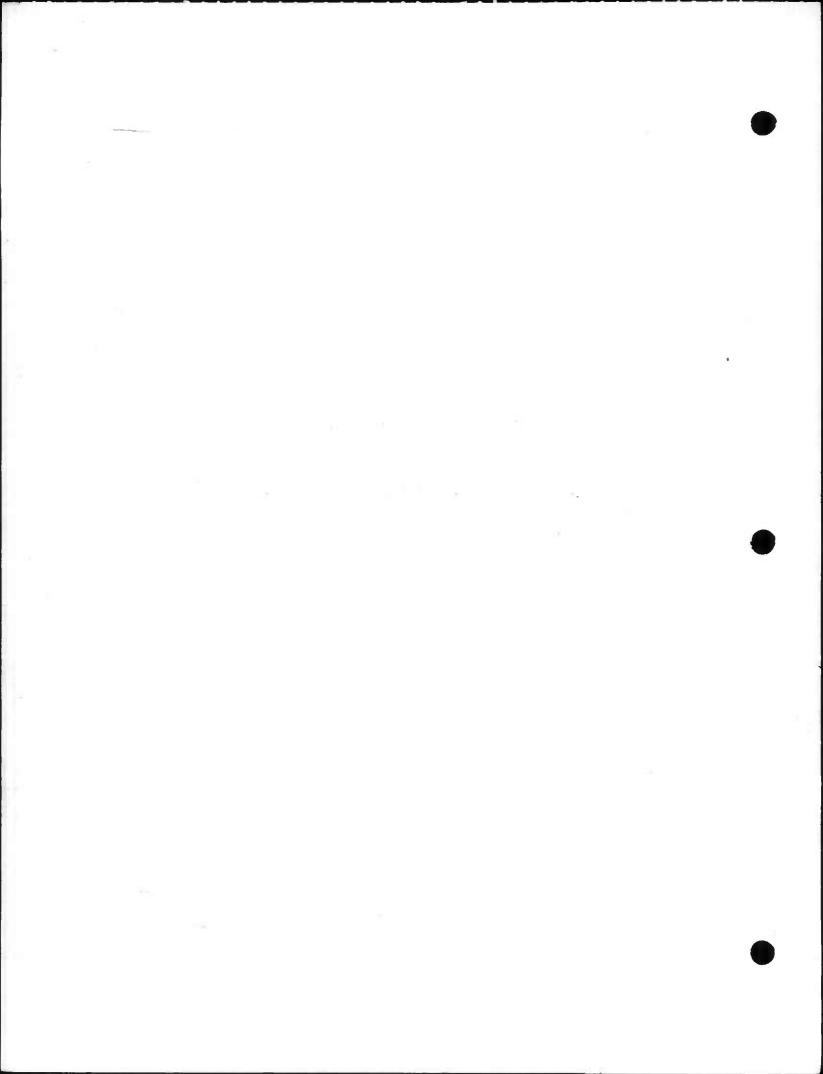
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within V-Fhours after death. Page 5 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH
REG. NO.

	FOR STATE REGISTRAR	STATE OF MARY		RTMENT OF		MENTAL	HYGIEN REG. NO					
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE O		1994 ve	3.	TIME OF DEAT	н	
	Wynola Lee S	paracino				MONTH	D.	0, 194		1:00	Рм	
	4. SOCIAL SECURITY NUMBER		(In yrs. last birthday) IF UNDER 1 YEAR	IF UNDER 24 HRS.				_	CE (Stelle or Fo		
	577-22-6445	8. AGE (In yrs. last birthday) F UNDER 1 YEAR F UNDER 24 HRS. 7. DATE OF BIRTH (Morth, Day, Year) 191										
	9e. FACILITY NAME (If not Institution, give st	Notes									.na	
œ												
임	2420 Dennis Avenu	<u>e</u>		Silve	r Spring			Mont	gome	ry		
DIRECTOR	10e. STATE 10b. COUNTY	,	10c. Ci	TY, TOWN OR LOC	ATION	100	I. INSIDE CITY	-				
5	Maryland Mon	tgomery		Silver S	nring				1,5	LIMITS?	NO.	
	10e. STREET AND NUMBER	едомету			101. ZIP CODE			10g. CITIZEN			-	
FUNERAL	2/20 5							log. Officer			- 1	
z I	2420 Dennis Aven:	12. WAS DECEDENT EVER	IN II C ABMED	40, 140, 10	2090				U.S			
	1 Never Merried 2 Merried	FORCES? 1 YES	2 NO	If yee,	ECENDENT OF HISPA specify Cuben, Maxic	an, Puerio Ric	(Specify Yes	s or No 14.	Black, W	Americen Indie hite, etc.	n,	
B	3 🕅 Widowed 4 🗌 Divorced	IF YES, GIVE WAR OR D	DATES	1 🗆 Y	ES 2 📉 NO Speci	ify:			Specify:		- 1	
ا ۵	15. DECEDENT'S EDUC	CATION	18e. DECEDENT	S USUAL OCCUPA	TION	1 165 6	CIND OF BUI	SINESS/INDUST	Whit	e		
	(Specify only highest grade	completed)	(Give kind or	work done during use retired.)	most of working	100. 1	GIND OF BU	SINESS/INDUS I	mr		- 1	
COMPLET	Elamentary/Secondary (0-12)	College (1-4 or 5+)				"		•			- 1	
2	17. FATHER'S NAME (First, Middle, Last)		Hair St	tylist			eauti					
_					18. MOTHER'S N	AME (First, Mic	ddle, Meiden	Surname)			- 1	
B	John William Ba	rnett			Minnie							
0	19e. INFORMANT'S NAME (Type/Print)		19b. MAILIN	G ADDRESS (Stree	t end Number or Rural	Route Number	r, City or Tow	n, State, Zip Coo	9)			
- 1	Sam_Splaine		11606	Gail P	lace Whe	eaton,	Mary1	and 2	0902			
	20a. METHOD OF DISPOSITION 1 XBuriel 2 Cremetion 3 Ramo		b. PLACE AND DATE		Neme of	DATE	20c. LO	CATION — Cify	or Town,	State		
	4 Donetion 5 Dother (Specify)	Ga	te of He	eaven Ce	metery 1	1/14/9	4Silv	er Spr	ing.	Marvla	nd	
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE		22. NAME	AND ADDRESS OF FA	ACILITY		_	_			
	* Jimathi	ASS) (Chin	shell								, [
\dashv	23. PART i. Enter the diseasee, or c	omplications that sauce	d the death Do	D00 0	niversity	y biva	. , W .	511.Sp	r.,M			
1	ehock, or heert fellure. I	List only one ceuse on	eech iine.	not enter the n	iode or dying, suc	cn as cerois	ic or raspi	ratory arrest,		Approxima Interval Be		
	iMMEDIATE CAUSE (Final disease or condition		0	1.						Onset and	Death	
	immediate cause (Final disease or condition resulting in death) Due to (or as a consequence of:											
l		DUE TO (OR AS	A CONSEQUENCE	OF):				<u> </u>				
2	Sequentielly liet conditions,	D							- 1			
HIFICATION	if any, leeding to immediate	DUE TO (OR AS	A CONSEQUENCE	OF):								
<u>5</u>	CAUSE (Disease or injury											
=	thet initiated events	DUE TO (OR AS	A CONSEQUENCE (OF):								
1	resulting in deeth) LAST	ı										
3	PART II. Other eignificent conditions	a contributing to death i	hut not regulation	in the resident	na savis at sa t	David La						
Å.		online ting to death i	out not resulting	in the underly	ing codes given in	Part I. 2	4s. WAS AN PERFOR		AWA	RE AUTOPSY FIN ILABLE PRIOR T	o	
5						•	YES 2	₩ NO		APLETION OF CA DEATH?	AUSE	
Ĕ									1 [YES 2 N	0	
ž I	DID TOBACCO USE CONTR	RIBUTE TO CAUSE O	OF DEATH Y	ES 🗌 NO	UNCERTAI	N 🗆					1	
TSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		28. PLACE OF DE		θ)							
<u></u>	1 TES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Out	patient 3 DOA	OTHER:	ome 5 Residence	8 Other (Specify)					
	27. MANNER OF DEATH	280. DATE OF INJURY	28b. Til	ME OF 28c. II	NJURY AT	7		NJURY OCCURE	D		$\overline{}$	
	1 Natural 5 Pending	(Month, Day, Year)	"		YORK? YES 2 NO						- 1	
	2 Sulate	28s. PLACE OF INJURY	/ — At home, farm,	straet, factory, of	lica	28f. LOCAT	ION (Street e	and Number or R	ural Pouta	Number	-	
3	4 Homicide 8 Could not be	building, etc. (Spe	cify)			City or	Town, State)	THE PROPERTY OF THE	arai ricato	rrombor,		
Significant Sides and Number of Hural House												
	(Check only										- 1	
)	2 MEDICAL EXAMINER	R: On the beels of exemination	on end/or investigati	on, in my opinion,	death occured at the	time, date er	nd pleca, an	d due to the cer	18e(e) end	l manner ee atr	nted.	
2	296. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NU	MBER		29d. DATE SIG	NED (Mor	nth, Day, Year)		
15505												
2 ∦	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DE	ATH (ITEM 27) (Typ	e, Print)	1 10000			11/.	L T / ブ	1		
	(Dura ton	in their is	114	62 A.14	16							
-	31. DATE PILED (Month, Day, Year)	32. REGISTRAR'S SIGN	IATURE	1101212	210							
	NOV 1 6 1004	0	_	0								
	11011 11334	a runa vauja	on-Randal	<u></u>						DHMH-18		



: retained by the hospital or attending physician. 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

	hosp	che		e3
	the	deta		OW
	È	pe		at
	ned	pino		led
	retai	5 sh		10
r	a	age		96
	may	f, p		at t
1	e 6	ecto		Ē
	Pag	al dir		Ber
	ath.	mer		E
	ir de	he ft	al.	ex
	s afte	9	emov	dica
	DOUR	Li p	0. r	med
	5	fille	lon,	he
į	EL.	etely	mat	11, 1
	d wil	mpk	, Cre	ever
	Cute	00 p	unial	tic
	exe	an a	10 b	ЕШ
	e pe	Ciar	DOL	ran
	ficate	phys	ne p	ler
	certi	Buil	ygie	oth
	ath	ttend	H	0
	e de	he a	Went	uny
	II th	70	Pul	III /
	s tha	peu	Ith a	am
	uires	Sigr	Hea	S.M.
	req	Deen	0.	she
	SW.	las t	Dept	23
	E P	ate h	tate	E
	IAN	rlific	le Si	1 10
	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within frours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notitied at once.
	PH	THE L	th wi	arke
	DING	Afte	deat	Ë
	TEN	d.	fter	8
	AT AT	RECT.	Irs a	E 2
	90.	F	Poc	ite
	TAL	RAL	22	2
	100	SNE	vithir	M
	포	Ή	w pa	FE
	T O	O I	e fil	를
	-	\vdash	0	=

	1 - FOR STATE REGISTRAR	STATE OF MARYLAND		MENT OF I		MENT	AL HYGIEN				
	1. DECEDENT'S NAME (First, Middle, Lest) HENRY	SOMNERS				2, DAY	E OF DEATH	94	YEAR	3. TIME OF DEATH 6-15 PM M	
10	138-05-0501	5. SEX 6. AGE (In yrs. 1		IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DAT (Moi NOV	E OF BIRTH	1899	8. BIRTH Countr	IPLACE (State or Foreign	
TOR	9a. FACILITY NAME (if not institution, give stre HOLY CROSS HOSPI RESIDENCE OF DECEDENT	HOSPITAL SILVER SPRING MONTO								EATH CGOMERY	
DIRECTOR	10a. STATE 10b. COUNTY	OMERY	10c. CITY		OWN OR LOCATION SILVER SPRING					10d, INSIDE CITY LIMITS? 1 YES 2 FT NO	
FUNERAL	10e. STREET AND NUMBER 2405 LILLIAN DRI	VE		10	2090					WHAT COUNTRY? STATES	
BY	tt. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	☐ Never Merried 2 ☐ Married FORCES? 1 ☐ YES 2 ☐ IE YES GIVE WAR OF DATES					ilN? (Specify Yes Rican, afc.)	or No-	Black	— American Indien, t, White, atc.	
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade oc Elementary/Secondary (0-12)	College (1-4 or 5 +)	CORE MA	,	ON st of working	16b. KIND OF BUSINESS/INDUST					
BE COM	17. FATHER'S NAME (First, Middle, Last) (UNKNOWN)		18. MOTHER'S NA			Sumame) UNKN(OWN)				
10	198. INFORMANT'S NAME (Type/Print) EMILY SOMMERS	(DAUGHTER)			INDUMENTAL STREET N					C. 20016	
	20e, METHOD OF DISPOSITION 1 (A Burtal 2 C Creminion 3 Removi 4 Donation 5 C Oper (Specify)	ING		MEM. GA	RDEN	11/	13 FAI		HURC	H, VIRGINIA	
	* Harry	In His	_	1170 1	ROCKVILL	E PI	KE - RO	OCKVI	LLE,	PELS, INC. MD.20852	
	23. PART Lamer the diseases or conshock, or heart failure. List IMMEDIATE CAUSE (Final disease or condition resulting in desth)	st Dnly Dne cause Dn aach iii	desth. Do no	ot enter the mo	de of dying, suc	ch as ca	rdlec or resp	ratory arr	est,	Approximata interval Batween Onset and Death	
N	DUE TO (OR AS A CONSEQUENCE OF): TERMINAL CANCER OF BLADDER										
CERTIFICATION	Sequentiany list conditions, If any, leading to immediate csuse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events DUE TO (OR AS A CONSEQUENCE OF):										
	d.	reaulting In death) LAST									
PHYSICIAN: MEDICAL				The onderlyin	y cause given in		24a. WAS AN PERFOR	IMED?	240.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO	
AN	25. WAS CASE REFERRED TO MEDICAL			28 PI	ACE OF DEATH (Ch	ack only	nne)				
SIC	EXAMINER?	OSPITAL:		OTHER:	e 5 🗆 Raaldence						
ВУ РНУ	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME INJU	OF 28c. IN.	URY AT		EŞCRIBE HOW I	NJURY OCC	CURED		
	2 Accident Investigation 3 Suicide 8 Could not be determined	288. PLACE OF INJURY — At building, etc. (Specify)		281. LOCATION (Street and Number or Rural Route Number, City or Yown, State)							
COMPLETED		AN: To the best of my knowledge, On the basis of examination and/o) and manner as stated.	
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIER What What What	M.b.		29c. LICENSE NUMBER P434 96					(Month, Day, Year) 0 - 94		
-	MOHAMMAD A KHALU	MD. 1299-			DRive	0	Silve	SPri	my m	10 20902.	
	31. DATE FILED (Month, Day, Year) NOV 1 6 1994	32. HEGISTRAN'S SIGNATURE	Pandell								

	ı
$\overline{}$	
$\tilde{\mathbf{z}}$	
Ψ	
68	
Θ	
X 68760	
Ξ.	
BOX	
m	
_	
~	
$\mathbf{\mathcal{C}}$	
<u>о</u>	
-	
S	
\Box	
$\overline{\sim}$	
<u>.</u>	
0	
7	
\sim	
ш	
RECORDS,	
_	
ITAL	
⋖	
_	
>	
OF V	
ц_	
\cap	
_	
~	
=	
Ų	
20	
n	
_	
_	
~	
_	

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the brospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPAR CERTIF	TMENT OF I	DEATH AND		HYGIENE REG. NO.				
	1. DECEDENT'S HAME (First, Middle, Last) BESSIE M. SAND	LER A.K.A.				2. DATE OF MONTH	BER 8,	1994	3. TIME OF DEA		
	4. SOCIAL SECURITY NUMBER 231–10–9075	5. SEX 8. AGE (//	n yrs. lasi birthda() 1 YRS.	MONTHS DAYS HOURS MIN. FUNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Morith, Day, Year) 8. BIRTHPLAN (Country) 3 ULY 16, 1913 VIRGI							
~	9e. FACILITY NAME (If not institution, give s	,		9b. CITY, TOWN	OR LOCATION OF D	9c. COUNTY OF DEATH					
DIRECTOR	HEBREW HOME OF GR	EATER WASHING	TON	ROCKV	ILLE			MONTG	OMERY		
REC	10e. STATE 10b. COUNT	Y	10c. CIT	Y, TOWN OR LOCA	ТЮН			10d. INSIDE CITY	,		
		GOMERY	RO	OCKVILLE					1 X YES 2	NO	
RAI	10e. STREET AHD HUMBER	P		10	. ZIP CODE		11		WHAT COUNTRY?		
FUNERAL	211 CURRIER DRIV	12. WAS DECEDENT EVER IN	U.S. ARMED	13. WAS DEC	20850 EHDENT OF HISPA	HIC OBIGINS (S	Specify Year or		STATES E - American Indi		
ВҰ	1 Hever Merried 2 Merried 3 Wildowed 4 Divorced	FORCES? 1 YES	2 X NO	If yee, sp	ecity Cuben, Mexica 2 NO Specia	an, Puerto Rice	n, etc.)	Spe	ck, White, etc.	en,	
COMPLETED	15. DECEDEHT'S EDU (Specify only highest grade Elamentary/Secondary (0-12)	CATION o completed) College (1-4 or 5+)	16a. DECEDENT'S (Give kind of v life. Do NOT us	vork done during mo	ON st of working	NO OF BUSINE	ESS/INDUSTRY				
MPL	12		OWNER				RESTAU	JRANT			
00	17. FATHER'S HAME (First, Middle, Last)				18. MOTHER'S HA		fle, Malden Sun	name)			
BE	JOSEPH MILLE] 190. INFORMANT'S NAME (Type/Print)	R			ESTHER		OLZSWE				
2	MARSHA SANDLER (1	DATICHTER)			DRIVE, R				0		
	20a METHOD OF DEPOSITION 1 X Burlel 2 metton 3 X Rem	7 20b.	PLACEAHD DATE (OF DISPOSITION (Na	me of	DATE		10N — City or T			
	4 Donation A Other (Specify)	_// H	AMPTON E	HEBREW C	EMETERY		1		IRGINIA		
	21, SIGNATURE OF FUNEDAL SERVICE LIC	ENSKE .		22. NAME AI	D ADDRESS OF FA	CILITY			PELS, IN	_	
	1 Sary M	· Hue							MD 208		
	23. PART. Enter the presence, or shock, or heart failure. IMMEDIATE CAUSE (Firel disease or condition resulting in death)	s. SEPTICEMIA	ich line.		de of dying, auc	ch as cardiec	or respirate	ory arrest,	Approxim Interval B Onset end	etween	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate CHRONIC OBSTRUCTIVE PULMONARY DISEASE DUE TO (OR AS A CONSEQUENCE OF):										
CAT	ra any, seeding to immediate ceuse. Enter UNDERLYING										
E	thet initieted events resulting in deeth) LAST	DUE TO (OR AS A	CONSEQUENCE OF	7):							
CER		d									
PHYSICIAN: MEDICAL	PARKINSONISM, DE						PERFORME	D?	O. WERE AUTOPSY FI AVAILABLE PRIOR COMPLETION OF COMPLETION OF DEATH?	CAUSE	
ä	DID TOBACCO USE CONTI				UNCERTAI	N 🗆					
ic.	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	28. PLACE OF DEAT	H (Check only one) OTHER:							
HYS	1 YES 2 X HO 27. MANNER OF DEATH	1 Inpatient 2 ER/Outpa	Itlent 3 DOA		5 - Residence		becity) BE HOW INJU	BY OCCUBED			
	1 X Hatural 5 Pending	(Month, Day, Year)	INJ	URY WO	RK? 'ES 2 NO	200. DESCRI	BE NOW INSO	AT OCCORED			
TED BY	2 Accident Investigation 3 Suicide 8 Could not be determined	28e. PLACE OF INJURY building, etc. (Special	— At home, farm, e	treet, lectory, offic		28f. LOCATIO	ON (Street and own, State)	Number or Rural	Route Number,		
COMPLETED		CIAN: To the best of my knowle							a) and manner as s	tated.	
N N	296. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NUI				O (Month, Day, Year)		
8	Budble	NY			D23958				BER 8, 19	994	
임	30. NAME AND ADDRESS OF PERSON WHO										
	BURT I. FELDMAN, M 31. OATE FILED (Month, Day, Year)	1.D., 61Z1 MOI		UAD, ROC	KVILLE,	MARYL	AND 2	0852			
	NOV 1 6 1994	Julia Davidsor								1	

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within fours after death. Page 6 may be retained by the hospital or attending physician.

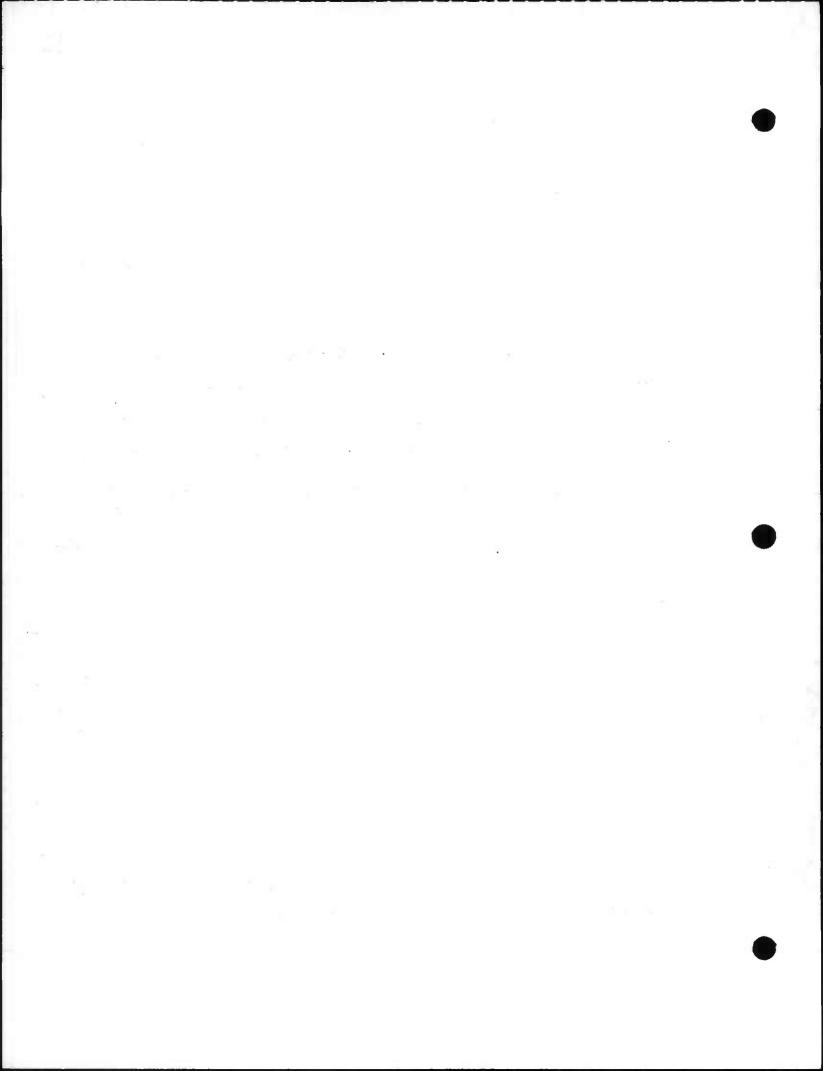
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 12 hours after death with the State Dept. or Health and Mertall Hygiene prior to removal. BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1. OECEDENT'S NAME (First He		obek Sca	rborough						2. DATE OF ONE OF ONE OF O	oeath er I	Ö 19	94ear	3. TIME OF DEATH 4:10 P
	4. SOCIAL SECURITY NUME 221-18-2289	BER	5. SEX 1 M 2 KF	6. AGE (In yrs. les 74	t birthday) YRS.	IF UNDER	R 1 YEAR DAYS	IF UNDE	R 24 HRS. MIN.	7. DATE OF E Month, De June	10 1	920	a. BIRTH Couptr De Le	PLACE (State or Foreign
OR	9a. FACILITY NAME (If not in 1209 Rupper)	Rd.	treet and number)			9b. CITY, TOWN OR LOCATION OF GEATH Silver Spring Montgome								
	RESIDENCE OF DEC	10b. COUNTY	1		10c CIT	V TOWN	OR LOCAT	ION						
- DIRECTOR	Deleware	New	Castle		Wilmington						10d. INSIDE CITY LIMITS? 1 TYES 2 TO NO			
FUNERAL	304 Plymon		., Fairfa	ax				9803						States
B	11. MARITAL STATUS 1 Never Married 2 1 3 Wildowed 4 Divo		12. WAS DECEDEN FORCES? 1 IF YES, GIVE	IT EVER IN U.S. AR	ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yas or No— 11 yea, specify Cuban, Maxican, Puarto Rican, etc.) 1 YES 2 NO Specify:					14. RACE Black Specif	, American Indian, White, atc.			
COMPLETED	15. DEC (Specify onl Elementary/Secondary (C	EDENT'S EDUC y highest grade 0-12)	CATION completed) College (1-4 or 5	+) (G	Give kind of work done during most of working fe. Do NOT use refired.) Personnel Secretary Government									
N C	17. FATHER'S NAME (First, M	liddle (asl)				IIICI	DCC	_		ME (First, Middle				
BE C	Adam Dobel	ζ.						Ce	cili	a Sado	wska			
2	Linda Craver	1								er Spr				1 20903
TO BE COM	20e. METHOD OF OISPOSIT 1 Burial 2 Crematic 4 Donation 5 Other	on 3 - Ramo (Specify)		20b. PLACE					11-1	1		mingt		
E I	21. SIGNATURE OF FILINERA	X	ENGHE /	1	_			N AODRE		Hin				H. Inc.
3	23. PART VEnter the d		omplications the	t caused the de	eth Do s	1.	1800	New	Ham	psnire	Ave	. 51.	Lver	Spring, Md.
יפורי, ווופ ווופת	23. PART I Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiac or reepiretory arrest, ehock, or heert feliure. Liet only one cause on each line. Approximate interval Between Onset and Death disease or condition resulting in death) OUE TO (OR AS A CONSEQUENCE OF):													
CERTIFICATION	if any, leeding to imme ceuse. Enter UNDERLY! CAUSE (Disease or inju	Sequentielly list conditione, if any, leeding to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):												
ERTIF	that initiated events resulting in deeth) LAS	' (,	d	(OR AS A CONSE	JUENCE OF	·):								
MEDICAL C	PART II. Other eignifice	PART II. Other eignificent conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO 24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?												
	DID TOBACCO U	SE CONTE	RIBUTE TO CA	LISE OF DEA	TH YE	s \square i	NO [1 LING	FDTAIN					1 TYES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO EXAMINER?		HOSPITAL:		E OF OEAT		only one)	7 0110	LIXIAII	-				
1XS	1 YES 2 NO		1 Inpatient 2 I			4 🗆 Nur	sing Home		sidence	8 Other (Sp.				
BY P	1 Netural 5	Pending Investigation	(Month, D		28b. TIM	URY M		HY AT RK? (ES 2	NO	28d. DESCRIE	BE HOW IN	JURY OCC	CUREO	
ETED		Could not be datarmined	28a. PLACE 0 building,	F INJURY — At ho atc. (Specify)	me, Jerm, a	treat, lect	tory, office	•		281. LOCATION	N (Street a wn, State)	nd Number	or Rural A	oute Number,
COMPLE			CIAN: To the best of R: On the basis of a											and manner as stated.
296. SIGNATURE AND TITLE OF CERTIFIER 296. DATE SIGNED 297. LICENSE NUMBER 298. DATE SIGNED 291. LICENSE NUMBER 291. DATE SIGNED							E SIGNED	(Month, Day, Yoar)						
Kenneth Miller Prince Philip Drive, Olney, Maryland														
	31. DATE FILEO (Month, Day, NOV 1		32. REGISTRA	R'S SIGNATURE			-11Cy	, rid	тута:	iid		-		
		-	9											DHMH 16 Per 1/90



0	
_	
01	
64	
21215-0020	
0	
-	
10	
215	
_	
4	
\sim 1	
6.4	
-	
4	
-	
CA	
-	
-	
1000	
_	
AND	
40	
-	
9	
MARYL	
-	
_	
>	
~	
144	
-4	
40	
N	
-	
-	
III)	
ш	
Belleville.	
-	
ш.	
_	
\sim	
U	
_	
_	
_	
_	
- made	
BALTIMORE	
453	
-	
00	
144	
	L
	۰
-	•

0	
92	
BOX 687	
×	
0	
0.0	
Δ.	
OF VITAL RECORDS,	
띪	
ō	
S	
œ	
7	
H	
5	
H.	
ő	
DIVISION	
5	

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within at hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1. 2, 3 should be filed within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH
REG. NO.

_	TIEGIOTTIAT				G 111111	1071	_ 01				HEG. NO.			
	1. DECEDENT'S NAME (First,	, Middle, Last)	Dobion	T 04	- 1-					2. DATE O	DA		YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUME	IFR .	5. SEX	J. Str		IE IMAEI	R 1 YEAR	# IMPE	7 24 HRS.	Nove	mber	9, 19		4:15 P M IPLACE (State or Foreign
	377-05-9003		1 2 M 2 - F	93	YRS.	MONTHS	DAYS	HOURS	MIH.	(Month,	Day, Year)	1001	Count	(1/2)
	9a. FACILITY NAME (If not in		treet and number)			Apr. 25, 1901 Mic					ichigan EATH			
E O	Manor Care	-Poton	nac			Potomac Mont					nt gor	nerv		
ם ו	RESIDENCE OF DEC	10b. COUNTY	,		100 CIT	Y, TOWN	001004	TION						10d. INSIDE CITY
DIRECTOR	Maryland		gomery		100.011		toma							LIMITS?
A L	10e. STREET AND NUMBER		zgomer y			101		f. ZIP COD	E			10g. CIT	IZEN OF 1	WHAT COUNTRY?
ER	8512 Fox	Run						208	354			Unit	ed S	States
FUNERAL	11. MARITAL STATUS		12. WAS DECEDEN	T EVER IN U.S.		13.	WAS DEC	CENDENT (OF HISPAN	IIC ORIGIN?	(Specify Year	or No-	14. RACI	E — American Indian, k, White, atc.
ВУ	1 Never Married 2 3 X Widowed 4 Divo			2 X NO			owii, attacy		Spec	ity:				
		EDENT'S EDUC		18a. I	DECEDENT'S	USUAL O	CCUPATI	ON		16b. I	CIND OF BUS	SINESS/IN	DUSTRY	White
COMPLETED	(Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+)			+)	Give kind of fe. Do NOT u	work done se retired.)	during me	ost of worki	ng					
MPL						rmar	1				Au	to Bo	ody	
8	17. FATHER'S NAME (First, M										ddle, Maiden	Surname)		
BE	Jacob Str									Gaffi				
2	Roger J.										r, City or Town			
	20a. METHOD OF DISPOSIT	ION		20b. PLAC	E AND DATE							CATION -	City of To	own. State
ŀ	1 ☑ Buriet 2 ☐ Cremetic 4 ☐ Donation 5 ☐ Other		oval from Stata	Cometery, C	remetory or o	AVOL	Cei	meter	-17		Silv	er S	Sprin	ng, Maryland
	21. SIGNATURE OF FUNERA								/					
	22. NAME AND ADDRESS OF FACILITY Robert A. Pumphrey Funeral Home/ Bethesda-Chevy Chase, Inc. 7557 Wisconsin Ave., Bethesda, MD 20814-3501													
	23. PART i. Enter the di	is esee, pro	omplications the	t caused the	festh. Do	not enter	the mo	de of dy	ing, suci	n es cerdi	c Dr respi	ratory er	rest,	Approximate
	ehock, pr heart feliure. Liet pnly one ceuse pn each line. IMMEDIATE CAUSE (Finel disease pr condition Alignment of Demonstration													
	resulting in death) Alzherimer's Dementia 8 months													
	DUE TO (OR AS A CONSEQUENCE OF):													
<u>N</u>	Sequentielly list conditions, If eny, leeding to immediate DUE TO (OR AS A CONSEDUENCE OF):													
CAT	ceuse. Enter UNDERLY!	NG	c.											
뜯	that initiated evente		DUE TO	(OR AS A CONS	EOUENCE O	F):								
CERTIFICATION	resulting in deeth) LAST													
	PART II. Other significe	nt condition	e contributing to	deeth but not	recuiting	in the u	nderlyin	g cause (given in	Part I.	24s. WAS AN PERFOR		24b	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
MEDICAL										_	1 YES 2			COMPLETION OF CAUSE OF DEATH?
Z.														1 YES 2 NO
PHYSICIAN:	DID TOBACCO U		RIBUTE TO CA					JUNC	ERTAIN	1 3				
泛	EXAMINER?	O MEDICAL	HOSPITAL:		CE OF DEA	OTHE	R:				287			
Η̈́	27. MANNER OF DEATH		26a. DATE OF	INJURY	28b. TIM	E OF	28c. IN.	URY AT	isidence	6 Other (Specify)	NJURY OC	CURED	
BY P		Pending Investigation	(Month, D	lay, Year)	IN.	M		YES 2] NO					
	3 Suicide 6	Could not be	28a. PLACE O building,	F INJURY — At I	noma, farm,	street, fac	tory, offic	0		28f. LOCAT	TION (Street a Town, State)	nd Number	or Rural I	Route Number,
		dstarmined												
COMPLETED			CIAN: To the best of											
ģ I		r investigatio	igstion, in my opinion, death occured at the			red st tha	time, data a	nd placa, an	d due to th	ne cause(s	i) and menner as stated.			
H H	296. SIGNATURE AND TITLE	OF CHATTER	YOX		25				ENSE NUM	BER				(Month, Day, Year)
D3 20 33								ov.	10, 1994					
	Peter G. H			4 Wisco			116	Cho	w Oh	3.00	Ma1	223	200	1 0
	31. DATE FILED (Month, Day,			R'S SIGNATURE		Aven	ue,	cnev	y Ch	ase,	maryl	and	_208	12
	NOV 1	4 199	4 Julia	Davidson	Mandel	2								
			0	*****				•	•					DHMH-16 Ray 1/89

TO THE HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within. Finous after death. Page 6 may be retained by the hospital or attending physician.

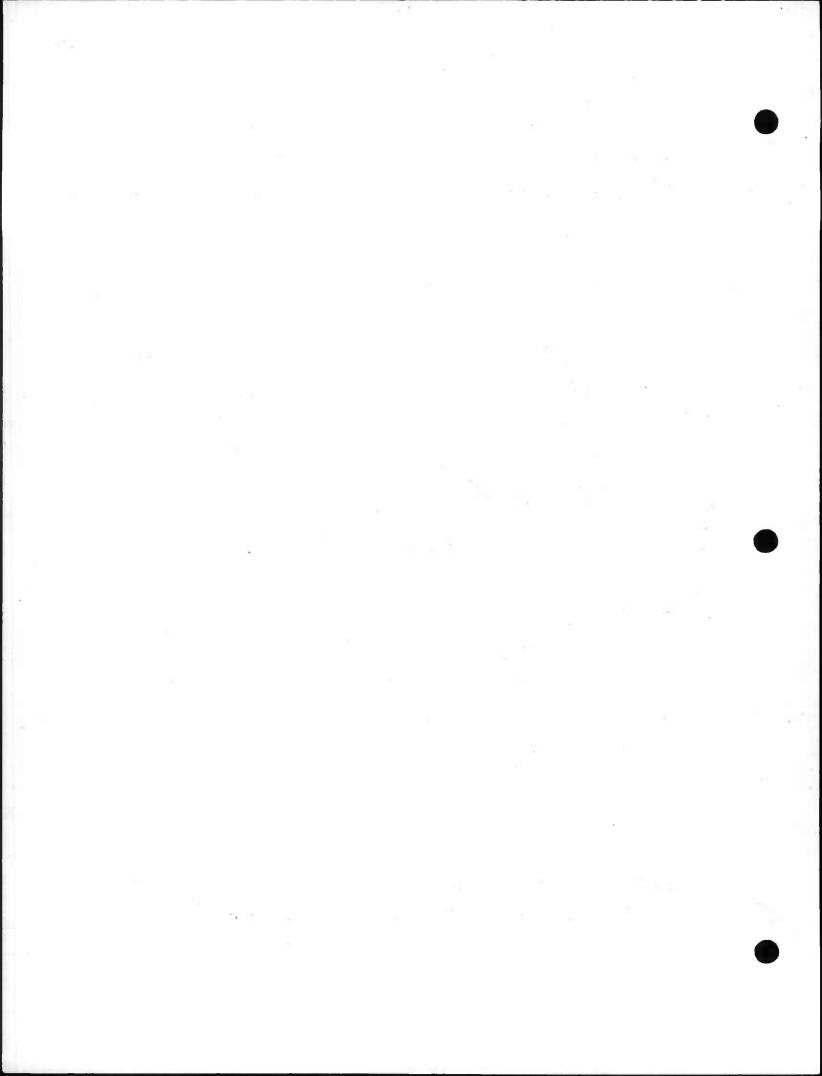
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunal, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760

1 - FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

					OAIL	01 01		7	EG. NO.				
1	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE OF	DA	W	YEAR 3.	. TIME OF DEATH	
3	Glen	Elizabeth	Sc	hnei	ders			Nov.	9,19	94		6:35 P. M	
	4. SOCIAL SECURITY NUMBER	5. SEX 6.	AGE (In yrs. last	birthday)	IF UNDER 1 Y	EAR IF U	NOER 24 HRS.	7. DATE OF E			8. BIRTHPL	ACE (State or Foreign	
	385-34-1419	1 M 2 X F	82	YRS.	MONTHS D.	onths days hours min. Dec.			y, Year)	1	Mar	yland	
- 8	9e. FACILITY NAME (If not institution, give :	street end number)			9h CITY TO	WAY OR LO	CATION OF D		,,,,,,	_	INTY OF DEAT		
ا <u>م</u> ا									00	1			
임	Holy Cross Hospi	tal			7	1100	rs	prina	5	M	onta	omery	
DIRECTOR	10e. STATE 10b. COUNT		10c. CITY	TOWN OR I							d. INSIDE CITY		
<u> </u>	Maryland Mor	+ comover										LIMITS?	
	10e. STREET AND NUMBER	tgomery		٥.	ilver							X YES 2 NO	
₩.	1316 Fenwick Aven	ue				10f, ZIP (AT COUNTRY?	
9						209	10				USA		
5	11. MARITAL STATUS	12. WAS DECEDENT ET	VER IN U.S. ARI	MED	13. WAS	DECENDE	NT OF HISPA	NIC ORIGIN? (S	pecify Yee	or No-	14. RACE -	- American Indian, White, etc.	
BY FUNERAL	1 Never Merried 2 Merried 3 X Widowed 4 Divorced	IF YES, GIVE WAR		•			NO Specia		n, etc.)		Specify:	vine, etc.	
	3 24 Widowed 4 Divorced										wh	ite	
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade		16a. DEC	EDENT'S	USUAL OCCL	PATION	nekina	16b. KIN	O OF BUS	INESS/IN	DUSTRY		
l iii	Elementary/Secondery (0-12)	College (1-4 or 5+)	life.	Do NOT us	netired.)	ng most of w	rorung						
립		2	sec	reta	ry			Bos	ston	Co11	ege		
8	17. FATHER'S NAME (First, Middle, Last)					18, 1	MOTHER'S NA	ME (First, Middl	le Maiden :	Sumamal			
	William E. Ogle	h				1		an M. F		,			
BE	19e. INFORMANT'S NAME (Type/Print)			****									
임	Anne E. Schneid							Route Number, (,		,	00007	
		iers	20	20 W	Iscons	in A	ve.,N.	.W.,Was					
	20e. METHOD OF DISPOSITION 1 XBurlel 2 Cremetton 3 Rem	ovat from State	20b. PLACEA	NO DATE O	F DISPOSITIO	N (Name of		DATE	20c. LOC	CATION —	Cify or Town	, State	
	4 Donetton 5 Other (Specify)		Cedar	Hi1	1 Ceme	etery	Nov.	12,94	Sui	tlan	id, Md		
	21. INGNATURE OF JUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY												
	DeVol Funeral Home												
	2222 Wisconsin Ave., N.W., Wash., DC 20007 23 PAGE Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate												
	shock, Dr haart fallure. List only one cause on each line.												
	IMMEDIATE CAUSE (Final Onset and Death												
	disease or condition -> a CRYPTOGONIC CIRRHOSIS WITH LIVER FAILURE 2MOS												
	OUE TO (OR AS A CONSEQUENCE OF):												
z													
CERTIFICATION	Sequentially list conditions, if any, leading to immediate b. DUE TO (OR AS A CONSEQUENCE OF):												
NA I	cause. Enter UNDERLYING												
표	CAUSE (Disease or injury that initiated events	OUE TO (OR	AS A CONSEO	UENCE OF):							-	
E	resulting in death) LAST												
빙		d		-									
	PART II. Other aignificant condition	ns contributing to de	ath but not re	aulting i	n the unde	rlying cau	ae given In	Part i. 24s	. WAS AN			ERE AUTOPSY FINDINGS	
EDICAL	METASTATIC	CARCINOM	AF	EF	T BR	CAST	-		PERFOR	1		MAILABLE PRIOR TO OMPLETION OF CAUSE	
8						<u></u>		— ''	YES -2	NO	O	F DEATH?	
Σ											1	YES 2 NO	
Z													
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER:	26. PLACE (OF DEATH (C/	neck only one)				4	
YS	1 VES 27 NO	1) Inpatient 2 - EF	3/Outpatient 3	□ DOA		Home 5	Residence	6 Other (Sp	ecify)			and the same of th	
품	27. MANNER OF DEATH	28e. DATE OF INJ (Month, Day,		28b. TIME INJ		work?	AT .	28d. DESCRI	BE HOW IN	JURY OC	CURED	- 19	
ВУ	1 Natural 5 Pending 2 Accident Investigation		,			YES	2 NO					3).	
l U	3 Suicide 8 Could not be	28e. PLACE OF IN	JURY - At hor	ne, ferm, a	treet, factory,	office				nd Numbe	r or Rural Rout	te Number,	
E	4 Homicide determined	building, etc.	(ареспу)					City or It	wn, State)				
iu	29e. CERTIFIER	The second second	11 /								370		
(Check only 1 X) CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end piece, end due to the ceuse(e) end manner ee stated,													
2 MEDICAL EXAMINER: On the beele of examination end/or investigation, in my opinion, death occured at the time, date end place, end due to the ceuse(e) end manner							nd manner ee atated.						
290 SIGNATURE AND TITLE OF CEBRIFTER 29d. DATE SIGNED (Month, Day,							fonth, Day, Year)						
∞	Drugg C. Ass	are all	11)) M7.	125		> 1	1/9/0	94	
2	30 NAME AND ADDRESS OF PERSON WI	O COMPLETED CAUSE O	OF DEATH (ITEM	1 27) (Type.	Print)		-	TW			("		
	DAMES 1	Regunt	MIN	14.8	08P+	I VC II	ALIC /	NE I	Vore	.112	VAIN	20850	
	3t. DATE FILEO (Month, Day, Year)	32. REGISTRAR'S	SIGNATURE	170	1100	1710	LAND L	ENAC!	CUCK	ULL	TE IM	1 7n010	
	NOV 1 7 199	. // ~	vidson-A	and on									
- 1	11017 - 100.	7 / 2000	~ [WOD7 V- [/]	- Inches	_								



020	physici	burial-t
BALTIMORE, MARYLAND 21215-0020	e death certificate be executed within thours after death. Page 6 may be retained by the hospital or attending physicis	he attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-t
212	If or att	for use
Q	hospita	ached
LA	the	e del
>	5	0
MAR	etained	should
	6	40
ш	N	980
TOR	е 6 та	rector,
2	Pe	ė.
ALT	feath.	funera
B	after	by the
	Sin	.⊊
	Î	filled ,
S, P.O. BOX 68760,	within	he attending physician and completely
7	per	00
89)	noace	and
6	2	ciar
. B(ficate	physi
0	ert	0
0	ath	ttend
Ś	de	Je 2

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

rours after death. Page 6 may be retained by the hospital or attending physician,	ils certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	ion, or femoval.	he medical examiner must be notified at once.
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed vithing bything bythe format be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely	be thed written 72 hours after death with the State Dept. or hearth and Merical hygiene phor to burial, chemation, or femoval.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	REGISTRAN				ICATI	_ 0;	DEA	111		REG. NO			
	1. DECEDENT'S NAME (First, Middle, Last) Virginia H. Stephenson							2. Date of Death November 10 1994 3. Time of Death 12:00 P				3. TIME OF DEATH 12:00 P M	
	4. SOCIAL SECURITY NUMBER $578-44-2316$	5. SEX	6. AGE (In yrs. less	birthday)	IF UNDER	1 YEAR DAYS	IF UNDE	R 24 HRS.	7. DATE O	F BIRTN]	911	6. BIRTH Count	
	9a. FACILITY NAME (if not institution, give street and number)				Oh CITY	TOWN /			1	February 10		Washington, DO	
DIRECTOR						9b. CITY, TOWN OR LOCATION OF DEAT			EAIN		10.55.00 10.57.00 1		
	Bethesda Retirement & Rehabilitation					Chevy Chase				Montgomery			ery
E C	10a. STATE 10b. COUNT	TY.		10c. CIT	Y, TOWN	OR LOCAT	TION						10d. INSIDE CITY
						hevy Chase				LIMITS?			LIMITS?
₹	10s. STREET AND NUMBER					10f. ZIP CODE				10g. CITIZEN OF WHAT COUNTRY?			
BY FUNERAL	8700 Jones Mill		20815				U.S.A.						
	11. MARITAL STATUS	EVER IN U.S. AR				DECENDENT OF HISPANIC ORK					E — American Indian,		
	1 Never Married 2 Married FORCES? 1 YES 2 3 Wildowed 4 Divorced IF YES, GIVE WAR OR DATES								exican, Puerto Rican, etc.) pecify:			Spec	k, Whita, etc. #y: ite
	15. DECEDENT'S EDI (Specify only highest grad	JCATION	16a. DE	CEDENT'S	USUAL O	CCUPATIO	ON		16b, 1	CIND OF BU	SINESS/IN	DUSTRY	
COMPLETED	Elementary/Secondary (0-12)	life.	(Give kind of work done during most of working life. Do NOT use retired.)				National Education			tion			
直	Elementary/Secondary (0-12) College (1-4 or 5+)			Administration					A	Association			
0	17. FATHER'S NAME (First, Middle, Last)				18. MOTNER'S NA				AME (First, Middle, Malden Surname)				
	Lloyd Stephensor	1				Mary Haswell							
H	19a, INFORMANT'S NAME (Type/Print)		100	MAILING	ADDRES	D (Chanal		-	Route Numbe		- 01-4- 70	0.41	
임	Doug Stephenson												d 20878
. 1	0 1							Gal	Luers			-	
	20a. METHOD OF DISPOSITION 1 (X Burlel 2 Cremation 3 Ramoval from State 4 Donation 5 Other (Specify) 20b. PLACE AND DATE Of DISPOSITION (Name of cemetery, crematory or other place) Parklawn Memorial Park 11/14 Rockville, Maryland												
	21. SIGNATURE OF FUNERAL SERVICE L	CENSEE			22.	NAME A	ND ADDRE	SS OF FA	ACIUTY	-		F120	
	Joseph Gawler's Sons, Inc. 5130 Wisconsin Avenue, N.W. Washington, D.C. 20016												
CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentisity list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events Non-hodgkin s Lymphoma 8 months Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of):												
F	resulting in death) LAST	d											
EDICAL													
	PART II. Other aignificant conditions contributing to death but not resulting								PERFO	S 2 N NO OF DEATH?		AVAILABLE PRIOR TO COMPLETION OF CAUSE	
PHYSICIAN: M	25 WAS CASS DESCRIPTO TO MEDICAL					11.000							
D D	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHE	R:			heck only one				
ΥS	1 TES 2 NO	1 Inpetient 2 I			-			esidence	6 🗆 Other	(Specify)			
ву Рн	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	26b. TIM	ME OF JURY AT WORK? M 1 YES 2 NO			28d. DESCRIBE HOW INJURY OCCURED							
1	3 Suicide 6 Could not be detarmined 28e. PLACE OF INJURY — At home, farm, st building, etc. (Specify)					eet, tactory, office 28t. L			28t, LOCAT	t. LOCATION (Street and Number or Rural Route Number, City or Town, State)			
COMPLETED	29s. CERTIFIER (Check only one) 1 X CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the best of axamination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.												
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (A D30898 11/10/												
F	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo. Print) Steven F. Osborne, M.D. 5530 Wisconsin Avenue Chevy Chase, Maryland 20815												
	31. DATE FILED (Month, Day, Year)	32. REGISTRA	R'S SIGNATURE	- Pano	Lee			П					

RESON WEITH

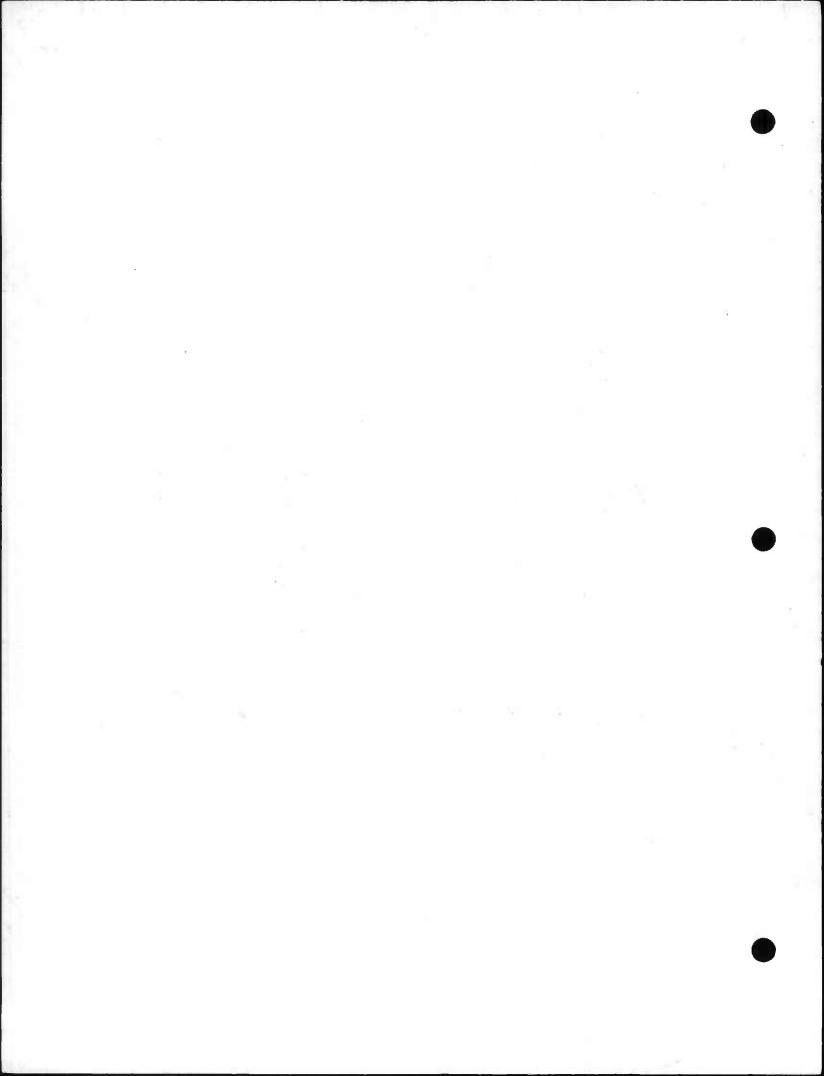
ч
-
O.
10
94
m
~~
68760
×
0
BOX
ш
o
٣.
ш
- 65
S
~
=
\circ
O
RECORDS
\sim
۲
ď
_
>
щ.
0
-
~
0
S
=
_
\overline{c}
_

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. Durs after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buntal-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to buntal, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

_	REGISTRAR		CERTIF	ICATE OF	DEATH	REG. NO).			
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH	DAY YEAR	3. TIME OF DEATN		
				OLTZ		11 1				
	4. SOCIAL SECURITY NUMBER	1 .	E (In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTN (Month, Day, Year)	8. Bif	TTHPLACE (State or Foreign		
	235-28-3295	1 [X M 2 [] F	72 YRS.		10000	May 10,1		EST VA		
œ	9a. FACILITY NAME (If not institution, give s			OR LOCATION OF D	EATH	9c. COUNTY OF				
DIRECTOR	MEMORIAL HOSPITAL & MEDICAL CENTER CUMBERLAND, MD ALLEGANY									
Ĕ I	10a. STATE 10b. COUNT		10c. CIT	Y, TOWN OR LOCA	TION	-		10d. INSIDE CITY LIMITS?		
	WEST VA HAM	PSHIRE	Ŝ	PRINGE	ELD			1 YES 2 NO		
₹	10e. STREET AND NUMBER	CDDING WAL			f. ZIP COOE		10g. CITIZEN OF WHAT COUNTRY?			
FUNERAL		LEY ROA		26763		U.S.	Α.			
	11. MARITAL STATUS 1 Never Married 2 📉 Married FORCES? 1 📉 YES 2 N			If yes, s	pecify Cuban, Maxica	NIC ORIGIN? (Specify Year, Puerto Rican, atc.)	a or No — 14. R	14. RACE American Indian, Black, White, atc.		
B	3 Widowed 4 Divorced	DATES	1 🗌 YE	Sp	welly: WHITE					
ETED	15. DECEDENT'S EDU (Specify only highest grade	W.W.I	18a. DECEDENT'S	USUAL OCCUPAT	ON		JSINESS/INDUSTRY			
	Elementary/Secondary (0-12)	College (1-4 or 5+)	ine, Do NOT US	work done during m le retired.) BUILDE	ost or working			FIELD TIRE		
COMPL	6		11111	DOILDI	- 1\	COMPA	VΥ			
8	17. FATNER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Meiden Surname)									
8	BRITTON F. SHANHOLTZ MARY JANE CROCK 199. INFORMANT'S NAME (Type/Print) 19b. MAILING AGORESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)									
2	ELLEN MARGARET	SHANHOLTZ	P.O	BOX 2	and Number or Rural 266 - SE	PRINGFIEL	vn, State, Zip Code) _ D 。 W V	26763		
	20a, METNOD OF DISPOSITION		20b. PLACE AND DATE	-			DCATION — City or			
	1 X Burial 2 Cremation 3 Ram 4 Donation 5 Other (Specify)	oval from State	FOREST G	LEN CE	METERY	11/19/94 GR	EEN SPI	RING, WV		
	21. SIGNATURE OF FUNERAL SERVICE LI			22. NAME A	ND ADORESS OF FA	UNERAL H	OME II	N.C		
	Monde 9	Twochrock		P. 0.	BOX 126	O-FT.ASH	BY WV	26763		
	23. PART I. Enter the diseases, or complications that caused the desth. Do not enter the mode of dying, such as cardisc or reapiratory arrest, shock, or heart failure. List only one cause on each line.									
	IMMEDIATE CAUSE (Final	List only one cause of	esch line.	. 0	- 1	- 1		interval Between Onset and Death		
	disease or condition resulting in death)	Han	le difi	MITCH	(A'C of	ente	es :	() more		
		DUE TO (OR A	S A CONSEQUENCE OF	00	1000	10/01	00	70 000		
RTIFICATION	Sequentially list conditions, Due to (or as a consequence of):									
¥	cause. Enter UNDERLYING									
	CAUSE (Disease or injury that initiated eventa		TO (OR AS A CONSEQUENCE OF):							
SER.	resulting in death) LAST d. Described 40/vH & Selles									
CALC	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY FINDINGS									
						PERFO	RMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
ME								1 TES 2 NO		
	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO									
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 128. PLACE OF DEATH (Check only one) 129. PLACE OF DEATH (Check only one)									
Z	1 YES 2 NO 27. MANNER OF DEATN	1 Inpatient 2 ER/O		4 - Nursing No		8 Other (Specify)				
ЬНА	1 Netural 5 Pending	28a. DATE OF INJUF (Month, Day, Yea		URY W	JURY AT ORK?	28d. DESCRIBE HOW	INJURY OCCURED			
ă l	2 Accident Investigation 3 Suicide & Could get be	IRY — At home, farm, I	M 1		281. LOCATION (Street and Number or Rural Route Number.					
E	8 Could not be detarmined	building, atc. (S	(pecify)			City or Town, State)				
7	29s. CERTIFIER (Check only 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated.									
COMPLETE	(Check only one) 2 MEDICAL EXAMINER: On the best of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated.									
	296. SIGNATURE AND TITLE OF CERTIFIE			29c. LICENSE NU	MBER	29d. DATE SIGNEO (Month, Day, Year)				
O BE				D 233	71	► U/1	1/98/99			
-	30. NAME AND ADDRESS OF PERSON WI							/		
		Suite 102,		Ave.,	Cumberla	nd, MD 2	1502 (
	31. NOV 2 I 1994	LA CURUNIANT NO	dall							



BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HIGHAL DRATEMOND PHYSIOLAN. The law requires that the death certificate be executed with. Figure 6 may be retained by the hispitian.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attention physician and completely flind in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be fled within 72 hours after death with the Saze Dept. of Health and Mestal Hygiens prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

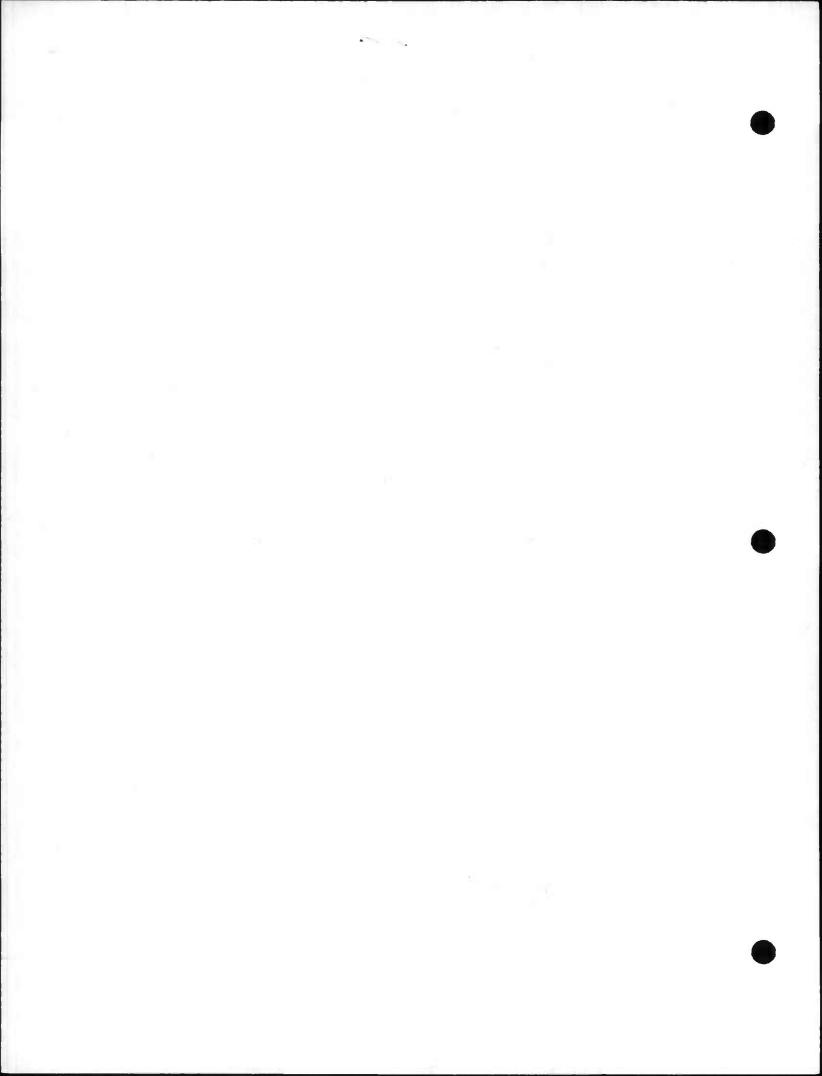
FOR 1 - STATE BEGISTBAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	nediathan			CAIL OF	DEATH	REG. NO.											
	1. DECEDENT'S NAME (First, Middle, Last) WIL	MA JUNE SH	HAFFE	ER		2. DATE OF DEATH		3. TIME OF DEATH									
	WILMA	J.			FFER		1994	3:45 p M									
	4. SOCIAL SECURITY NUMBER 5. SEX	6. AGE (In yrs. la:	st birthday)	IF UNDER 1 YEAR		7. DATE OF BIRTH		8. BIRTHPLACE (State or Foreign									
	220 20 7620	2 X F 63	YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year)	- 1	Country)									
	_220-20-7030		11.0.			11/11/19		MARYLAND									
	9a. FACILITY NAME (If not institution, give street and n	lumber)		9b. CITY, TOWN	OR LOCATION OF D	EATH	9c. COUN	TY OF DEATH									
DIRECTOR	Memorial Hospital			Cumb	erland		A1.	legany									
5	Memorial Hospital			- Gara	OLLUMA		23.1.	regarry									
Ä	10a. STATE 10b. COUNTY		10c. CITY	, TOWN OR LOC	ATION			10d. INSIDE CITY									
<u>=</u>	PA BEDF	ORD	i	HYNDM	AN			1 XYES 2 NO									
۲	10e. STREET AND NUMBER			1	01. ZIP CODE		10a CITIZ	EN OF WHAT COUNTRY?									
FUNERAL	WAMPD CMDDDM D	O DOW	05.4	11.													
岁	WATER STREET, P				15545			ISA									
5	11. MARITAL STATUS 12. WAS FOR	OECEDENT EVER IN U.S. ARCES? 1 YES 2	RMED NO	13. WAS OF	CENDENT OF HISPA	NIC ORIGIN? (Specify Yea in, Puerto Ricen, etc.)	or No-	14. RACE — American Indian, Black, White, atc.									
ВУ	IF VE	ES, GIVE WAR OR DATES		1 🗆 YE	S XXNO Specif	y:		Specify									
	3 Wildowed 4 Divorced WHITE																
ETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed	16a. De	ECEDENT'S	USUAL OCCUPAT	ION	16b. KIND OF BUS	INESS/INDU	ISTRY									
ET		life	Do NOT use														
Ч	12 College (1-4 or 5 +) HOMEMAKER																
COMPL	17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surname)																
		TTTNED						E									
BE	FOSTER LEROY BITTNER CLARA L. HOSSELRODE																
2	19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)																
F	LLOYD VERNON SHAFFER P. O. BOX 354, HYNDMAN, PA 15545																
	20s. METHOD OF DISPOSITION 1 A Burlal 2 Cremetion 3 Removal from State 20b. PLACE AND OATE OF DISPOSITION (Name of cemetery, crematory or other place)																
	1 K Burial 2 Cremetion 3 Removal from 4 Donation ,5 Other (Specify)	State cemetery, cre	ematory or off	her niece)													
	21. SIGNATURE OF FUNEHAL SERVICE LICENSEE	HYNI	<u>MAN</u>				IDMAN	, PA 15545									
	ZI. SIGNATURE OF PUNETAL SERVICE GEORGEE			151E-1615/1014/1016	AND ADDRESS OF FA		men .	T HOME									
	I MINIOUS Med	10R				EIGLER FU											
_	23. PART I. Enter the diseases, or complical	Home that sourced the d		HYND	MAN, PA	15545-	0636										
	shook or heart failure List only	one cause on each line	8.					Interest Butomen									
	IMMEDIATE CAUSE (Final y	1	1 10	.A. 1	· An- 12	new Ca		Onset and Death									
	disease or condition	tanian 60	(NA	ethersot	21) Um	Leevi Ca	2000	-5 Jahons									
	PUE TO (OR, AS A CONSEQUENCE OF):																
_	- Common ! I had																
CERTIFICATION	Sequentially list conditions, DUE TO (QRI AS A CONSEQUENCE OF):																
A	If any, leading to immediate cause. Enter UNDERLYING																
유	CAUSE (Disease or Injury																
#	that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST																
E																	
	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 244 WAS AN AUTOPSY 24b. WERE AUTOPSY PROBRES																
EDICAL	PART II. Other significant conditions contrib	outing to death but not i	resulting in	the underlying	ng cause given in	Part I. 24a. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO									
5						1 🖂 YES 2	.111	COMPLETION OF CAUSE									
							4	OF DEATH?									
≥	DID TOBACCO LISE CONTRIBUTE	TO CAUSE OF DEA	T11 100		w			1 ☐ YES 2 ☐ NO									
3	DID TOBACCO USE CONTRIBUTE					иШ											
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Chick only one) EXAMINER? HOSPITAL: OTHER:																
20	1 THE 2 NO 1 Ninpo	stient 2 - EN/Outpatient 3	□ DOA	OTHER: 4 Mursing Ho	me 5 🗆 Residence	6 Dither (Specify)											
£Ι	27. MANNER OF DEATH 28s	DATE OF INJURY	Job. TIME		JURY AT	284. DESCRIBE HOW II	LIURY OCC	MED									
	1 Natural 5 Pending	(Month, Digi. West)	INJU		VES 2 NO	. ^											
2	2 Accident Investigation	PLACE OF INJURY - At he	I to the state of			THE EXCEPTION OF THE PERSON											
B		building on Should	ime, tarm, at	reet, rectory, orn	Ce	City or Town, State)	nd Number o	Flural Route Number									
B	3 Suicide 6 Could not be 28e.																
B	3 Suicide 6 Could not be 28e.	sensing, etc. (specify)			29s. CERTIFIER (Check only) CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.												
B	3 Suicide 8 Could not be 4 Homicide determined		rath occurred	f at the time, dat	e and place, and due	to the cause's and man	ther as eta-										
B	3 Suicide 8 Could not be determined 28e. CERTIFIER Check only CERTIFYING PHYSICIAN: To 8	he best of my knowledge, de															
B	3 Suicide 8 Could not be determined 28e. 29e. CERTIFIER 1X CERTIFYING PHYSICIAN: To it	he best of my knowledge, de															
COMPLETED BY	3 Suicide 8 Could not be determined 28e. CERTIFIER Check only CERTIFYING PHYSICIAN: To 8	he best of my knowledge, de				time, date and place, and	d due to the										
BE COMPLETED BY	3 Suicide 6 Could not be determined 28e. 29s. CERTIFIER (Check arty one) 2 MEDICAL EXAMINER: On the	he best of my knowledge, de			death occured at the 29c. LICENSE NUM	time, date and place, an	d due to the	couse(s) and manner as stated.									
COMPLETED BY	3 Suicide 8 Could not be determined 28e. 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the 29e. SIGNATURE AND TITLE OF CERTIFIER	the best of my knowledge, de	Investigation	, in my opinion,	death occured at the	time, date and place, an	d due to the	couse(s) and manner as stated.									
BE COMPLETED BY	3 Suicide 8 Could not be determined 28e. CERTIFIER (Check only orie) 2 MEDICAL EXAMINER: On the 25e. SIGNATURE AND TITLE OF CERTIFIER 20. NAME AND ADDRESS OF PERSON WHO COMPLE	the beet of my knowledge, de basis of examination and/or ETED CAUSE OF DEATW (ITE)	Investigation	r, in my opinion,	29c. LICENSE NUI D 23	time, date and place, an	and the second s	cause(v) and manner as stated.									
BE COMPLETED BY	3 Suicide 4 Homicide 29a. CERTIFIER (Chack any) 20 MEDICAL EXAMINER: On the 25a. SIGNATURE AND TITLE OF CERTIFIER 3II. NAME AND ADDRESS OF PERSON WHO COMPLE Qamar Zaman, M.D.,	the best of my knowledge, de basis of examination and/or examination a	Investigation	r, in my opinion,	29c. LICENSE NUI D 23	time, date and place, an	and the second s	cause(v) and manner as stated.									
BE COMPLETED BY	3 Suicide 6 Homicide 29a. CERTIFIER (Check only orie) 2 MEDICAL EXAMINER: On the 29a. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHO COMPLE Qamar Zaman, M.D., 31. DATE FILED (Month, Day, Ther)	the beet of my knowledge, de basis of examination and/or ETED CAUSE OF DEATW (ITE)	Investigation	r, in my opinion,	29c. LICENSE NUI D 23	time, date and place, an	and the second s	cause(v) and manner as stated.									

0
9
BOX 68760
~
ô
80
o.
О
_
RECORDS
E E
8
ш
4
E
OF VITAL
F
7
ō
>
DIVISION

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with mours after death. Page 6 may be retained by the hospital or region of the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

	1 - FOR STATE REGISTRAR	STATE OF MARYL		TMENT OF		MENTAL HYGIEN							
	1. OECEDENT'S NAME (First, Middle, Last)	34				2. DATE OF DEATH		3. TIME OF DEATH					
0	NIKKIE	MARIA SAU	INDERS				13, 1994						
	4. SOCIAL SECURITY NUMBER	and the second s	(In yrs. lest birthday)	IF UNDER ! YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	8. BIR Cou	8. BIRTHPLACE (State or Foreign Country)					
1 3	219-31-7272	1 □ M 2 🖾 F 3	YRS.			April 11, 1991 Maryland							
65	9a. FACILITY NAME (if not institution, give s				OR LOCATION OF D	EATH	9c. COUNTY OF						
18	1400 Perrywood Av	renue		Ab	erdeen		Har	ford					
DIRECTOR	10e. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR LOC				10d, INSIDE CITY LIMITS?					
		Marford			Aberdeen			1 - YES 2 1 NO					
RAI	100. STREET AND NUMBER 1400 Perrywood	Drivo		1	2100 ZIP COOE	1	10g. CITIZEN OF	WHAT COUNTRY?					
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVER I	NIIS ADMED	12 144 0 00		L NIC ORIGIN? (Specify Ye	W. T 44 BA	USA CE — American Indian,					
	1 Never Married 2 Married	FORCES? 1 YES	2 NO	If yea, s	pecify Cuban, Maxic	an, Puarto Rican, etc.)	Bis	ick, White, etc.					
ВУ	3 Wildowed 4 Divorced				o I I NO Opeci	" Cuban	"	white					
TED	15. DECEDENT'S EDU (Specify only highest grade		16a. DECEDENT'S (Give kind of	work done during n	ION ost of working	16b. KIND OF BU	SINESS/INDUSTRY						
7	Elementary/Secondary (0-12) n/a	College (1-4 or 5+)	life. Do NOT u	n/a			n/a						
COMPLET	17. FATHER'S NAME (First, Middle, Last)			11/4	18. MOTHER'S N	AME (First, Middle, Maiden							
S W	Gary Eugene Sau	ınders											
TO BE	19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)												
2	Tina L. Chapman 1400 Perrywood Drive, Aberdeen, Maryland 21001												
	20s. METHOD OF DISPOSITION 20s. PLACE AND DATE OF DISPOSITION // DATE 20c. LOCATION — City or Town, State												
	Donation Donation												
	Howard K. McComas III Funeral Home, P.A.												
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory errest, Approximate												
	shock, or heart fallure. List only one ceuse on each line. Interval Between Onset and Death												
	IMMEDIATE CAUSE (Fine) disease or condition 1 88 PAROL I routed Processing Control Proce												
	disease or condition resulting in deeth) • DESSEMINATED PRESAULA GELL LUMBER 7.3 DUE TO (OR AS A CONSEQUENCE OF):												
RTIFICATION	Bloody												
CERTIFICATION	Sequentially list conditions, if any, leading to immediate b. DUE TO (OR AS A CONSEQUENCE OF):												
2	cause. Enter UNDERLYING CAUSE (Disease or injury												
Ē	that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST												
Ö		d											
	PART II. Other significent condition	ns contributing to death I	out not resulting	In the underlyi	ng cause given in	Part i. 24a. WAS AN PERFO		4b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO					
ă						1 YE\$:	NO NO	OF DEATH?					
: MEDIC								1 YES 2 NO					
AN	25. WAS CASE REFERRED TO MEDICAL			26.	LACE OF DEATH (C	heck only one)							
YSICIAN	EXAMINER?	HOSPITAL: 1 Inpatient 2 ER/Out	patient 3 DOA	OTHER:		6 Other (Specify)							
	27. MANNER OF DEATH	28s. DATE OF INJURY (Month, Day, Year)	28b. TIM	E OF 28c. IP	JURY AT ORK?	28d. DESCRIBE HOW	INJURY OCCURED						
ВУ РН	1 Y Natural 5 Pending 2 Accident Investigation			M 1	YES 2 NO								
	3 Suicide 8 Could not be	28a. PLACE OF INJURY building, etc. (Spe	— At home, farm, cify)	street, factory, off	street, factory, office 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)								
L.	29a. CERTIFIER												
BE COMPLETED	(Check only	CIAN: To the best of my know R: On the basis of examination						(0) and minimum and d					
ပိ	29b./SIGNATURE AND TITLE OF CERTIFIE				29c. LICENSE NU								
	H. Hadol	Daglo	Pool ,	Jem/or	29C. LICENSE NO	7153	DATE SIGNI	ED (Month, Day, Year)					
10	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type	Yem 10)		-123	11/6	-1///					
	Jenai Ho	Spetal	of Ba	ltim	ne								
	31. DATE FILED (Month, Day, Year)	SE REGISTRAN'S AND	ATTINE Rando		-								
	11/14/41/10	Jan Jan	A CANAGO	~	_								
								OHMH-16 Rev 1/89					



1	FOR STATE REGISTR
i	1. OECEOENT'S
	151
	4. SOCIAL SECU
	578-38-
ľ	9a. FACILITY NA
н	0101 -

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	HEGISTHAH		CENTIL	ICATE	JE DEATH		REG. NO					
	1. OECEOENT'S NAME (First, Middle, Last)		Si	441	5	2. DATE O MONTH NOV	DEPENDENT DAY JOSEPH 3:28 M					
	578-38-6793	1 💢 M 2 🗆 F	(In yrs. last birthday) 62 YRS.	MONTHS DA		(8.4) (4)			8. BIRTHPLACE (State or Foreign Country) Suffolk, Va.			
	9a. FACILITY NAME (If not institution, give stre	eet and number)		9b. CITY, TO	WN OR LOCATION O	F DEATH		9c. COU	NTY OF DEATH			
DIRECTOR	2604 Lorring Drive			Fore	stville		Prince Georges					
	10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION											
	D.C.			shingt	on	1		10d. INSIDE CITY LIMITS? YES 2 NO				
FUNERAL	1509 Olive St., N.	Е.			20019			S.A.				
BY FUN	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 X YES IF YES, GIVE WAR OR D	IN U.S. ARMED 2 NO DATES	If yes	DECENDENT OF HIS p. specify Cuben, Me YES 24 NO S	xican, Puarto Ri		or No—	14. RACE — American Indian, Black, White, atc. Specify:			
	15. DECEDENT'S EDUCA	TION	16- DECEDENTIE	I LIGHT COOL	MATION				Black			
"	(Specify only highest grade of		16a. DECEDENT'S	work done durin	most of working	16b. I	IND OF BU	SINESS/INI	DUSTRY			
COMPLETED	Elementary/Secondary (0-12) 6th	College (1-4 or 5+)	Pool Ha			P	rivat	e				
ō	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S	S NAME (First, Mi	ddle, Maiden	Surname)				
	Isaac Sauls Sr.					Pearl L	ee					
BE	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Str	eet and Number or R	ural Route Numbe	. City or Tow	n. State. Zie	p Code)			
2	Michael A. Sauls				g Dr., Fo							
	20a, METHOD OF OISPOSITION 1 A Burlai 2 Cremation 3 Ramoval from Stata 4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of United Place) PLACE OF DATE											
	21. SIGNATURE OF FUNERAL SERVICE LICE	1 Jan	Kin		Wonneds				Jenkins Inc. D.C. 20011			
	23. PART i. Entar tha diseasa, or complications that caused tha daath. Do not enter the mode of dying, such as cardiac or raspiratory arrast, ahock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): Approximate interval Between Onset and Daath Cause of the mode of dying, such as cardiac or raspiratory arrast, interval Between Onset and Daath Onset and Daath											
CERTIFICATION	Sequentially list conditions, if any, laading to immediate cause. Entar UNDERLYING CAUSE. (Disease or injury that initiated events resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): c. DUE TO (OR AS A CONSEQUENCE OF):											
	PART ii. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part i. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS											
EDICAL					, g cuase g.va.		PERFOR	MED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?			
Σ	DID TODACCO LICE CO. TTO	DIET TO CALLET	SE DE LOS		-				1 TYES 2 NO			
Z	DID TOBACCO USE CONTRI	BUIL IO CAUSE (AIN L						
<u>ਹ</u>		HOSPITAL:	28. PLACE OF DEA	OTHER:	one)							
YS	1 YES 2 NO	1 Inpatient 2 ER/Out	patient 3 🗆 DOA		Homa 5 Raelder	nce 8 🗆 Other (Specify)					
BY PHYSICIAN:	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIN	JURY	INJURY AT WORK? YES 2 NO		RIBE HOW I	NJURY OC	CURED			
	3 Suicide 8 Could not be 4 Homicide detarmined	28s. PLACE OF INJUR building, etc. (Spe	Y — At home, farm,	atreat, factory,	office	28f. LOCAT City or	ION (Street (Town, State)	and Number	r or Rural Route Number,			
COMPLETED		AN: To the best of my know							ted. na cause(a) and menner ae stated.			
ш	29b. SIGNATURE AND TITLE OF CERTIFIER		Investigation	opinic		NUMBER	ra piece, en		E SIGNED (Month, Day, Year)			
TO B	30 NAME AND ADDRESS OF PENSON WHO	COMPLETED CAUSE OF DE	EATH (ITEM 27) (Type	Print)	120	79		H	v. 2, 1994			
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN	10 101	(Ko)	TOUL	IK L	FRE	20)	ND 20772			
	NOV 0 9 1994	gulia Dair	doon-Rande	82								

. . .

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with. Thous a fear death. Page 6 may be retained by the bospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

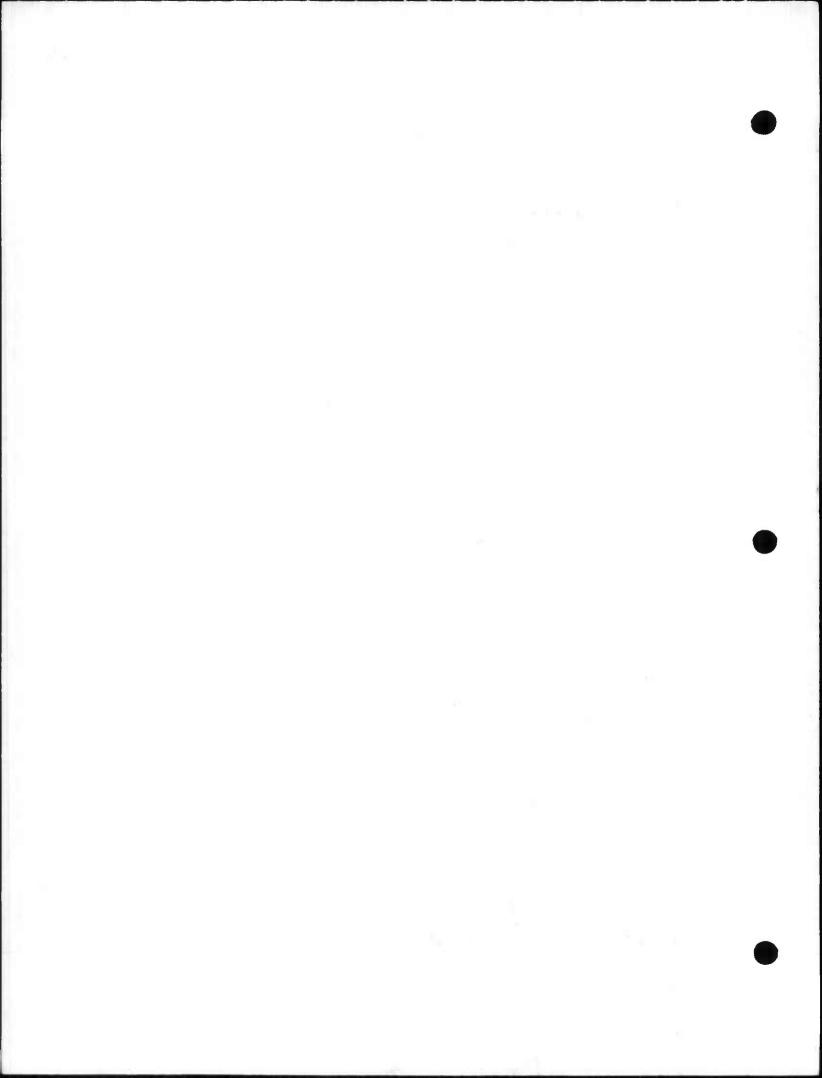
IMPORTANT: If Hem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21215-0020

DÍVISION OF VITAL RECORDS, P.O. BOX 68760

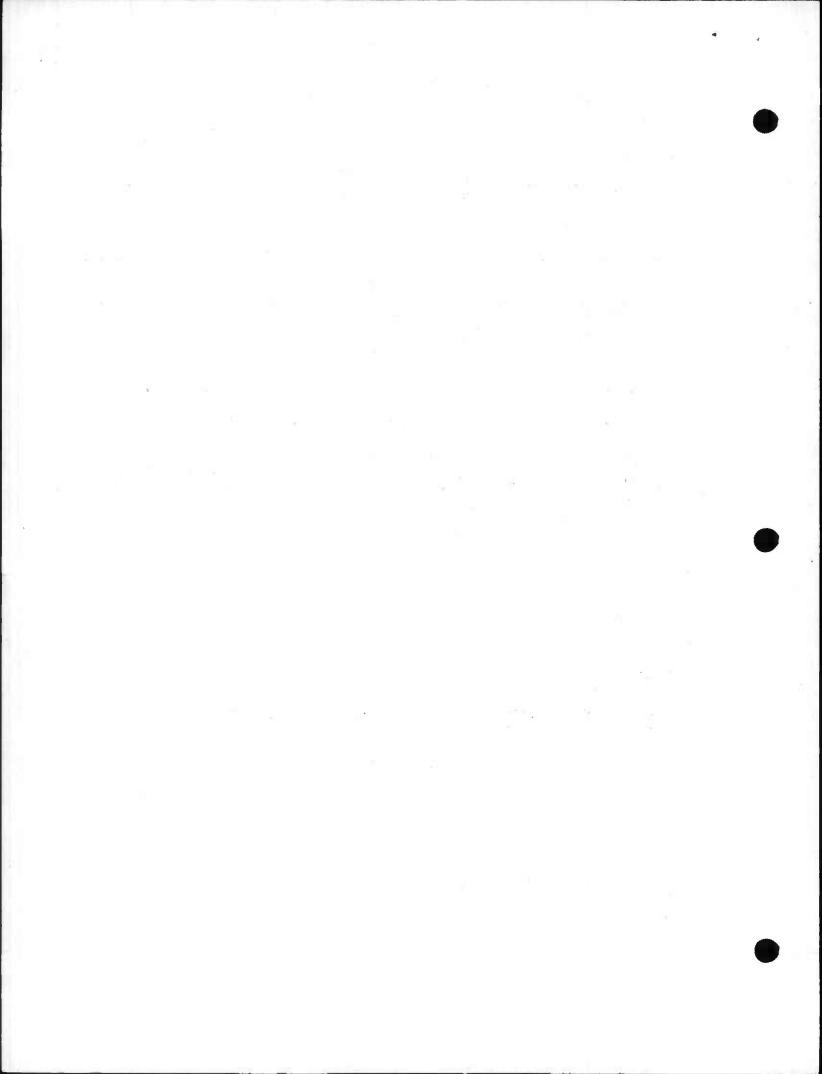
FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIFIC	ATE OF D	EATH	RE	G. NO.					
Y.	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF D			3. TIME OF DEATH			
X	CARL	SMITH				INOV	DAY	1994	210 PM			
	4. SOCIAL SECURITY NUMBER 5. SE		in yrs. last birthday)	UNDER 1 YEAR	UNDER 24 HRS.	7. DATE OF B		8. BIRTH	IPLACE (State or Foreign			
1	243 28 4876 1 TM 2 F 68 YRS. MONTHS DAYS HOURS MIN. JULY 22,1925 SOI											
HC	98. FACILITY NAME (If not Institution, give street and number) 99. CTY, TOWN OR LOCATION OF DEATH 90. COUNTY OF DEATH 90. COUNTY OF DEATH SILVER SPRING, MD MONTGOME											
5	RESIDENCE OF DECEDENT											
DIRECTOR	MD 106. STATE 106. COUNTY MONTGOM	ERY COUN		VER SPR				10d. INSIDE CITY LIMITS? XX YES 2 \(\sum \) NO				
FUNERAL	106. STREET AND NUMBER 12304 FEATHERWOO	D DR			0904			JSA	WHAT COUNTRY?			
BY FUN	1 Never Married 2 Married Fi	MAS DECEDENT EVER IN ORCES? 1X YES	2 NO	13. WAS DECENDED If yes, specify 1 TYES 2.	y Cuban, Maxicar	n, Puerto Rican,	ecify Yes or No-	Blac	E — American Indian, k, White, etc.			
	15. DECEDENT'S EDUCATION		16a. DECEDENT'S USL	JAL OCCUPATION		16b. KING	OF BUSINESS/	INOLISTRY				
COMPLETED	(Specify only highest grade comple Elementary/Secondary (0-12) Colle 6 th	ege (1-4 or 5+)	(Give kind of work life. Do NOT use rel	done during most of tired.)	f working	1	ORE					
M	17. FATHER'S NAME (First, Middle, Last)		CDI									
BE CC	WILLIE SMITH				UTH GA)				
10 B	19a. INFORMANT'S NAME (Type/Print)			ORESS (Street and I								
	MARY TAYLOR		12304						RING, MD			
	88e. METHOD OF DISPOSITION 1 Buriel 2 Cremation 3 Removal in 4 Donation 5 Other (Specify)		PLACE AND DATE OF D			OATE	CHELT!					
	22 NAME AND ADDRESS OF FACILITY FUNERAL SVC RALPH WILLIAMS FUNERAL SVC 517 11th STREET S.E.											
\dashv	23. PART I. Enter the diseases, or compil	cetions that caused	the death Do not									
	shock, or heert failure. List of	niy one cause on ee	ch line.	enter the mode	or aying, sucr	1 es CSIGIAC	or respiratory	errest,	Approximate interval Between			
	IMMEDIATE CAUSE (Final disease or condition resulting in death) Metastatic Laryngeal Cancer 54-018											
	resulting in death) a. METASTATIC LAY YNGEGL CONCOV OUE TO (OR AS A CONSEQUENCE OF):											
_	OUE TO (OR AS A CONSEQUENCE OF):											
CERTIFICATION	Sequentially list conditions, If any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):											
SAT	cause. Enter UNDERLYING											
Ē	CAUSE (Disease or injury that Initiated events OUE TO (OR AS A CONSEQUENCE OF):											
F	resulting in death) LAST											
2	SAFT II Ohn a landing a serial											
DICAL	PART II. Other significant conditions contributing to deeth but not resulting in the underlying ceuse given in Pert I. 24a. WAS AN AUTOPSY PERFORMED? AM CO											
ă						1	YES 2 YNO		COMPLETION OF CAUSE OF DEATH?			
ME						_			1 YES 2 NO			
ä	DID TOBACCO USE CON	ITRIBUTE TO	CAUSE OF D	EATH YES	MO M							
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	SPITAL:		26. PLACE	OF DEATH (Che	ick only one)						
YSI		Inpetiant 2 - ER/Outpe		Nursing Home 5	Rasidence	6 Other (Spe	clfy)					
H	The state of the s	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	28c. INJURY WORK?		28d. OESCRIB	E HOW INJURY	OCCUREO				
BY	1 Natural 5 Pending 2 Accident Investigation				2 🗌 NO							
		28a. PLACE OF INJURY building, atc. (Speci	— Al home, farm, stree	t, lactory, offica		28I. LOCATION (Street and Number or Rural Route Number, City or Town, State)						
COMPLETED	En- official											
릴	29a. CERTIFIER (Check only one)	To the best of my knowle	edge, death occurred at	t the time, data and	l placa, and due	to the cause(a)	and manner as	stated.				
O	2 MEDICAL EXAMINER: On t	the beals of examination	and/or investigation, in	my opinion, death	occured at the	time, data and	placa, and dua to	the cause(s	and manner as stated.			
EC	29b. SIGNATURE AND TITLE OF CERTIFIER			29	c. LICENSE NUM	BER	29d. C	ATE SIGNED	(Month, Day, Year)			
m	Uncham r	y										
10	30. NAME AND ADDRESS OF PERSON WHO COM			7401	Roc	kvill	e 1	W 29	5280			
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNA	TURE	/								
	NOV 0 7 1994 Sulis	e Davidson-Ra	ndell									



		is certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, Pages 1, 2, 3 should		
		ges 1, 2		
		mit. Pac		
		Isit per		
)	ysician	rrial-tra		
	ding ph	the bu		
	or atten	use as		
	ospital o	hed for		
	the ho	e detac		
	ined by	hould b		
,	be reta	ge 5 s		
	6 тау	ctor, pa		
	n. Page	eral dire		
	er death	the fune	val.	
	ours afti	in by	оп гето	
	PHYSICIAN: The law requires that the death certificate be executed with hours after death. Page 6 may be retained by the hospital or attending physician.	ly filled	the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	
	ad with	omplete	и, сгет	
	execut	and c	to buris	
	cate be	physicial	e prior	
	h certifi	anding s	Hygien	
	he deat	the atte	Mental	
	s that t	ned by	Ith and	
	require	een sig	of Hea	
	he law	has b	e Dept.	
	CIAN: T	ertificate	he Stat	
	PHYSI	this ce	with t	
	NDING	R: After	er death	
	JR ATTE	MRECTO	ours aft.	
	PITAL C	ERAL D	in 72 hc	
	HE HOS	HE FUN	ed with	
	10	10 7	De fil	

															9	L	33031
		FOR 1 - STATE REGISTRAR		STATE OF I	MARYL	AND /	DEPAR	TMENT	OF H	DEATH	AND	MENT		GIENE			
		1. DECEDENT'S NAME (First,	Middle, Last)				-11111	IOAIL	<u> </u>	DLA		2. DA	TE OF DE				3. TIME OF OEATH
- [10	ALICE K	CATHRY	N SMI	ТН						MOR	OV.1	DAY		YEAR	7:23AM M	
		4. SOCIAL SECURITY NUMBE		5. SEX	_	(In yrs. las	t birthday)	IF UNDER 1	YEAR	IF UNDER	9 24 HRS.	7. DAT	E OF BIRT	TH	1 9 94	a. BIRTN	PLACE (State or Foreign
		215-14-1044		1 DIMTANTAT	PENALE 73 YRS. MONTHS				DAYS	HOURS	MIN.	(Mo	inth, Day, $^{\circ}$	1 Q1	21	Gountry 4ARYI	1)
		9a. FACILITY NAME (If not ins	stitution, give s		<u> </u>	13		9b. CITY,	rown c	R LOCATI	ON OF DE		10,	192		TAIL II	
	5	FREDERICK ME	EMORTA	I. HOSPIT	ΔT.			FRE	DEB	TCK				- 1	EDEI	DERIC	שר
	5	RESIDENCE OF DEC	EDENT												1 1(1)1	DLICE	JK
- 1	DIRECTOR	10a. STATE MD	FRE:	DERICK				Y, TOWH OR DSBOR		ION					1	10d. INSIDE CITY LYMITS 1 YES 2 NO	
	AL C	10e, STREET AND NUMBER					. ZIP COD										
	RA	1 CREAGERSTOWN RD.									2179	8			10g. CITI		HAT COUNTRY?
	FUNER	11. MARITAL STATUS		12. WAS DECEDEN	NT EVER I	NUS AR	MEO	13 W	AS DEC	ENDENT (OF HISBAT	VIC OBIC	SIN2 (Sans	Mb. Von	or No.	14 BACE	- American Indian.
		1 Never Married 2 1		FORCES?	YES	2 N		11	yea, spi	ecify Cube	n, Maxica	n, Puert	o Rican, e	fc.)	O	Black	, White, atc.
	B	3 Widowed W1 Divos					2 140	NO	y				WH]	TE			
			DENT'S EDUC			16a. DE	CEDENT'S	USUAL OCC	UPATIO	ON st of worki	na	1	6b. KIND	OF BUSI	NESS/IND	USTRY	
	LET		Elementary/Secondary (0-12) College (1-4 or 5+)														
9	COMPL	10 17. FATNER'S NAME (First, Mic	alatta d = 4t		_	HOM	EMAK.	ER							HOME		
examiner must be notified at once.		PAUL O. GRIM								l .			t, Middle, I				
led	BE	19a. INFORMANT'S NAME (7)				191	. MAILING	ADDRESS	Street e				TS.			Codel	
noti	2	RICHARD P. S												Or IOWII,	, otale, Elp	MD	21798
t be		20a. METNOD OF DISPOSITIO		TAL		. PLACE	ANDDATE	OF DISPOSIT	ION (Na	me of	WO	WOODSBORO MD 2179					
STE		1 Donation 5 Other		Sval Trom State	сел	matery, cre MT	HOPE	CEME	TER	Y		11	/19	WOO	ODSBO	ORO.	MD
ine	- 1	21. SIGNATION OF PUNERAL	SERVICE LIC	ENSEE	1	ä	Ž.			ID ADDRE	SS OF FA						& SONS
Еха		Anthorn	ne (l	1. Da	12/	en	6			WO	ODSB	ORO	, MD				
		23. PART I. Enter the dis	seases, or o	omplications the	et caruse	d tha da	ath. Do n	not anter t	he mo	da of dy	ing, suc	h as ca	rdiac or	reapir	atory arr	est.	Approximate
medicai		ahock, or ha IMMEDIATE CAUSE (Fine	art fallure.	List only one car	uae on e	ach lina					3,						intarval Between Onset and Death
the		disease or condition	- >	COAH	1												years
event, the		resulting in death)		DUE TO	(OR AS	A CONSEC	DUENCE OF	F):									Jacres
rtic e	Z	Sequentially list conditions, b															
traumatic	CATION	Sequentially list conditions, If any, leading to immediata cause. Enter UNDERLYING															
er tr	3	CAUSE (Disease or Injury 6															
r other	RTIFIC	that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST															
ury, or	E			d													1
프	A P	PART II. Other algnificar			death t	out not r	eaulting i	in the und	erlying	g causa	given in	Part I.		AS AN A	UTOPSY AED?	24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
any	EDICAL	while for	hills	iyn									1 🗆 1	YES 2	NO		COMPLETION OF CAUSE OF DEATH?
shows	ME																1 YES 2 NO
23 \$	ž	DID TOBACC		CONTRIBUT	TE TO	CAU	ISE O	F DEAT	_	_							
Item	HYSICIAN	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	HOSPITAL:				OTHER:	26. PL	ACE OF D	EATH (Ch	eck only	one)				
6	₹ I	1 YES 2 NO 27. MANNER OF DEATN		1 Inpatient 2		patient 3	DOA 28b. TIM	4 Nursi	Bc, INJ		esidence						
marked,	1	1 Natural 5 P	Pending	(Month, L			INJ	URY 4		RK?	NO :	28G. D	ESCHIBE	HOW IN.	JURY OCC	UNED	
is ma	6	2 Devlate	nvestigation	28a. PLACE C	OF INJURY	r — Al ho	me, farm, s	street, factor			_ 110	28I, LC	OCATION (Street an	nd Number	or Rumi A	oute Number,
28		7	Could not be letermined	building,	etc. (Spec	cify)							ty or Town,				
Hea	Ë	29a. CERTIFIER 1 CERTI	FYING PNYSI	CIAN: To the best of	f my know	rledge, de	ath occurre	d at the tim	a data	end place	and due	to the c	entac(a) et	nd meno	ar so state	ed.	
=	COMPL																and manner as atated.
HTAN	- 11	29b. SIGNATURE AND TITLE		1						_	ENSE NUR				29d. DATE	-	(Month Day, Year)
IMPORTANT	BE	Alle, J	1/11	forms						7	70	55	16		>	1111	644
=	2	30. MAME AND ADDRESS OF	PERSON WN	O COMPLETED CAU	SE OF DE	ATN (ITE	И 27) (Туре,	Print)	A 1/		1		~				1.
		HIler J	. 6	1/30Nm		147	15	THNI	ey	1	HL		FRE	4	14)	21702
		31. DATE FILED (AND DAY	8 199	4 Julia d	AR'S SIGN	ATURE			_						,		
	11/2	1	. 0 133	4 June a	WELL S	21 8 A	dell,										



OX 68760 BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with four siter death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mertial Hygiene prior to burial, cremation, or removal.

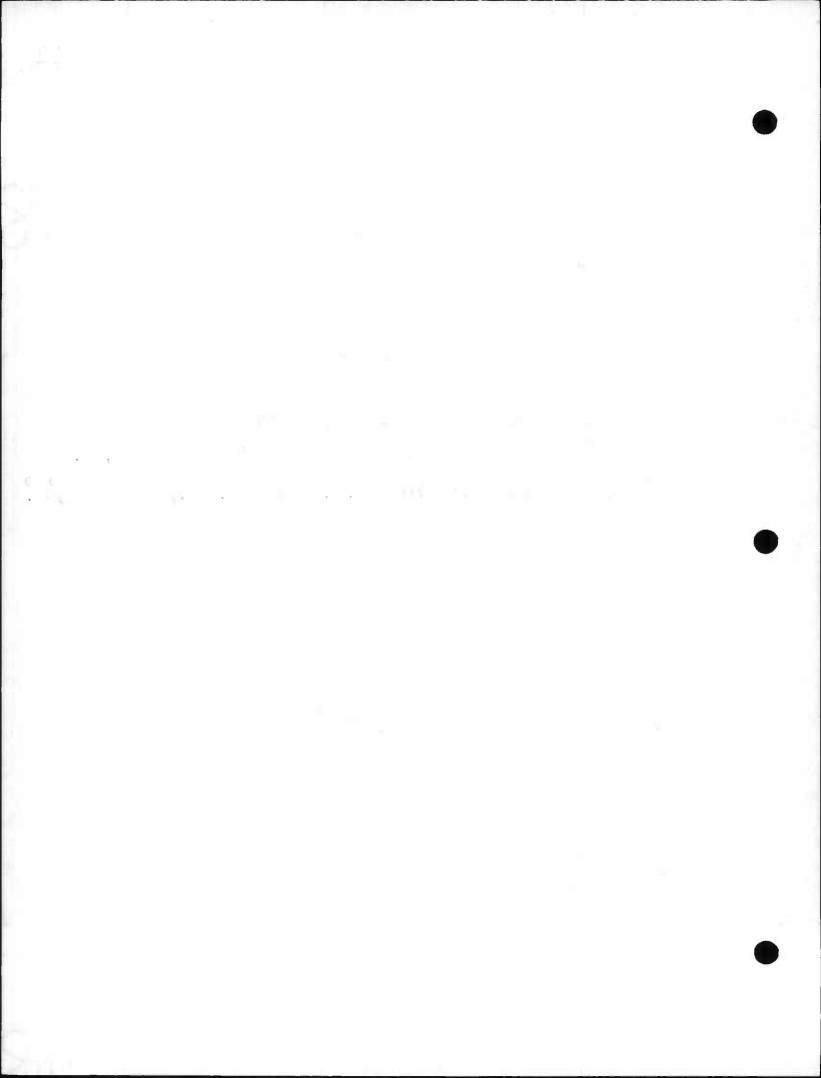
IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR

CERTIFICATE OF DEATH

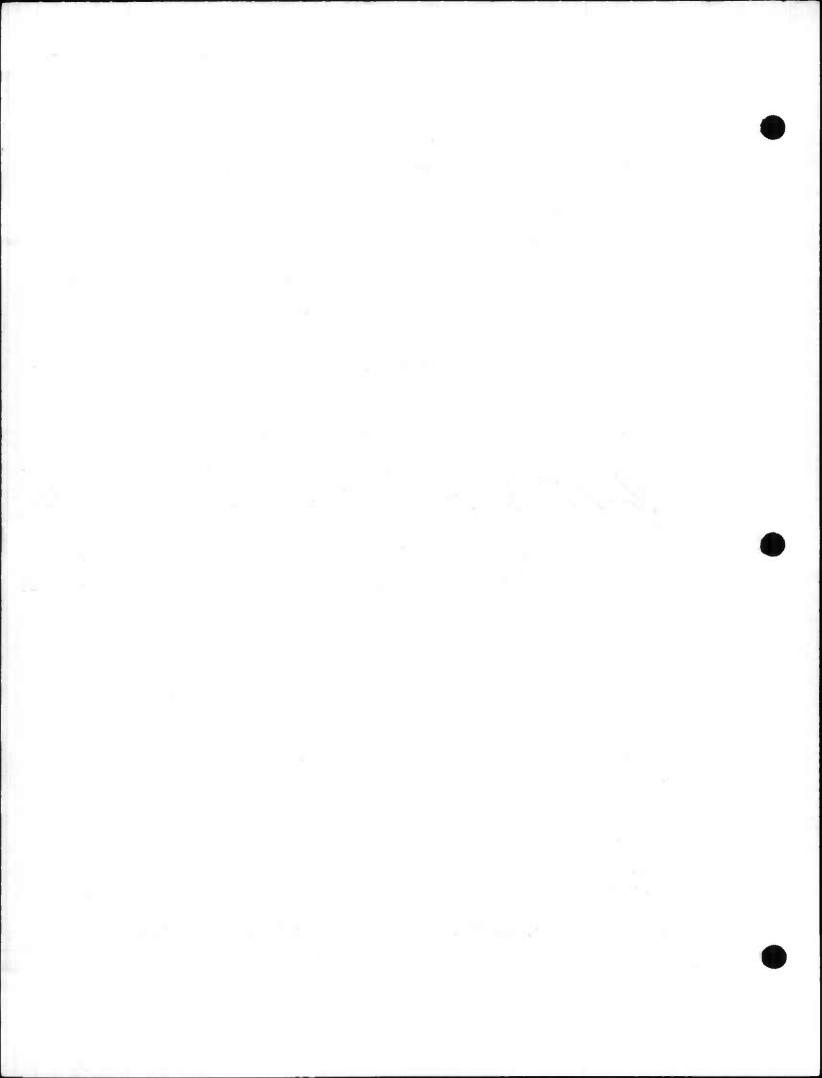
REG. NO.

- 5	1. DECEDENT'S NAME (First,	, Middle, Last)								2. DATE OF MONTH	OEATH	AV.	YEAR	3. TIME OF OEATH
0	LOURDES C	ARMEN	URSIC							NOVE	-	10 1		0140 A M
1	4. SOCIAL SECURITY NUME	BER	5. SEX	6. AGE (in yrs. le	ast birthday)	IF UNDER		IF UNDER		7. DATE OF (Month, E	BIRTH			IPLACE (State or Foreign
	NONE		1 🗆 M 2 🔀 F	50	YRS.	MONTHS	DAYS	HOURS	MIN.	FEBRU		11 19	944	BOLTVIA
	9a. FACILITY NAME (If not in	stitution, give s	treet and number)			9b. CITY	, TOWN	OR LOCATI	ON OF DE				INTY OF D	
DIMECTOR	NIH, THE CL		BETHESDA, MARYLAND MONTGOMERY								ERY			
Į ļ	10a. STATE	10b. COUNT	Υ		10c, CIT	Y, TOWN	R LOC	ATION						10d. INSIDE CITY
	BOLIVIA		NONE			L	A P	AZ						LIMITS?
3	10e. STREET AND NUMBER						1	of. ZIP COO	E			10g. CIT	IZEN OF	WHAT COUNTRY?
LOINENAL	AV LOS S	AUCES	#248					N	ONE			BOL	LVIA	
5	11. MARITAL STATUS		12. WAS DECEDEN	T EVER IN U.S. A	RMED		f	months Cuba	a Stanton	IIC ORIGIN? (Specify Yes	or No-	14. RACI	E — American Indian, k, White, atc.
	1 Never Merried 2 X 3 Wildowed 4 Divo		IF YES, GIVE Y	MAR OR DATES			YE YE	S 2 NO	Specify	<i>r</i> :			Spec	lly:
		EDENT'S EOU	OATION:				_			DOLLA				WHITE
:	(Specify only	y highest grade	completed)	(1	ECEDENT'S Give kind of v e. Do NOT us	work done	during in	TON nost of working	ng	16b. K	IND OF BUS	SINESS/IN	OUSTRY	
	Elementary/Secondary (0)-12)	College (1-4 or 5	+) ""			ara							
COMPLEIED	17. FATHER'S NAME (First, M	ticidie Last)			поо	SEWI.	FE	40 MOT	UEDIO NA	ME (First, Mid	alle Adeles	AT H	(OME	
	ARMANDO UR									ME (FIRST, MIO		Sumame)		
4	19a, INFORMANT'S NAME (7	Vne/Print)			DIS MAIL INC	ADDRESS	(Ptmat			ROUTE Number,		- 0 7	- 0 - 1 1	
2		TONIO	URSIC		SAM			ITEM	#10		ony or low	n, orane, Zi	p Code)	
- 1	20a. METHOD OF DISPOSIT		010010	20b PLACE	ANDDATE				7/10	DATE	20c 10	CATION —	City or Tr	nun State
-	1 Burial 2 Crematic		oval from State		AMBER				7	1,				
	21. SIGNATURE OF FUNERA		epiter 1	0111	IN ALVALIA			ANO AODRE		other I'm pales from	1 1	TARU	DALL	MD.
	· 1/1/1/	//K	amber	M MC	100091 W. W. CHAMBERS CO. INC., SILVE								מיחז	20910
	23. PART I. Enter the di	Iseasea, or o	complications the			not entar	the m	ode of dy	ing, suc	h es cerdis	c or respi	ratory ar	rest.	Approximate
	enock, or he	eert feilure.	Liet only one cer	use on eech iin	0.			•	•				,	interval Between Onset and Death
	diseese or condition											1 d		
	resulting in death)			OR AS A CONSE			ULI	TONAK	I AN	KESI				1 0
.	LIVER FAILURE/PROBABLE PNEUMONIA												14 d	
2	Sequentially list conditione, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disesse or injury that initiated evente ONE TO (OR AS A CONSEQUENCE OF): OUE TO (OR AS A CONSEQUENCE OF):													
	resulting in death) LAS		MULTIPLE MYELOMA, STATUS POST BONE MARROW TRANSPLANT											
- 11	PART ii. Other eignifice	nt condition	e contributing to	death but not	resulting	in the un	derivir	na ceuee i	aiven in	Pert i. 2	Ia. WAS AN	AUTOPSY	246	. WERE AUTOPSY FINDINGS
				CYTOPEN							PERFOR			AVAILABLE PRIOR TO COMPLETION OF CAUSE
										- '	X YES 2	NO		OF DEATH? 1 X YES 2 □ NO
	DID TOBACCO	O LISE (CONTRIBILIT	E TO CAL	ISE OF	DEAT	nu ·	VEC [I NC					1 LAL YES 2 L NO
	25. WAS CASE REFERRED TO		CONTRIBUT	L TO CAU	JOE OF	DLA				eck only one)				
3	EXAMINER?		HOSPITAL:	☐ ER/Outpatient	3 DOA	OTHER 4 Nur	3:			8 Other (S	Cnecifu)			
	27. MANNER OF DEATH		28e. DATE OF	INJURY	28b. TIM	E OF	28c. IN	JURY AT		28d. DESCE		NJURY OC	CUREO	
		Pending Investigation	(Month, E	Jay, Year)	INJ	URY M		ORK? YES 2	ON					
- 11	3 Suitate	Could not be	28e, PLACE C	OF INJURY — At h	ome, term, a	straat, tect	ory, offi	Ice		281. LOCATI	ON (Street a	and Numbe	r or Rural I	Route Number,
		determined	O M	atc. (Specify)						City or	Town, Stata)			
1	29a. CENTURIER 1 X CENT	TEYING PAYS	To the best of	f my knowledge, d	eath occurre	ed at the t	me, dat	te end place	and due	to the cause	(s) and mar	mer ee ete	het	
29e. CERTIFIER 1 X CERTIFYING PAYSICAN. To the best of my knowledge, death occurred at the time, date end placa, and due to the cause(s) and manner as attend to the course of the course of the time, date and placa, and due to the course of the time, date and the time, date and the time, date and the time, date and the time, date and the time, date and the time, date and the time, date and the time, date and the time, date and the time, date and the time, date and the time, date and the time, date and the time, date and the time, date and the time, date and the time, date and the time, date and the time, date an											a) and menner as stated.			
	296. HOWATURE AND THE							_	ENSE NUR					(Month, Day, Year)
1	V h da	Vako	me)							(VA)			BER 11, 1994
2	30. NAME AND ADDRESS-OF	PERSON WH			EM 27) (Type.	Print)	_	1				,		
ŀ	DARRELL CO						ILI	E PTI	ζΕ. 1	BETHES	DA I	MARV'	T.AND	20892
	31. DATE FILEO (Month, Day,		32. REGISTR	AR'S SIGNATURE					,			TATE .	HAMD	20092
	NOV 1	4 1994	Julia x	Davidson-A	andell									



_6
0
9
687
00
9
\times
\cap
ВОХ
•
\circ
P.0
0
_
10
S
~
-
0
S
0
RE
CC
est.
_
OF V
LL.
$\overline{}$
U
-
4
\circ
\simeq
(A)
<u>=</u>
>
\circ

		1 - FOR STATE REGISTRAR	STATE OF MARYLA	AND / DEPAR CERTIF	TMENT OF I	HEALTH AND	MENTA	NL HYGIEN					
	11	1. DECEDENT'S NAME (First, Middle, Last)					2. DAT	E OF DEATH		YEAR 3	. TIME OF DEATH		
	3	Mary Delor 4. SOCIAL SECURITY NUMBER					-	11/17	194	EAR	9:004 4		
P	1	225 - 48 - 3210	1 □ M 2 😡 F	64 YRS.	MONTHS DAYS	HOURS MIN.	(Mor	t 7, 1	- 1	Country)	ace (State or Foreign		
3 should	æ	9a. FACILITY NAME (If not institution, give st	reet and number)			OR LOCATION OF	DEATH	9c. COUNTY OF DEATH Cecil			TH		
1, 2,	СТОВ	22 Willow Court			Elkt	on							
permit. Pages	DIRE	Maryland (Cecil		kton	TION					Od. INSIDE CITY LIMITS? YES 2 NO		
	AAL	10e. STREET AND NUMBER			10	H. ZIP CODE			10g. CITIZE	N OF WH	AT COUNTRY?		
020 physician. burial-transit	FUNERAL	22 Willow Court 11. MARITAL STATUS	12. WAS DECEDENT EVER IN	II S ADMED	140 300 05	21921					States		
21215-0020 al or attending physician for use as the burial-trai	ВҰ	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES IF YES, GIVE WAR OR DAT	2 NO	If yes, s	DECEMBENT OF HISPA Decify Cuben, Mexic S 2 ☑ NO Spec	an, Puerto	N? (Specify Yes Rican, etc.)	to or No- 14. RACE — American Indian Black, White, atc. Specify: White				
1215 r atten use as	ETED	15. DECEDENT'S EDUC (Specify only highest grade		16a. DECEDENT'S	ork done during m	16	b. KIND OF BU	SINESS/INDUS	TRY				
AND 21, the hospital or detached for u	TO BE COMPLE	Elementary/Secondary (0-12)	College (1-4 or 5+)	Homemak	e retired.)			II O					
YLAND by the hospit be detached at once.		17. FATHER'S NAME (First, Middle, Last)		nomemar	rer	18. MOTHER'S N	AME (First		wn Hon	ne			
YL d by th		Benedict Morris			Unkno								
MAR retained 5 should notified		19e. INFORMANT'S NAME (Type/Print)				and Number or Rural			n, State, Zip Co	ode)			
RE, N may be n or, page 5 ust be n		W. Keith Cornett		22 Willow Court, Elkton, MD 21921 20b. PLACE AND DATE OF DISPOSITION (Name of Cemetery DATE 20c. LOCATION — City or Town, St									
BALTIMORE, MARYLAND ser death. Page 6 may be retained by the hospit the funeral director, page 5 should be detached val.		1 😾 Burial 2 □ Cremation 3 😾 Ramo 4 □ Donation 5 □ Other (Specify)									1,27-1		
FIM Page al dire		21. SIGNATURE OF JUNERAL SERVICE LIC	EMSEE CE	IILIAI AC	22. NAME A	NO ADDRESS OF F h Funera	ACILITY,	21/94	CILITO	on Fo	orge, Virg.		
BALTIMO after death. Page 6 by the funeral directs noval. cal examiner mu		· Morey /	Chris						North	Eact	MD 21901		
24 hours aft filled in by ion, or remo		23. PART I. Enter the diseasea, or c ahock, or heart fellure. I IMMEDIATE CAUSE (Finel disease or condition	omplications that caused let only one cause on ear	the deeth. Do not line.							Approximate Interval Between Onset and Death		
ted within 24 completely fille ial, cremation, event, the		resulting in death)	DUE TO (OR AS A	CONSEQUENCE OF):			•			2 Cays		
	Z	Sequentially list conditions,	Kenal	Failu	re						2 month		
De ex crian a for to	RTIFICATION	if any, leading to immediate cause. Enter UNDERLYING											
De phy	FIC	CAUSE (Disease or injury that initiated events	OUE TO (OR AS A (CONSEQUENCE OF) :								
0	ERT	resulting in deeth) LAST											
Tang de C	AL CE	PART II. Other eignificent conditions	contributing to deeth bu	t not reculting la	the underlyin	a ceuse aiven in	Part I	24a. WAS AN	AUTOPSY	245 W	ERE AUTOPSY FINDINGS		
254 4 7	MEDICA							PERFOR	MED?	AV CC	MILABLE PRIOR TO DMPLETION OF CAUSE F DEATH?		
w requires that the signed of Health a shows any								,		1	YES 2 NO		
Pas law Dept	AN	25. WAS CASE REFERRED TO MEDICAL			28 P	LACE OF DEATH (C	hash ask s						
	SICIAN:	EXAMINER?	HOSPITAL: 1 Inpatient 2 ER/Outpat	tient 3 DOA	OTHER:	ne 5 Residence							
OF V PHYSICIA this certif with the rked, or	PHY	27. MANNER OF DEATH	28e. OATE OF INJURY (Month, Day, Year)	28b. TIME	OF 28c. IN.	JURY AT		SCRIBE HOW I	NJURY OCCUP	REO			
ON OF OING PHYS After this of death with a marked,	B	1 Natural 5 Pending 2 Accident Investigation			- M 1 □	YES 2 NO							
28 after	ETED	3 Suicide 8 Could not be 4 Homicide determined	28s. PLACE OF INJURY – building, etc. (Specifi	— At home, term, st	reet, factory, offic	:0		281. LOCATION (Street and Number or Rural Route Number, City or Yown, State)					
보 국 전 ==	MPLET		EIAN: To the best of my knowled: On the bests of examination										
HOSPITAL FUNERAL WITHIN 72 STANT: If	8	29b. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NU		and place, an			The Walt Hotel		
TO THE FUNERY TO THE FUNERY De filed within 7	BE	11 Jarka	3 ~ 3			D153			► ///	17/	onth, Day, Year)		
	2	30. NAME AND ADDRESS OF PERSON WHO						111	Howa	rd	Street		
_		Dr Henry Farka	s Northean	. Chesa	peake	Hospic	e.		ton.				
		Dr Henry Farka 31. DATE FRED (Mogt) Day, Year) NOV 2 194	MAY ARMA OTOMIS 210 AV	TUHE									



DIRECTOR

FUNERAL

BY

ED

Щ

COMPL

0

76 BE

notified

pe

must

examiner

medicai

the

event,

traumatic

other

shows ;

23

Item

ō

marked,

28 is

Tem

the attending physician al Mental Hygiene prior to

Health and any

this certificate has been with the State Dept. of

After

DIRECTOR:)

FUNERAL E within 72 h TO THE HOSPITA
TO THE FUNERA
De filed within 7
IMPORTANT: I CERTIFICATION

MEDICAL

PHYSICIAN:

8

COMPLETED

BE

2

0

Pages 1, 2, 3

permit.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE Amended #8 FOR STATE REGISTRAR CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATN 3. TIME OF DEATH YEAR Anna (Aspasia) J. Varoutsos 11:45 P M November 3, 1994 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTN 8. BIRTNPLACE (State or Foreign october 28, 1900 1 M 2 F George Cc 578-14-3414 94 9e. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Suburban Hospital Bethesda Montgomery RESIDENCE OF DECEDENT 10e. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Montgomery 1 TYES 2 NO Bethesda 10a. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 8124 Old Georgetown Road 20814 United States 12. WAS DECEOENT EYER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. 1 Never Merried 2 Merried If yes, specify Cuben, Mexican, Puerlo Rican, etc.) 1 YES 2 NO Specify Specify: 3 🕅 Widowed 4 🗌 Divorced White 15. DECEDENT'S EDUCATION 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest gr Elementary/Secondary (0-12) College (1-4 or 5+) Own Home Homemaker 17. FATHER'S NAME (First Middle Last) 16. MOTNER'S NAME (First, Middle, Meiden Surneme) Constantine Pappadopoulos Eustratia Tsouklaris 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 8716 Falls Chapel Way Potomac, Maryland 20854 Fannie Polyzois 20s. METHOD OF DISPOSITION

1 X Burlel 2 Cremetion 3 Removal from State
4 Donetion 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of cemetery, cremetory or other place) November 7, 1994

Cedar Hill Cemetery 20c. LOCATION - City or Town, State Suitland, Maryland 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY
Robert A. Pumphrey Funeral Home/
Bethesda-Chevy Chase, Inc. 7557 Wisconsin
Avenue Bethesda, Maryland 20814-3501 MO0335 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, ehock, or heert fellure. List only one cause on each line. Interval Between IMMEDIATE CAUSE (Finel Onset and Death diseese or condition resulting in death) Cordio respirator 4 Min DUE TO (OR AS A CONSEQUENCE OF) Cardice Airlythmie 10 Min Sequentially liet conditions, DUE TO (OR AS A CONSEQUENCE OF): Congestive Heat Falure and Atrial Fibrillation ORL GROT

If any, leading to immediate cause. Enter UNDERLYING CAUSE (Diseese or Injury that initieted events resulting in deeth) LAST

> **EXAMINER?** 1 X YES 2 - NO

1 X Natural

2 Accident

3 Suicide

29e. C

4 Nomicide

27. MANNER OF DEATN

PART II. Other aignificent conditions

Investigation

		CONSEQUENCE		real	Preuno	
					given in Pert I.	
- control of to	acoth by	at thot resulting	ing in the dilucit	Jing Couse	given in Pert I.	1

1:4	CAD-2501
24a. WAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
1 TYES 2 1 NO	COMPLETION OF CAUSE OF DEATH?

11-4-84

1 YES 2 NO

DID TOBACCO USE CONTRIBU 25. WAS CASE REFERRED TO MEDICAL

TE TO CAUSE OF DEA	ATH YES	NO UNCERTAI	l 🖳 l	
26. PLA	CE OF DEATH (Check	only one)		_
SPITAL: Inpatient 2XXER/Outpatient :	OTHE	R: rsing Nome 5 - Residence	6 ☐ Other (Specify)	
28e. DATE OF INJURY (Month, Day, Year)	26b. TIME OF INJURY M	28c. INJURY AT WORK? 1 YES 2 NO	28d. DEŞCRIBE NOW INJURY OCCURED	
28e. PLACE OF INJURY — At he building, etc. (Specify)	ome, ferm, atreet, fac	ctory, office	281. LOCATION (Street end Number or Rural Route Number, City or Town, State)	_

ERTIFIER	CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(s) and menner as stated.
heck only	X CENTIFYING PRESIDENT: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and menner as stated.
10)	MEDICAL EXAMINER: On the heals of examination and/or importantion to my original death account at the time.

2 MEDICAL EXAMINER: On the besis of examination end/or in	rvestigation, in my opinion, death occured at the time, date and pla	ice, and due to the ceuse(s) and menner as stated
29b. SIGNATURE AND VILLE BY, CERTIFIER	29c. LICENSE NUMBER	29d. DATE SIGNED (Month, Day, Year)
11/100 m		N 11 4 001

1/60	,///	D	22309
30 NAME AND ADDRESS OF DE	PROM WHO COMPLETED CALLES OF DEATH STEEL OF CO.		

ED (Month, Day, Year)	32. REGISTRAR'S SIGNATURE
NOV 0 7 1994	Julia Davidson-Randell

1 - STATE REGISTRAR	STATE OF MARYL		MENT OF HEALT		TAL HYGIEN	E			
1. DECEDENT'S NAME (First, Middle, Last)					ATE OF DEATH		3.	. TIME OF DEATH	
Mary Ag	nes Vog	el		1 1	JOV 17	1994	YEAR	2:30 P	м
WARRANT TO STATE OF THE STATE O				DER 24 HRS. 7. D.	ATE OF BIRTH fonth, Day, Year)		BIRTHPL	ACE (State or Foreign	n
186-30-8637 9a. FACILITY NAME (If not institution, give street		81 YAS.	ONTHS DAYS HOUR	Se	ept 21 1			nsylvania	_
Anne Arundel Medic			Annapolis			9c. COUNT Anne	-1.	ındel	
10a. STATE 10b. COUNTY		10c. CITY, 1	TOWN OR LOCATION				10	Od. INSIDE CITY	\exists
MD Anne A	rundel		Anna Tior, zip co	apolis oe		10a, CITIZE		YES 2 NO	_
10 Silverwood Ci				21403				States	
11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	. WAS DECEDENT EVER II FORCES? 1 YES IF YES, GIVE WAR OR D.	A LINO	13. WAS DECENDEN' If yes, specify Cu 1 YES 2 XN	ban, Maxican, Pue		or No — 1	I. RACE — Black, V Specify:	-American Indian, White, atc.	
15. DECEDENT'S EDUCATI (Specify only highest grade con		tea. DECEDENT'S US	k done during most of wor	rkina	16b, KIND OF BU	SINESS/INDUS	TRY	Willied	\dashv
Elementary/Secondery (0-12)	ollege (1-4 or 5+) 2	Nurse	etired.)		Н	ealth	Care		
17. FATHER'S NAME (First, Middle, Last) James Heatheringto	on Vogel		18, MO	OTHER'S NAME (FI	st, Middle, Maiden In Kane	Sumame)			
19a. INFORMANT'S NAME (Type/Print)	on voger	19b. MAILING AT	DDRESS (Street and Numi			n State 7to C	nete)		_
Arnold Vogel			ood Lot T					21401	
20a, METHOD OF DISPOSITION 1 Duriel 2 Cremation 3 Removal	0011	iotory, bromotory or other	DISPOSITION (Name of place)			CATION — CI			\exists
4 Donation 8 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENS	EED D	Braddock C	22. NAME AND ADDI	RESS OF FACILITY	John M.	Taylo	r Fur	ennsylvani neral Hor	ia ne
Tonales X	Low		147 Duke	e of Glo	ucester	St. An	napo	lis. MD	
	7		1						
23. PART i. Enter the diseases, or com shock, or heart failure. List	Piniy one cause on e	ech line.	enter the mode of c	lying, such es d	erdiec or respi			Approximete	een
23. PART I. Enter the diseases, or comshock, or heart failure. List IMMEDIATE CAUSE (Finel disease or condition resulting in death)	Piniy one csuse on e	ech line.	enter the mode of c	lying, such es d	erdiec or respi				
IMMEDIATE CAUSE (Finel disease or condition	Piniy one csuse on e	ech line.	enter the mode of c	lying, such es d	erdiec or respi			Approximete interval Between	
IMMEDIATE CAUSE (Finel disease or condition resulting in desth) Sequentially list conditions,	Cere DUE TO (OR AS A	ech line.	1	lying, such es d	erdiec or respi			Approximete interval Between	
IMMEDIATE CAUSE (Finel disease or condition resulting in desth)	DUE TO (OR AS A	CONSEQUENCE OF):	enter the mode of c	lying, such es d	erdiec or respi			Approximete interval Between	
IMMEDIATE CAUSE (Finel disease or condition resulting in desth) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A	CONSEQUENCE OF):	enter the mode of c	lying, such es d	erdiec or respi			Approximete interval Between	
Since, or near failure. List IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A	A CONSEQUENCE OF): CONSEQUENCE OF): CONSEQUENCE OF):	enter the mode of o	lying, such es a	erdiec or respi	ratory srrea	et,	Approximete interval Between Onset and De	esth
Sincex, or near failure. List IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A	A CONSEQUENCE OF): CONSEQUENCE OF): CONSEQUENCE OF):	enter the mode of o	lying, such es a	cerdiec or respi	AUTOPSY MED?	24b. WI	Approximete interval Between	esth IGS
Sequentielly list conditions, if sny, lesding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that inlitied events resulting in deeth) LAST PART II. Other significant conditions or CAPD CHF	DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A	CONSEQUENCE OF): CONSEQUENCE OF): CONSEQUENCE OF): CONSEQUENCE OF):	enter the mode of of of the content of the underlying chuse at the content of the	yling, such es of the fact of	eerdiec or respi	AUTOPSY MED?	24b. WI	Approximate interval Between Onset and De On	esth esth
IMMEDIATE CAUSE (Finel disease or condition resulting in desth) Sequentielly list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST PART II. Other significant conditions or CHF DID TOBACCO USE CONTRIB 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A	CONSEQUENCE OF): CONSEQUENCE OF): CONSEQUENCE OF): CONSEQUENCE OF): CONSEQUENCE OF): CONSEQUENCE OF): CONSEQUENCE OF):	the underlying chuse NO UN Check only one)	lying, such es o	eerdiec or respi	AUTOPSY MED?	24b. WI	Approximate interval Between Onset and De On	esth esth
IMMEDIATE CAUSE (Finel disease or condition resulting in desth) Sequentielly list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initisted events resulting in deeth) LAST PART II. Other significant conditions or COPD CHF DID TOBACCO USE CONTRIB 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO CAUSE O	A CONSEQUENCE OF): A CONSEQUENCE OF): CONSEQUENCE OF): A CONSEQ	enter the mode of of the control of	given in Part :	24a. WAS AN PERFOR t YES 2	AUTOPSY MED?	24b. WI	Approximate interval Between Onset and De On	esth esth
SHOCK, OF NEST TSHUTE. LIST IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentielly list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initisted events resulting in death) LAST PART II. Other significant conditions of COPD CHF DID TOBACCO USE CONTRIB 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1. Netural 5 Pending	DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO CAUSE O	CONSEQUENCE OF): CONSEQUENCE OF): CONSEQUENCE OF): CONSEQUENCE OF): CONSEQUENCE OF): CONSEQUENCE OF):	the underlying chuse NO UN Check only one) THER: Nursing Home 5 UN Res. INJURY AT	e given in Part :	24a. WAS AN PERFOR	AUTOPSY MED?	24b. WI	Approximate interval Between Onset and De On	esth IGS
SINCE, OF NEST ISSUER. LIST IMMEDIATE CAUSE (Finel disease or condition resulting in desth) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST PART II. Other significant conditions or CHF DID TOBACCO USE CONTRIB 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending	DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A	A CONSEQUENCE OF): CONSEQUENC	the underlying chuse 4 + 5 V NO UN Check only one) THER: Nursing Home 5 □ WORK? M 1 □ YES 2	given in Part i	24a. WAS AN PERFOR t YES 2	AUTOPSY MED?	24b. WI AM CC OF	Approximete interval Between Onset and De On	esth IGS
Sequentielly list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions or COPD CHF DID TOBACCO USE CONTRIB 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 NO 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be detarmined	DUE TO (OR AS A DUE TO (OR AS	A CONSEQUENCE OF): A CONSEQUENCE OF): CONSEQUE	the underlyipe cause NO UN Check only one) THER: Nursing Home 5 WORK? M 1 YES 2 et, fectory, office	given in Part i	24a. WAS AN PERFOR t YES 2 Wher (Specify) DESCRIBE HOW II	AUTOPSY MED? NO NJURY OCCUI	24b. WII AM CC OF 1	Approximete interval Between Onset and De On	esth esth
IMMEDIATE CAUSE (Finel disease or condition resulting in desth) Sequentielly list conditions, if smy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initisted events resulting in deeth) LAST PART II. Other significant conditions or COPD CHF DID TOBACCO USE CONTRIB 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 11 Netural 5 Pending Investigation 27. MANNER OF DEATH 1 Netural 5 Could not be detarmined	DUE TO (OR AS A DUE TO	A CONSEQUENCE OF): A CONSEQUENCE OF): CONSEQUE	the underlyipe cause NO UN Check only one) THER: Nursing Home 5 WORK? M 1 YES 2 et, fectory, office	given in Part in ICERTAIN	24a. WAS AN PERFOR t YES 2 Wher (Specify) DESCRIBE HOW III OCATION (Street a Sity or Town, State)	AUTOPSY MED? NO NJURY OCCUI	24b. WII AMCCC OF 1	Approximate interval Between Onset and De Onset and De De De De De De De De De De De De De	esth esth
IMMEDIATE CAUSE (Finel disease or condition resulting in desth) Sequentielly list conditions, if smy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initisted events resulting in deeth) LAST PART II. Other significant conditions or CAPP CAPP CAPP CAPP CAPP CAPP CAPP CAP	DUE TO (OR AS A DUE TO	A CONSEQUENCE OF): A CONSEQUENCE OF): CONSEQUE	the underlying cause The underlying cause	given in Part in ICERTAIN	24a. WAS AN PERFOR t YES 2 Wher (Specify) DESCRIBE HOW II OCATION (Street a Zity or Town, State) cause(s) end maniata and placa, an	AUTOPSY MED? NJURY OCCUI and Number or oner as stated. If due to the occupant of the company is a stated.	24b. Wil AM CC OF 1 1 1 1 1 1 1 1 1 1	Approximate interval Between Onset and De On	esth
SINCE, OF NEST TRITUTE. LIST STRINGS. OF NEST TRITUTE. LIST IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that inlisted events resulting in death) LAST PART II. Other significant conditions or CHF DID TOBACCO USE CONTRIB 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 Netural 5 Pending Investigation 27. MANNER OF DEATH 1 Netural 5 Could not be detarmined 29s. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: O	DUE TO (OR AS A DUE TO	A CONSEQUENCE OF): CONSEQUENC	the underlyipe cause NO UN Check only one) THER: Nursing Home 5 UN WORK? M 1 YES 2 et, fectory, office at the time, date and pla in my opinion, death occ	Residence 8 CO. 281. I	24a. WAS AN PERFOR t YES 2 Where (Specify) DESCRIBE HOW III COCATION (Street a City or Town, State)	AUTOPSY MED? NO NJURY OCCUPANT AND AUTOPSY MED? NO NJURY OCCUPANT AND AUTOPSY MED? NO NJURY OCCUPANT AND AUTOPSY MED? NO NJURY OCCUPANT AND AUTOPSY MED? NO NJURY OCCUPANT AND AUTOPSY MED? NO NJURY OCCUPANT AND AUTOPSY MED? NO NJURY OCCUPANT AND AUTOPSY MED? NO NJURY OCCUPANT AND AUTOPSY MED? NO NJURY OCCUPANT AND AUTOPSY MED? NO NJURY OCCUPANT AND AUTOPSY MED? NO NJURY OCCUPANT AND AUTOPSY MED? NO NJURY OCCUPANT AND AUTOPSY MED? NO NJURY OCCUPANT AND AUTOPSY MED. NO NJURY OCCUPANT AND AUTOPSY MED. NO NJURY OCCUPANT AND AUTOPSY MED. NO NJURY OCCUPANT AND AUTOPSY MED. N	24b. WII AM CC OF 1 1 1 1 1 1 1 1 1 1	Approximate interval Between Onset and De On	esth

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and competely filled in by the funeral director, page 5 should be detached for use as the burial-train be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

nours after death. Page 6 may be retained by the hospital or attending physician BALTIMORE, MARYLAND 21215-0020

TO BE COMPLETED BY FUNERAL DIRECTOR

TO THE HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within

31. DATE FILEO (Month, Day, Year)

32. REGISTRAR'S SIGNATURE

OHMH-16 Rev 1/89

31. DATE FILEO (Month, Day, Year)

NOV 16 1994

W.H. Foard MD 3223 Main St. Manchester, Md. 21102

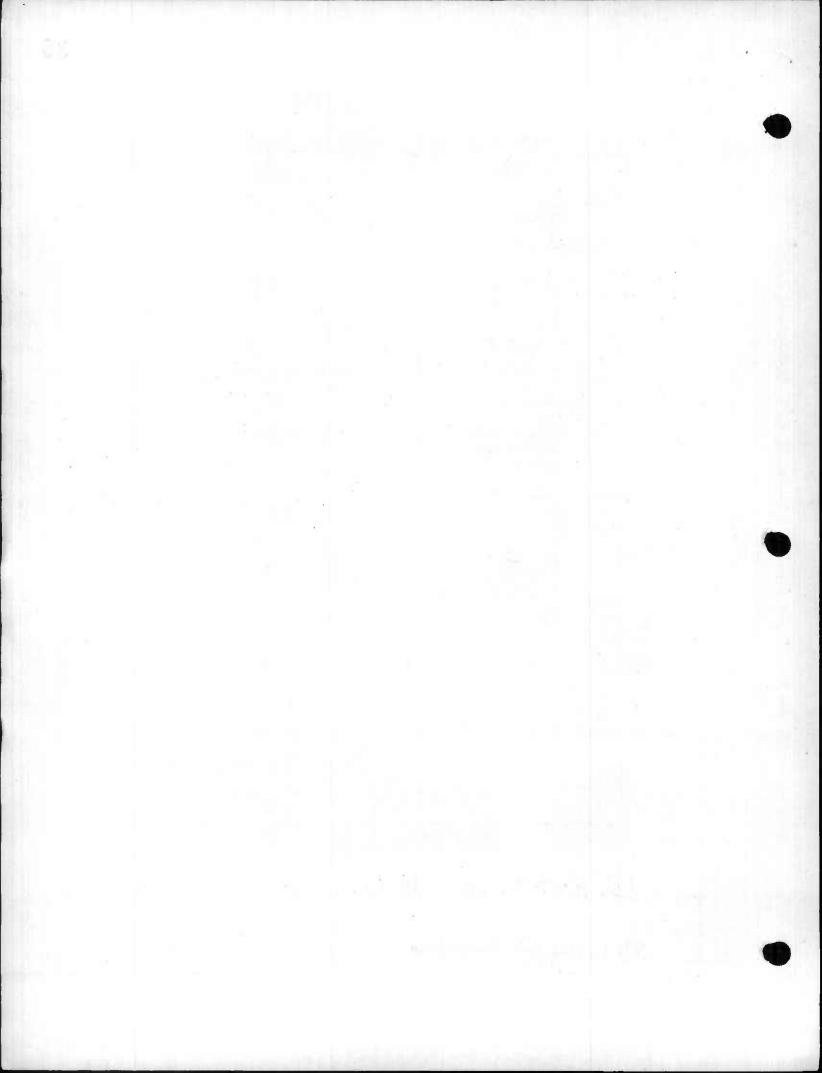
32 REGISTRAR'S SIGNATURE

	First, Middle, Last)				ICATE O	DEMIN	2.047	REG. N	0.		3. TIME OF OEAT	
Nadine		s.		Went			MON	ITH	DAY	YEAR		
4. SOCIAL SECURITY NU	JMBER	5. SEX	6. AGE (In yrs. It		IF UNDER 1 YEAR	IF UNDER 24 H		vember E OF BIRTH	10, 1		2 IPLACE (State or Fo	
213-24-9233		1 🗆 M 2 🖄 F	65	YRS.	MONTHS DAYS	HOURS MI	IN. (Mo	nth, Day, Year)	23,1928	Counti		
9a. FACILITY NAME (If no	x institution, give i	street and number)			9b. CITY, TOWN	OR LOCATION O				INTY OF D		
1525 East Dec	ecedent	ad			Westmin	ster, Md.	21157		Cai	rmoll	County	
10a. STATE	10b. COUNT	Y		10c. CIT	Y, TOWN OR LOC	ATION					10d, INSIDE CITY	
Ma.	Carrol	1 Count	3	We.	stminster	, Md.					1 YES 2	
10e. STREET AND NUMB	ER				1	Of. ZIP COOE			10g. CIT	FIZEN OF V	WHAT COUNTRY?	
1525 East Dee	ep Run Ro	ad				21157			U.S	5.A.		
11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Olvorced 12. WAS DECEDENT EVER IF FORCES? 1 YES IF YES, GIVE WAR OR D					If yes,	pecify Cuben, M		NIC ORIGIN? (Specify Yes or No — 14. RAI Ble n, Puerto Rican, atc.) 15. Specify:			CE — American Indian, ack, White, etc.	
15. C	DECEDENT'S EDU	ICATION	16a, C	DECEDENT'S	USUAL OCCUPAT	IDN	10	8b. KIND OF B	USINESS/IN			
(Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+)				(GIVE KING OF III Ife. Do NOT u	se retired.)	cust or working						
12				utter				Shoe	Mfg.			
17. FATHER'S NAME (First				18. MOTHER	S NAME (First	, Middle, Maide	on Surneme)					
Albert Unknown Leppo						5	Sadie U	nknown l	Krumrir	ne		
19e. INFORMANT'S NAME	E (Type/Print)		1	19b. MAILING	ADDRESS (Stree	and Number or F	Rurel Route Nu	mber, City or To	wn, State, Zi	ip Code)		
Robert L. We	entz			15.	25 Deep R	ın Road,	Westm	inster,	Md. 2	1157		
II 1 ☐ Buriel 2 ☐ Cremation 3 ☐ Removal from State (the					ACE OF DISPOSITION (Name of cametery, cremetory or priece) David's Cemetery				20c. LOCATION — City or Town, State Hanover, PA 17331			
21. SIGNATURE OF FUNE	RAL SERVICE LI	CENSEE			22, NAME	ANO AOORESS C			/			
· stee	ren	Eline				ne Funera S. Main			tead, N	nd. 21	074	
23. PART I. Enter the		complications the List only one cer			not enter the n	ode of dying,	such se ce	ordisc or res	olratory si	rrest,	Approxim	
	(Finel	a. Metastat	ic Adeno		oma (Liv	er)					Interval B Onset and	
shock, or IMMEDIATE CAUSE (disease or condition resulting in deeth)	(Finel			Carcin		er)					Interval B Onset and	
shock, or IMMEDIATE CAUSE (disease or condition resulting in deeth) Sequentially list con if any, leading to imm cause. Enter UNDER	(Finel	a. Adenocai		carcino SEQUENCE D nal Rec	ctal Area	er)					Interval B	
shock, or IMMEDIATE CAUSE (disease or condition resulting in deeth) Sequentially list con if any, leading to imi	ditions, mediete titying injury	b. Adenocai	rcinoma A	carcino Equence o nal Rec	ctal Area	er)					Interval B Onset and	
shock, or IMMEDIATE CAUSE (disease or condition resulting in deeth) Sequentielly list con if any, leading to im- cause. Enter UNDER CAUSE (Disease or it that initiated events	(Finel	b. Adenocal Due to e. Due to d.	CCINOMA AI (OR AS A CONSI	CARCING BEQUENCE O	ctal Area ค: ค:		n in Part I.		AN AUTOPSY ORMED?	244	6 MOD. WERE AUTOPSY F AMALABLE PRIOR COMPLETION OF DEATH?	
shock, or IMMEDIATE CAUSE (disease or condition resulting in deeth) Sequentially list con if sm, leading to improve cause. Enter UNDER CAUSE (Disease or I that initiated events resulting in deeth) L	(Finel	b. Adenocal Due to e. Due to d.	CCINOMA AI (OR AS A CONSI	CARCING BEQUENCE O	ctal Area ল: ল: ল: In the underly	ng cause give		PERF	AN AUTOPSY ORMED?	246	Interval B Onset and 6 Mon . 6 Mon . were autopsy F AMILABLE PRIOR COMPLETION OF	
shock, or IMMEDIATE CAUSE (disease or condition resulting in deeth) Sequentieity list con if sny, leading to improve the cause. Enter UNDER CAUSE (Disease or I that initiated events resulting in deeth) L PART II. Other significant cause. EXAMINER?	(Finel	b. Adenocal DUE TO c. DUE TO d	CCINOMA ALCONS OP AS A CONS	CARCING REQUENCE O AND THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF T	Ctal Area F): In the underly 26. OTHER:	ng cause give	H (Check only	PERF 1 PES	AN AUTOPSY ORMED?	244	6 MOD. WERE AUTOPSY F AMALABLE PRIOR COMPLETION OF DEATH?	
shock, or IMMEDIATE CAUSE (disease or condition resulting in deeth) Sequentielly list con if any, leading to improve the cause. Enter UNDER CAUSE (Disease or I that Inhitated events resulting in deeth) L PART II. Other signification of the cause of t	(Finel	b. Adenocal DUE TO c. DUE TO d	CINOMA ALCONSI (OR AS A CONSI (OR AS A CONSI deeth but not	CARCING EQUENCE O REQUENCE O Tresulting Tresulting	Ctal Area F): In the underlyi 26. OTHER: 4 Nursing H	ng cause give	H (Check only	PERF 1 PES	NN AUTOPSY ORMED? 2Ă NO		6 MOD. WERE AUTOPSY F AMALABLE PRIOR COMPLETION OF DEATH?	
shock, or IMMEDIATE CAUSE (disease or condition resulting in deeth) Sequentielly list con if any, leading to improve the cause. Enter UNDER CAUSE (Disease or I that Inhitsted events resulting in deeth) L PART II. Other signification of the cause of t	(Finel	b. Adenocal DUE TO c. DUE TO d	(OR AS A CONSI	CARCING PROPERTY OF THE PROPER	Ctal Area F): In the underlyi 26. OTHER: 4 Nursing H	PLACE OF DEATH THE S A Reside TORKY TYPES 2 NO	H (Check only once 6 Ot 28d. C	PERF 1 YES one)	NAUTOPSY ORMEO? 2 ₹ NO V INJURY OR et end Numbet	CCURED	6 Mon. Were autopsy F AMILABLE PRIOR COMPLETION OF DEATH? 1 YES 2	

D 02386

OHMH-16 Rev 1/89

11/10/94



BALTIMORE, MARYLAND 21215-0020

	3
	- {
	-
	ď
BOX 68760	
0	3
\sim	3
8	ì
Ö	3
_	2
\times	
0	4
m	-
_	.3
~	7
Ų	3
P.0	1
	0
'n	÷
~	9
	4
Œ	è
0	4
Ö	5
\sim	- 2
ш	Š
Œ	è
N OF VITAL RECORDS,	The last continue that the death confidents he assented with
7	-
~	À
5	3
and the same	2
Щ	à
\circ	3
_	č
Z	¢
0	3
\simeq	5
S	Ē
_	E
DIVISION	4
$\overline{}$	č
_	_
	F
	č
	ć
	3
	IL UDCOLTAL DO ATTENDINO DUVOLORALI.

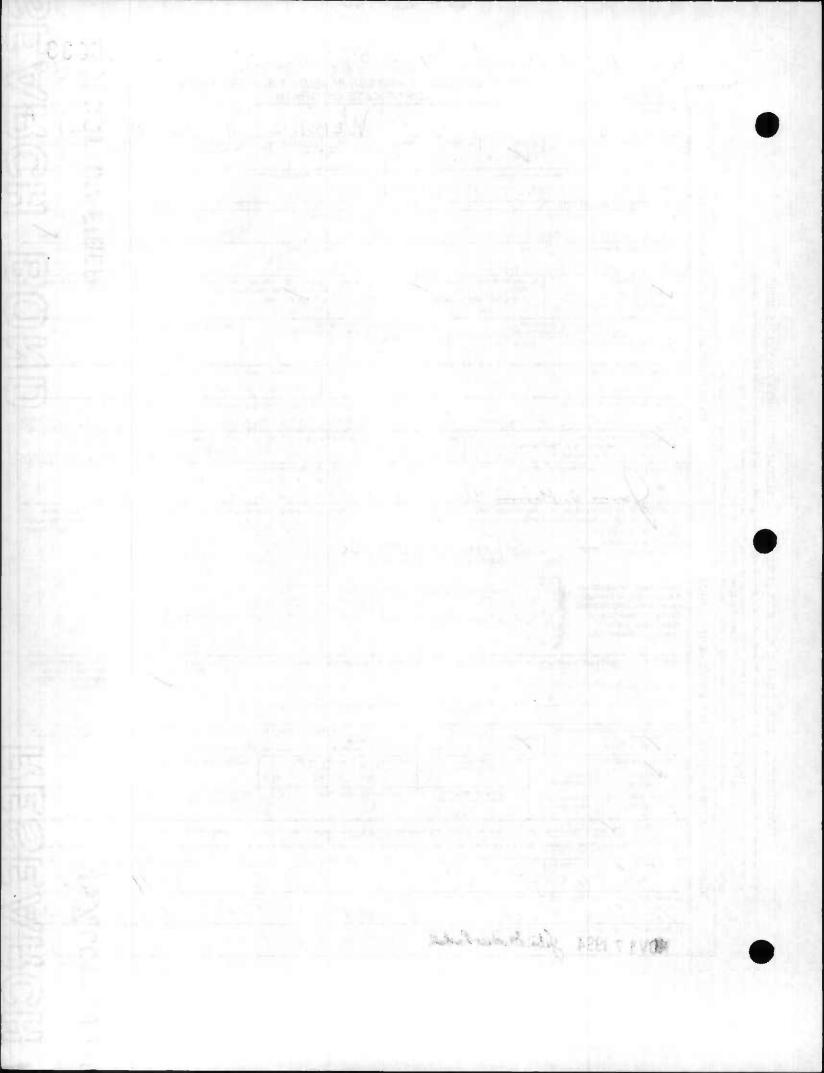
31. DATE FILED

1994

10

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH** REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3 TIME OF OFATH NOV. &da. 50 AM 4. SOCIAL SECURITY 169-16-05 5 SEY S. AGE (In yrs. last birthday) 7. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 1 M 2 Z use as the burial-transit permit. Pages 1, 2, 3 should Se FACILITY NAME (If not institution 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH 9/80 DIRECTOR NA Salisbur Wicomico lor RESIDENCE OF DECEDENT 10b. COUNT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY lisbur a 1 TYES 2 ZINO FUNERAL 10e. STREET AND NUMBER IM. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 9/80 2180 d after death. Page 6 may be retained by the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 2 AND IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE 1 Never Merried If yes, specify Cubi 2 Merried BY Specify: BlAC 3 10 W 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION 18a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest (Give kind o for Elementery/Secondery (0-12) College (1-4 or 5+) 12th detached 17. FATHER'S NAME (First, Middle, Last 18. MOTHER'S NAME (First, Coring ton 5 should be notified at een an 8 19e. INFORMANT'S NAME (Type/Print) 19b. MAII ING ADDRESS (Sto 2 SAMANTHA 904 OINPRS page pe 20e. METHOD OF DISPOSITION
1 D Burial 2 Cremetion 3 Re 20b. PLACE AND DATE OF DISPOSITION (Name, DATE must tom State funeral director, 2/80) 4 Donation 5 Other (Specify) -reen Acres or other traumatic event, the medical examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY RAL HO. W EW15 N. West 21801 Rd in by the 1 removal 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such es cardiac or reepiratory Approximate shock, or heart failure. List pnly pne cause pn each line. Interval Between 0 filled IMMEDIATE CAUSE (Final **Onset and Death** cremation. diseese or condition DUE TO (OR AS A CONSEQUENCE OF) completely resulting in death) 11/115 burial Idio pather DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION MTHO and Sequentially list conditions, Hydiene prior to If any, leading to immediate ceuse. Enter UNDERLYING physician CAUSE (Diseese or Injury DUE TO (OR AS A CONSEQUENCE OF) that initieted eventa the attending resulting in death) LAST PART II. Other eignificent conditione contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? and of PERFORMED? shows any Signed 1 1 TYES 2 NO 1 YES 2 NO been : PHYSICIAN: has be Dept. 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) Item State certificate HOSPITAL OTHER: 1 LYES 2 NO Inpatient 2 -ER/Outpatient 3 DOA 0 4 Nursing Home 5 Residence 8 Other (Specify) this certification with the S 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED marked, 1 Matural Pending Investigation 1 YES 2 🗌 NO BY death After 2 Accident 28e. PLACE OF INJURY — 3 Suicide At home, ferm, street, factory, office 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) IMPORTANT: If Item 28 is COMPLETED 8 Could not be DIRECTOR: after 4 Homicide 29e. CERTIFIER 1 PLEERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the ceuse(e) and r (Check only one) FUNERAL I 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d DATE SIGNED (Month BE 불분들 И une 10688 223 9 30, NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, DONALD 403 000 (Sc Aldbur 6 2180 AJC \

	1. DECEDENT'S NAME (First, Middle, Last)				11/2	PATED	2. DATE OF DEA	TH DAY	YEAR 3. TIME C	OF DEATH
	JOHN E. 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. in			thirthology I	IF UNDER 1 YE	EBSTER AR I IF UNDER 24 HRS.	7 DATE OF DUT	7. DATE OF BIRTH 8. BIRTHPI		
	215-86-4254 1 1 1 2 □ F 30 YRS. WONTHS					YS HOURS MIN.	(Month, Day, Ye	nar)	8. BIRTHPLACE (Str. Country)	
	9e. FACILITY NAME (If not institution, give		Oh CITY TO	WN OR LOCATION OF D	Jan. 15		Maryla	nd		
OR	PENINSULA REGION	AL CENTE	ER		ISBURY	CATH	9c. COUNTY OF DEATH WICOMICO			
5	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY				. TOWN OR L	OCATION			10d, INSI	DE CITY
DIRE	Maryland Sc			s Anne			LIMIT	TS?		
IAL	10e. STREET AND NUMBER		1 / 10			101. ZIP CODE		10g. CITI	ZEN OF WHAT COU	NTRY?
FUNERAL	30121 Mt. Verr					21853			I.S.	3.4
ВУ	11. MARITAL STATUS 1 D Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES 2 M	NG NO	If yes	DECENDENT OF HISPA I, specify Cuban, Mexic YES 2 NO Spec	an, Puerto Rican, et	fy Yes or No— c.)	14. RACE — Americ Black, White, at Specify: White	cen Indien ic.
ED	15. DECEDENT'S EDU (Specify only highest grade	JCATION e completed	16a, DE	CEDENT'S U	USUAL OCCU	PATION a most of working	16b. KIND C	F BUSINESS/IND		
ET	Elementary/Secondary (0-12)	College (1-4 or 5	Alfa-	Do NOT use	e retired.)	y most or working				
COMPL	12			We	lder		We	lding		
00	17. FATHER'S NAME (First, Middle, Last)						AME (First, Middle, N			
BE	Owen Webste	er					Sterli			
2	19e. INFORMANT'S NAME (Type/Print)					eet end Number or Rura				
	Mr. & Mrs. Owe	n Webst				eknoll [21
	20e. METHOD OF DISPOSITION 1 M Burlel 2 Cremation 3 Re	noval from State	cemetery, cre	matory or oth	F DISPOSITIO				City or Town, State	
	4 Donation 5 Other (Specify)		- Beec	hwoo	<u>d Cen</u>	netery	11/20	<u>Princes</u>	s Anne, 1	Mary
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Hinman Funeral Home									
	Vanns d. F	line	a Mo	0295		incess /			53	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c	(OR AS A CONSE							
	PART II. Other algnificant condition	dns contributing to	death but not	resulting is	n tha undar	lying cause given in		AS AN AUTOPSY	24b. WERE AUT	TOPSY FIN
MEDICAL								ERFORMED?	OF DEATH	E PRIOR TO ION DF CA 17 2 - NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER:	6. PLACE OF DEATH (C	theck only one)		1	
YSI	t [] YES 2 HO	1 Inpetient 2			4 - Nursing	Home 5 - Residence	6 Other (Specif	y)		
	1 Netural 5 Pending	28e. DATE OF (Month, E		28b. TIME INJU	URY	NJURY AT WORK?	28d. DESCRIBE	HOW INJURY OC	CURED	
8	3 Suicide 8 Could not be 4 Homicide determined		of INJURY — At he etc. (Specify)	ome, farm, s	treet, factory,	office		OCATION (Street end Number or Rural Route Number, ity or Town, State)		
D BY	27. MANNEB OF OEATH 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined	28e. DATE OF (Month, D 28e. PLACE C building, SICIAN: To the best of ER: On the best of e	FINJURY PFINJURY — At he etc. (Specify) my knowledge, de	28b. TIME INJU	E OF 28c URY M 1	INJURY AT WORK? YES 2 NO office	28d. DESCRIBE I 28f. LOCATION (3 City or Town, le to the cause(e) er le time, date end pla UMBER	HOW INJURY OCI Street and Number State) and manner as state oca, and due to the	or Rural Route Numb	ne



STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

		_	HEGISTRAR		CERTIF	ICATE (OF DEATH	REG. N	10.		
		ŝ	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3.	TIME OF DEATH
			Parker Samu	el Wolfe				November		994	2343 "
			4. SOCIAL SECURITY NUMBER		(In yrs. lest birthday)	IF UNDER 1 YE		7. DATE OF BIRTH		8. BIATHPLA	ACE (State or Foreign
		į.	217-28-5175	1 📈 M 2 🗆 F	83 YRS.	MONTHS DA	YS HOURS MIN.	April 18	1911	Mari	yland
	hould		9a. FACILITY NAME (If not institution, give s	treet and number)		9b. CITY, TO	WN OR LOCATION OF D			TY OF DEATI	
	6.2 N	8	Washington County	Hospital			Hagerstown	n	U	vashir	naton
	1, 2	DIRECTOR	RESIDENCE OF DECEDENT				3				-5
	ades	#	10s. STATE 10b. COUNT		10c. CI1	Y, TOWN OR L				100	d. INSIDE CITY LIMITS?
	±.	- 1	Md.	Frederick	_ 1	Sma	thsburg			1[YES 2 NO
	Perit	A	10e. STREET AND NUMBER				10f. ZIP CODE		10g. CITIZ	EN OF WHA	T COUNTRY?
	ending physician. as the burial-transit permit. Pages 1, 2, 3 should	FUNERAL	14341 Pleasant Va	illey Rd.			217	83	L	I.S.A	
0	siciar lal-tra	5	11. MARITAL STATUS	12. WAS DECEDENT EVER I	N U.S. ARMED		DECENDENT OF HISPA			14. RACE —	American Indian,
5-0020	phy bur	- 11	1 Never Married 2 Married	FORCES? 1 TYES	2 X NO		yes 2(1) NO Specif			Black, Wi	
2-0	oding s the	ВУ	3 Widowed 4 Divorced				77			WI	rite
21	atter		15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	18a. DECEDENT'S	USUAL OCCUI	PATION most of working	16b. KIND OF	BUSINESS/INDU	STRY	
21	al or for u	91	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT u	se retired.)			-		
9	ospit ched	AP.				Farmer			Farn	n	
A	the hos detach once.	COMPLETED	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Maid	ten Surname)		
3×1	a de de	BE	Albert M. Wolfe				Alic	e Virgini	a Vrape	27	
MARYLAND	retained by the hospital or attending physician. 5 should be detached for use as the burial-tran notified at once.	10	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Str	set and Number or Rural	Route Number, City or	Town, State, Zip (Code)	
Σ	e 5 :	F	Howard G. Wolfe		13419	Sandsa	tone Dr. Si	nithsburg	, Md. 2:	1783	
E E	e 6 may b ector, page must be		204. METHOD OF DISPOSITION 1 A Burial 2 Cremation 3 Ram	20t	. PLACE AND DATE	OF DISPOSITIO	N (Name of	DATE 20c.	LOCATION — C		Stata
0	e 6 r		4 Donation 5 Other (Specify)	Dval from Stata	etery. Bernathy of	2 Cemer	ery 11-23	-94 Fo	xville.	.Md.	0.
2	ine di di		21. SIGNATURE OF FUNERAL SERVICE LIC			22 NAM	E AND ADDRESS OF FA	OIL ITTU			
ALTIMOR	fours after death. Page 6 may be retained by the hospital or att. d in by the funeral director, page 5 should be detached for use or removal. medical examiner must be notified at once.		Mennis X	Pairo		Davi	s Funeral	Home 125	25 Brac	dbwry	Ave.
8	rs after of the py the removal.							Smu	insburi	q. Ma.	21783
		l li	23. PART I. Enter the diseases, pre- ehock, pr heert fallure.	List only one cause on e	a the death. Do i	not enter the	mode of dying, auc	h ea cerdiac or re	apiratory arre	at,	Approximete Interval Between
	filled on, o		IMMEDIATE CAUSE (Final				- 1				Onset and Death
Š	withing nile cremation, vent, the		disease or condition resulting in death)	e. Cardiore	SPILAT	140	Failui	-e			1 day
68760	Z 2 - 9					*					
68	th certificate be executed ending physician and con I Hygiene prior to burial, or other traumatic ex	2	Sequentielly liet conditions,	b. Emphys	em a						1 year
ŏ	be es	Ĕ	If any, leeding to immediate ceuse. Enter UNDERLYING	DUE TO (ORYAS"	A CONSEQUENCE O	F):					
B	cate othysic e pri	2	CAUSE (Disease or Injury	C. DUE TO 100 40							
Ö	ling pygien	ËI	thet initiated evente resulting in deeth) LAST	DUE TO (OR AS A	A CONSEQUENCE O	F):				ļ	
۵.		CERTIFICATION		d							
S,	that the dear ned by the att ith and Menta any injury,	- 11	PART II. Other algoriticent condition	e contributing to death to	out not regulting	In the under	ving cause given in	Part I. 24s. WAS	AN AUTOPSY	24b. WE	RE AUTOPSY FINDINGS
BE	and and i	EDICAL	Phenmothera					PERI	FORMED?	AVA	AILABLE PRIOR TO IMPLETION OF CAUSE
S	res ti ignec eatth		- Marine Inde	^				1 YES	2 XNO		DEATH?
11.	of po	Σ	DID TORACCO LISE	CONTRIBUTE TO	CALICE O	E DEATH	VEC SET NI			1 [YES 2 NO
	23 as	ä	DID TOBACCO USE	CONTRIBUTE TO	CAUSE O						
TA	는 의원 등	SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	S. PLACE OF DEATH (Ch	eck only one)			
>	certific the S	> 1	1 - YES 2 NO	1 Inpatient 2 - ER/Out	petient 3 DOA		Homa 5 - Rasidenca	8 Other (Specify)			
OF	with t	표	27. MANNER OF DEATH	(Month, Day, Year)	28b. TIN	IE OF 28c	INJURY AT WORK?	28d. DESCRIBE HO	W INJURY OCCU	JRED	
ISION OF VITAL RECORE TENDING PHYSICIAN: The law requires that the This certificate has been signed by		B	1 Natural 5 Pending 2 Accident Investigation			M 1	YES 2 NO				
0	R: Aff		3 Suicide 8 Could not be	26s. PLACE DF INJURY building, atc. (Spec	/ — At homa, tarm,	street, factory,	offica	28t. LOCATION (Stre City or Town, Str	et and Number o	r Rural Route	Number,
NIS	ATTEN ECTOR: s after n 28 i	ELE	4 Homicide datarmined						,		
		2	29a. CERTIFIER 1 CERTIFYING PHYSI	CIAN: To the beat of my know	rledge, death occurr	ed at the time,	data and place, and due	to the cause(s) and i	manner as atates	d.	
	THE HOSPITAL THE FUNERAL filed within 72 PORTANT: If	MO		R: On the basis of examination							d manner as stated.
	HOSPI FUNER within	O	296. SIGNATURE AND TITLE OF CERTIFIES								
		8	allet In -	2			29c. LICENSE NUI	6231	DATE	/ DI	19 U
	2 6 5 ₹	2	30. NAME AND ADDRESS OF PERSON WH	COMPLETED CAUSE OF DE	ATH (ITEM 27) /7-	Drint1 4	27	0201		1001	17
			371 M.11	TREET		evs to	1(1) - 1	111-21	740		·
			31. DATE FILED (Month. Dev Year)	1 32. HEDISTRAR'S SIGN	1	70/	07, 1	1001	- 1		
			NOV 2 2 1994		adaptatus.						l
		13	17	Monday with							

and the second of the second o

DIVISION OF VITAL RECORDS, P.O. BOX 68760,	BALTIMORE, MARYLAND 21215-0020
TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within months after death. Page 6 may be retained by the hospital or attending physician.	burs after death. Page 6 may be retained by the hospital or attending physician,
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to bunial, cremation, or removal.	in by the funeral director, page 5 should be detached for use as the bunial-transit permit. Pages 1, 2, 3 should in removal.
IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	nedical examiner must be notified at once.

1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	REGISTRAR		CERTIFIC	CATE OF D	DEATH	REG. NO.				
		WALTER					YEAR	3. TIME OF OEATH 7:30 AM		
	215-42-8849	1⊠M 2 □ F	18 YRS.	ONTHS DAYS	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year) 10/31/1	946 Ma:			
DIRECTOR	99. FACILITY NAME (If not institution, give stre Good Samaritan RESIDENCE OF DECEDENT			Balt	imore	EATH	9c. COUNTY OF	DEATH		
입	10e. STATE 10b. COUNTY		10c. CITY, 1	TOWN OR LOCATIO	N			10d. INSIDE CITY		
	Maryland 10+. STREET AND NUMBER				timore		T 40 - 01717531 01	LIMITS? 1 XYES 2 NO WHAT COUNTRY?		
FUNERAL	624 Tunbridge R				2121		Unit	ed States		
B⊀	11. MARRITAL STATUS 1 Never Married 2 Merried 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DAY VIETNAM.	2 NO	13. WAS DECEM	lfy Cuben, Mexice	HC ORIGIN? (Specify Yes n, Puerto Ricen, atc.)	Ble	CE — American Indian, ack, White, etc. nite		
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade of Elementery/Secondery (0-12)			k done during most etired.)	of working	200	SINESS/INDUSTRY			
MPL	17. FATHER'S NAME (First, Middle, Last)		Addicti				unseli	ng		
BE CC	Wilton A. Walte	r				ME (First, Middle, Maiden dred Hug	,			
10 B	190. INFORMANT'S NAME (Type/Print) Joseph Graber					d Balti		MD 21212		
	20e, METHOD OF DISPOSITION 125 Burlel 2 Cremation 3 Remov		PLACE AND DATE OF	DISPOSITION (Name	9 01	DATE 20c. LO	CATION — City or	Town, State		
	4 Donation 5 Other (Specify)	Mt	. Tabor	Cemet		11/17 Fo	rest H	ill, MD		
	21. SIGNATURE OF FUNERAL SERVICE LICE	Forel	dy		ns Fun		e, Inc	. Delta, PA		
	23 PART I Enter the diseases, or co	papications that caused	the deeth. Do not	enter the mode	of dying, auc	h as cerdiec or respi	ratory errest,	Approximate		
	shock, pr heart fallura. Li IMMEDIATE CAUSE (Final disease or condition		TITTAL	CALEDAN	04114			Onset and Death		
	resulting in death) a.	DUE TO (OR AS A	CONSEQUENCE OF):							
CERTIFICATION	Sequentially list conditions, if any, leading to immediate		CONSEQUENCE OF):	E DEFICI	ency s	INDROME		10yrs.		
IFICA	cause, Enter UNDERLYING CAUSE (Disease or Injury that initiated events DUE TO (OR AS A CONSEQUENCE OF):									
CERT	resulting in death) LAST									
	PART II. Other significant conditiona mycobacturius							4b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO		
MEDICAL	6.11	rius Int	ulin	e onfe	ellin	1 YES 2	□ /40	COMPLETION OF CAUSE DF DEATH? 1 - YES 2 NO		
	mainurie									
PHYSICIAN:		HOSPITAL:		THER:	E OF DEATH (Ch	8 Other (Specify)				
РНХ	27. MANNER OF DEATH	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME C	OF 28c, INJUR	Y AT	28d. DESCRIBE HOW I	NJURY OCCURED			
ВУ	1 Natural 5 Pending 2 Accident Investigation 3 Suicide & Could get be	28e. PLACE OF INJURY	— At home, ferm, stre		S 2 ND	281. LOCATION (Street of	and Number or Bura	il Boute Number		
ETED	4 Homicide 6 Could not be determined	building, etc. (Spec	ify)			City or Town, State)	The state of the s	, roote romos,		
COMPLETE		IAN: To the best of my knowl : On the besie of examination						e(e) end menner ee stated.		
BE	296. SIGNATURE AND TITLE OF CERTIFIER			2	OP7	ABER	29d. DATE SIGNI	ED (Month, Day, Year)		
5	MOHAMMAD S	COMPLETED CAUSE OF DE			CHRA	VEN BLVI	RAT	TIMORE.		
	31. DATE FILED (Month, Day, Year) NOV 1 & 1994	22. REGISTRAR'S SIGNA	TURE	 · 			, , , ,			

	MPORTANT: If Item 25 is marked, or them as shown any injury, or other traumatic event, the medical examiner must be notified at once.
--	---

	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFIC			MENTAL HYGIEI		
	1. DECEDENT'S NAME (First, Middle, Linst) Élizabeth Susan	Watson				2. DATE OF DEATH	DAY - 1 YI	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER		(In yrs. last birthday) F	UNDER 1 YEAR	IF UNDER 24 HRS.	Nov. 19,		0435 A M BIRTHPLACE (State or Foreign
	None	1 M 2 X F		NTHS DAYS	HOURA MIN.	(Month, Day, Year) Nov. 19,	,	Country) MARYLAND
	9a. FACILITY NAME (If not institution, give s	street and number)	96	. CITY, TOWN C	R LOCATION OF DE		9c. COUNTY	
DIRECTOR	FREDERICK MEMO	RIAL HOSPITAI		FRED	ERICK		FRED	ERICK
H	10a. STATE 10b. COUNT			OWN OR LOCAT				10d. INSIDE CITY LIMITS?
		EDERICK		FREDER.				1 YES 2 NO
FUNERAL	100. STREET AND NUMBER 2510 Candle Ri	dge Drive		101	ZIP CODE 2170	72		OF WHAT COUNTRY?
NS I	11. MARITAL STATUS	12. WAS DECEDENT EVER I	N U.S. ARMED	13. WAS DEC	ENDENT OF HISPAN	ItC ORIGIN? (Specify Y		RACE — American Indian, Black, White, atc.
BY F	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES	ATES		ZXNO Specify	n, Puerto Ricen, etc.)		Specify: White
	15. DECEDENT'S EDU (Specify only highest grade	ICATION Completed	16a. DECEDENT'S USU	JAL OCCUPATIO	IN at an arching	16b. KIND OF B	USINESS/INDUS	
COMPLETED	Elementary/Secondary (0-12) N/A	College (1-4 or 5+)	(Give kind of work life. Do NOT use re N/A	tired.)	s or working			
OMF	17. FATHER'S NAME (First, Middle, Last)		II/A		18. MOTHER'S NA	ME (First, Middle, Maide	n Sumeme)	
BE C	Charles Grant V	Watson				Mary Stad		
6 8	19a. INFORMANT'S NAME (Type/Print)				nd Number or Rural F	Route Number, City or To	wn, State, Zip Co	de)
-	Joy Mary Watsor	· ·	Same					
	1 Buriel 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	noval from State cen	PLACE AND DATE OF D netery, cremetory or other rederick	plecel			OCATION — CHY	
1 1	21. SIGNATURE OF FUNERAL SERVICE LI	CENSER	10dollon .	22. NAME AN	D ADDRESS OF FAC	CILITY		
	I James KK	Luly		1,00		RICK MEMOR		
П	23. PART . Enter the diseases, or shock, or heart failure.	complications that caused	the death. Do not	anter tha mo	da of dylng, sucl	n as cardiac or rea	piratory arrest	, Approximate interval Between
	IMMEDIATE CAUSE (Final disease or condition		FROM TERM	DETTIE	TOTAL			Onset and Daath
	resulting in death)	d	CONSEQUENCE OF):	DEIT AT	GRI			
Z	Sequantially list conditions,	PRETERM	LABOR					
ATIO	if any, leading to immediate cause. Enter UNDERLYING		CONSEQUENCE OF):					
FIC	CAUSE (Disease or injury that initiated events		GESTATIOI CONSEQUENCE OF):	V	V W			
CERTIFICATION	resulting in death) LAST	d						
AL C	PART II. Other algnificant condition	na contributing to death b	ut not resulting in t	ha undariying	causa given in		N AUTOPSY	24b. WERE AUTOPSY FINDINGS
MEDIC/						1 TYES	2 NO	AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?
ME								1 YES 2 NO
AN	DID TOBACCO USE 25. WAS CASE REFERRED TO MEDICAL	CONTRIBUTE TO	CAUSE OF I		ACE OF DEATH (Che	PCK only one)		
SIC	EXAMINER? 1 YES 2 A-NO	HOSPITAL: 1 Inpatient 2 ER/Outj		THER:	e 5 Residence			
PHYSICIAN:	27. MANNER OF DEATH 1 X Natural 5 Pending	26a. DATE OF tNJURY (Month, Day, Year)	26b. TIME O	WO	URY AT RK?	28d. DESCRIBE HOW	INJURY OCCUR	ED
'BY	2 Accident Investigation	26e. PLACE OF INJURY	— At home, farm, stree		ES 2 NO	281. LOCATION (Stree	t and Mumber or	Promi Parita Number
	3 Suicide 6 Could not be datermined	building, etc. (Spec	city)	n, tactory, orner		City or Town, State		nurar nouse number,
PLE	29a. CERTIFIER (Check only	ICIAN: To the best of my know	ledge, death occurred a	t the time, date	and place, and dua	to the cause(a) and m	enner as stated.	
COMPLET	one) 2 MEDICAL EXAMINI	ER: On the beels of examination	n and/or investigation, is	n my opinion, d	eath occured at the	time, deta end placa, :	and due to the c	euse(a) and manner as stated.
BE	29b. SIGNATURE AND TITLE OF CERTIFIE	1, Com	P		29c. LICENSE NUM	HOER	29d. DATE S	GNED (Month, Day, Year)
10	30. NAME AND ADDRESS OF PERSON WE Robert M. Chang,	M.D., 915 T	ath (ITEM 27) (Type, Pri	Avenue,	FREDERI	CK, MD 21	701	, ,
	NOV3 0 1994	Service Devides	A-Randell					

fr _ -

FWITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	The manures that the death certificate be executed within fours after death. Page 6 may be retained by the hospital or attending physician.	certificate the signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be at the first and Mental Hydiene prior to burial, cremation, or removal.	nedical examiner must be notified at once.
DIVISION OF WITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN THE LINE INTUINES that the death certificate be executed within the	TO THE FUNERAL DIRECTOR: After the certification has been signed by the attending physician and completely filled in by the fi he flad within 72 hours after death	is marke

	FOR STATE REGISTRAR	STATE OF MARYLAND	/ DEPARTME			MENTAL HYGIEN		
	1. DECEDENT'S NAME (First, Middle, Last) (Cherrie Lynn	Watson				2 DATE OF DEATH	1994 YEA	3. TIME OF DEATH 0350 Am
	4. SOCIAL SECURITY NUMBER None	5. SEX 6. AGE (In yrs.	YRS. MONT		HOURS MIN 26	7. DATE OF BIRTH (Month, Day, Year) NOV. 19,	199 ¹ I	PREPERICK
OR	9e. FACILITY NAME (If not institution, give st FREDERICK MEMOR:		96. 0		R LOCATION OF DE DERICK	ATH	FREI	DERICK
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		10c. CITY, TOW	VN OR LOCAT	ION			10d. INSIDE CITY
	MD FRET	DERICK	FF	REDERI	CK ZIP CODE		10g. CITIZEN C	1 YES 2 NO
FUNERAL	2510 Candle Rid				21702			S.A.
ВУ	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. FORCES? 1 YES 2- IF YES, GIVE WAR OR DATES	NO	If yes, spe	ENDENT OF HISPAN Helfy Cuban, Maxican 2 X NO Specify	IC ORIGIN? (Specify Yen, Puerto Rican, etc.)	E	NACE — American Indian, Black, White, alc. Specify: White
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12) N/A	CATION completed) College (1-4 or 5+)	DECEDENT'S USUA (Give kind of work do life. Do NOT use retire N/A	L OCCUPATION Proceed in the community of	N st of working	16b. KIND OF BU	SINESS/INDUSTR	iy
BE COME	17. FATHER'S NAME (First, Middle, Last) Charles Grant Wa	atson				ME (First, Middle, Maiden Mary Stac		
TO B	190. INFORMANT'S NAME (Type/Print) Joy Mary Watson	(mother)	196. MAJLINO ADDR	RESS (Street a	nd Number or Flural F	Boute Number, City or Tox	vn, State, Zip Code)
	20a. METHOD OF DISPOSITION 1 ☐ Buriat 2X☐Cremation 3 ☐ Remote 4 ☐ Donation 5 ☐ Other (Specify)	20b. PLAC cemetery, Frec	CEAND DATE OF DIS cremetory or other ple lerick Me	POSITION (Na ece)	me of		EDERICK	
	21. SIGNATURE OF FUNERAL SERVICE LIC			22. NAME AN	D ADDRESS OF FAC	YLITY	MEMORIAI	L HOSPITAL
CERTIFICATION	23. FART L. Enter the diseases, or o shock, or heart felture. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	REMOTE FRO DUE TO (OR AS A CON- DUE TO (OR AS A CON- DUE TO (OR AS A CON- TRIPLET GE DUE TO (OR AS A CON-	IND. DM TERM D SEQUENCE OF): ABOR SEQUENCE OF): ESTATION					Approximata interval Batween Onset and Death
MEDICAL	PART II. Other algoliticent condition	a contributing to death but no	ot reaulting in the	underlying	ceuse given in	Part I. 24a. WAS AF PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	ОТ	26. PL	ACE OF DEATH (Che	ock only one)		
PHYSICIAN:	1 VES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending	1 Inpetient 2 ER/Outpatient 28s. DATE OF INJURY (Month, Day, Year)		Nursing Hom 28c. INJ WO	e 5 Residence URY AT RK? /ES 2 NO	6 Other (Specify) 28d. OESCRIBE NOW	INJURY OCCURE	D
TED BY	2 Accident investigation 3 Suicide 6 Could not be 4 Homicide detarmined	26a. PLACE OF INJURY — At building, atc. (Specify)	t home, ferm, street,			281. LOCATION (Street City or Town, State		iral Route Number,
COMPLETED	one)	CIAN: To the best of my knowledge, R: On the bests of examination and/						se(s) and menner as stated.
B	29b. SIGNATURE AND TITLE OF CERTIFIER	1, 67 -00			29c. LICENSE NUM	BER	29d. DATE SIG	NED (Morith, Day, Year)
5	Robert M. Chang,				ite 303,	FREDERIC	MD 217	701
	31. DATE FILED (MONTH, Day, 1687) NOV3 0 1994	32 MEGISTRAR'S SIGNATUR	Pandese					

With law requires that the death certificate be executed within chours after death. Page 6 may be retained by the hospital or attending physician.

The law requires that the death certificate be executed within chonding physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be put of the latth and Memai Hygiene prior to burial, cremation, or removal.

The modified at once. BALTIMORE, MARYLAND 21215-0020

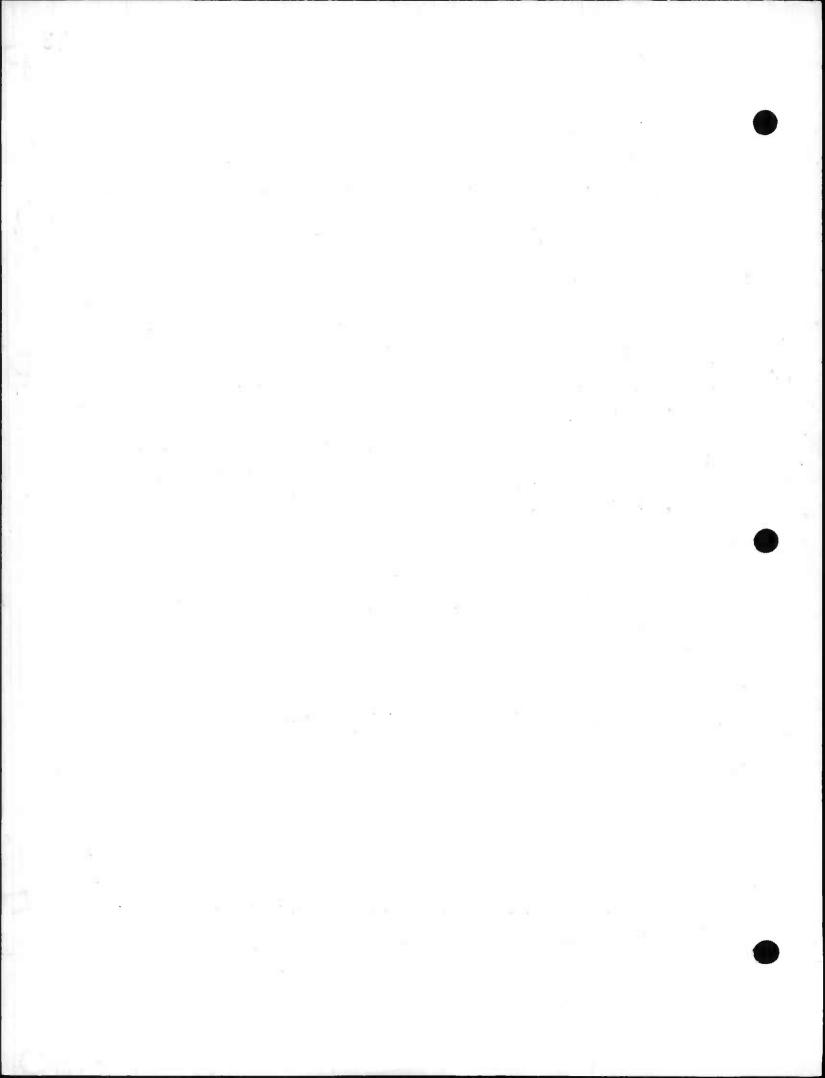
DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL DR ATTENDING TO THE FUNERAL INPECTOR DE filed within 72 hours, after 28 Hz III MPORTANT: If Item 28 Hz III

FOR 1 - STATE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

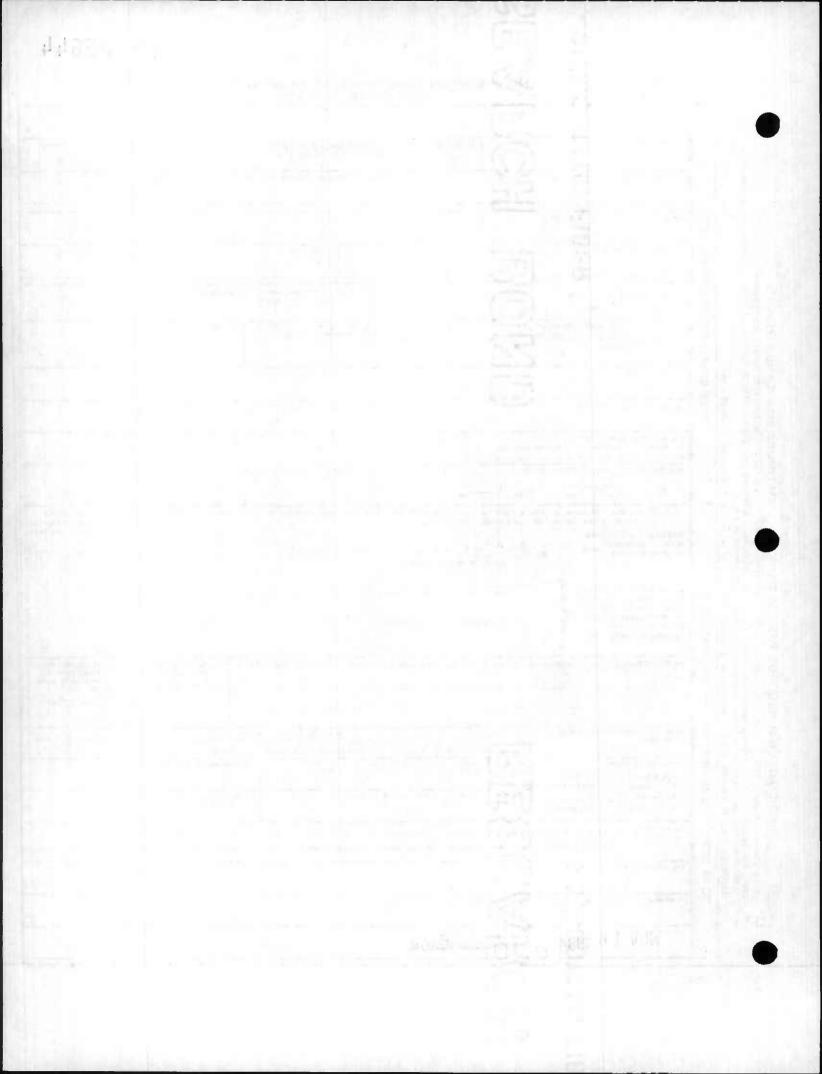
REGISTRAR		CE	:RTIFI	CATE	OF	DEATH		REG. NO.				
1. DECEDENT'S NAME (First, Middle, Linst)	Wat an						2. DATE OF	F DEATH DA	(Y	YEAR	3. TIME OF DEATH	
Robert Mark	Watso						NoA	• 19	, 19	94	0345 Am	
4. SOCIAL SECURITY NUMBER None	5. SEX 1 X M 2 F	3. AGE (In yrs. les	//	IF UNDER 1	YEAR DAYS	HOURS MAN	7. DATE OF (Month, I	Day Year)	994	Count	HPLACE (State or Foreign Try) ARYLAND	
9a. FACILITY NAME (If not institution, give			9b. CITY, 1	rown c	R LOCATION OF D			9c. COU				
FREDERICK MEMO	FREDERICK MEMORIAL HOSPITAI					ERICK			FREDERICK			
FREDERICK MEMO RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT MD FREI	Y DERICK		7-7-7	TOWN OR					10d. INSIDE CITY LIMITS?			
10e. STREET AND NUMBER 2510 Candle Ri 11. MARITAL STATUS	dge Drive				101	21702			10g. CITI		1 Q YES 2 NO N OF WHAT COUNTRY? U.S.A.	
11. MARITAL STATUS	12. WAS DECEDENT	EVER IN II S AR	MED	12 14	IS DEC	ENDENT OF HISPA	NIC OBIGINS	Caselly Van	No T		E — American Indian,	
1, Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 [IF YES, GIVE WA	YES 2 X N	10	It :	yes, sp	2 👸 NO Spec	en, Puerto Ric			Spec	k, White, atc.	
15. DECEDENT'S EDU (Specify only highest grade	ICATION		CEDENT'S				18b. K	IND OF BUS	SINESS/IND	USTRY		
15. DECEDENT'S EDI (Specify only highest gradi Elementary/Secondary (0-12) N A 17. FATHER'S NAME (First, Middle, Last)	College (1-4 or 5+)	Hile.	Do NOT use	retired.)	ring mo	st of working						
17. FATHER'S NAME (First, Middle, Last)						16, MOTHER'S N	AME (First, Mic	ldle, Maiden	Surname)			
	Watson						y Mary			ki		
19a. INFORMANT'S NAME (Type/Print)			. MAILING	ADDRESS (Street a	nd Number or Rural	Route Number	City or Town	n, State, Zip	Code)		
Joy Mary Watso	n (mother)	Same	:								
20a. METHOD OF DISPOSITION 1	noval from State	20b. PLACE A cemetery, cre	AND DATE O	F DISPOSIT	ori	me of al Hosp	DATE		CATION —			
21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE			22. N/	AME AN	D ADDRESS OF F	REDERI	CK ME	MORI.	AL H	OSPITAL	
23. PART I. Enter the diseasea, or	Wh					W 7th S					01	
iMMEDIATE CAUSE (Final disease or condition resulting in daeth) Sequentially list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	b. DUE TO (C	MOTE FR OR AS A CONSEC ETERM I OR AS A CONSEC IPLET G OR AS A CONSEC	ABOR DUENCE OF	o: CION	ELT	VERY					Onset and Deatl	
	d											
PART II. Other aignificant condition								4a. WAS AN PERFOR	MED?	246	WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
DID TOBACCO USE 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	CONTRIBUTE	10 CAU	SE OF	DEAT			LAM					
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	2 0		OTHER:		ACE OF DEATH (C						
1 YES 2 NO	1 Inpetient 2 I		26b, TIME	Y	_	e 5 Realdence						
1 🔀 Natural 5 🗆 Pending 2 🗀 Accident Investigation	(Month, Day		INJU		WO	URY AT RK? 'ES 2 NO	28d. DEŞCI	RIBE HOW II	NJURY OCC	URED		
	28e. PLACE OF building, at	INJURY — At ho c. (Specify)	me, term, st	reet, factor	y, office		26t. LOCAT City or	ION (Street a Town, State)	and Number	or Rurai i	Route Number,	
3 Suicide 4 Homicide 6 Could not be determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINI											a) end manner as stated.	
29b. SIGNATURE AND TITLE OF CERTIFIE	.ch	mo				29¢. LICENSE NU	MBER		29d, DATI	SIGNED	(Month, Day, Year)	
Robert M. Chang,	M.D., Fr	of DEATH (ITER ederick	Memo	Print) Orial	Но	spital,	FREDE	RICK	MD 2	1701		
31. DATE FILE (1773) 1994	32 REGISTRA	S SIGNATURE	ndett									



ours after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760, TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the trunction integration than the cardiocase has been circular by the strending publicition and completely 1 - STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

1. DECEDENT			xocnox	Warn a n	te					2. DATE OF		9 1		3. TIME OF DEATH 3:55 A	
4. SOCIAL SEC			s. sex							7. DATE OF BIRTH B. BIRTHPLACE /State or Form					
061 1	061 16 7283 12 M 2 D F 75 YRS. MO							HOURS	MIN.	/Manath /	mr Monel	,191	Countral		
	9a. FACILITY NAME (# not Institution, give street and number)							96. CITY, TOWN OR LOCATION OF DEATH LUSDY					9c. COUNTY OF DEATH Calvert		
RESIDENC	1277 Tonque Cove Drive														
1277 RESIDENCE 10e. STATE Maryla								TION		U nos	LIMITS			IOd. INSIDE CITY LIMITS?	
100. STREET A 1277		ie Cov	e Drive				10	2065	7			109. CITI Uni	ted S	tates	
	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced 12. WAS DECEDENT EVER FORCES? 11 YES IF YES, GIVE WAR OR IT 1941—194					YES 2 □ NO If yes, specify Cuban, Maxican, OR DATES 1 □ YES 2 ☑ NO Specify:						or No—	14. RACE - Black, Specify:	- American Indian, white, atc.	
9	15. DECEDENT'S EDUCATION								-	16b. KI	ND OF BUS	INESS/IND	USTRY		
Elementary 17. FATHER'S P	(Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +)					18e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) purchaser								vernment	
	17. FATHER'S NAME (First, Middle, Lest) Leon C. Wynants						18. MOTHER'S NAME (First, Middle, Maiden Surname) Katherine Harcourt								
19a, INFORMA	19a. INFORMANT'S NAME (Type/Print)						s (Street	and Number of	or Rural I	Route Number,	City or Town	, State, Zip	20657	7	
	Catherine Wynants 1277 Tongue Cove Dr. Lusby Maryland 20657														
1 CXBurial 2	20e. METHOD OF DISPOSITION 1 Caputal 2 Cremation 3 Removal from State 4 Densition 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of cample), grematory or other place) Our Lady Star of the Sea 20c. Location — City or Town Solomons Cal.														
21. SIGNATURI	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Rausch Funeral Home P.A 4405 Broomes Is. Rd. Port Republic Maryle														
Sequentielly if any, leading	disease or condition — Metastatic liver cancer Due to (or as a consequence of): Sequentially list conditions, If any, leading to Immediate Due to (or as a consequence of):														
CAUSE (Dis-	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST d														
	PART II Other significant conditions contribution to death but not mouthly to be the underlying to the significant conditions.										1				
10								1 TYES 2 NO COMPLETION OF DEATH?			WAILABLE PRIOR TO				
25. WAS CASE	REFERRED TO	MEDICAL					26. P	LACE OF DE	ATH (Ch	eck only one)		_			
EXAMINER	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 NO THER: 1 Incident 2 EXPONENTIAL: 1 Incident 2 EXPONENTIAL: 1 Incident 2 EXPONENTIAL: 1 Incident 2 EXPONENTIAL:														
27. MANNER O	1 Z Neturin 3 Tenting														
3 Suicid	lauration m 1 TES 2 NO										ute Number,				
4 Nombo	1 CERT		ICIAN: To the best of a									4		and manner as state	
296. SIGNATUR	Prant	esw.	Benne					29c. LICEI		WBER				Month, Day, Year) ber 9, 1	
	Char	les W	o completed cau Bennett	SE OF DEATH	(ITEM 27) (Type 1184:	5 H.	G. T			d. Lus	by, N	/ary]	land :	20657	
31. DATE FILE	Month, Day.	1994	32. REGISTRA	AB'S SIGNATUR	Wall										

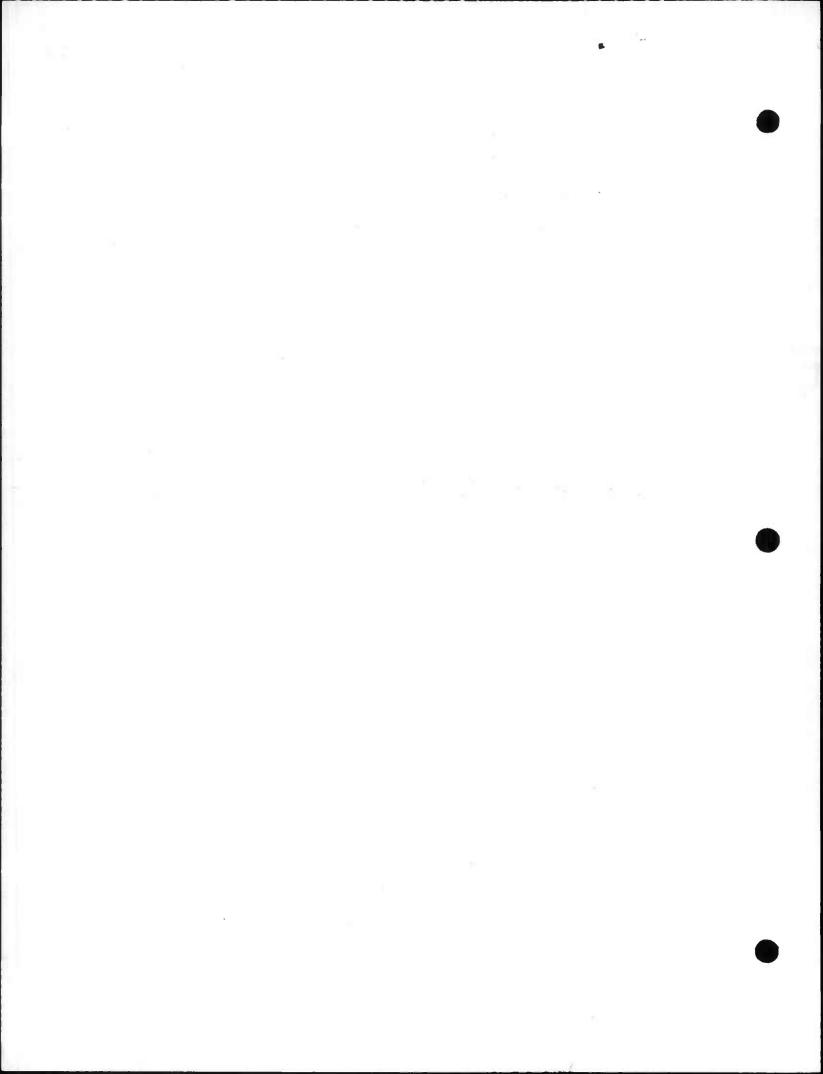


BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, remailton, or removal. IMPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR CERTIFICATE OF DEATH REG. NO.								
у	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEAT	Н		3. TIME OF DEATN
	Dorothy	E	V	lade		November	10.19	YEAR 194	9:06 P M
	4. SOCIAL SECURITY NUMBER 5	i. SEX 8. AGE (In yrs. Ia		IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Yes	v .	a. BIRTN	PLACE (State or Foreign
	215 20 3037 1	□ M 2√X F 78	YRS.	MONTHS DAYS	HOURS MIN.		1916	Country	vland
	9a. FACILITY NAME (If not institution, give street	t and number)		9b. CITY, TOWN C	R LOCATION OF D			NTY OF DE	
DIRECTOR	Physicians Memoria	1 Hospital		La Plat	a		Ch	arle.	S
S S	10a. STATE 10b. COUNTY	10c. CITY, TOWN OR LOCATION							10d. INSIDE CITY
DIA	Maryland Char1	.es	La	Plata					LIMITS?
	10s. STREET AND NUMBER		10f, ZIP CODE						HAT COUNTRY?
FUNERAL	Meridan Nursin	g Ctr. 1 Mag	gno1i	a Dr	20646		Unit	ced	States
S		2. WAS DECEDENT EVER IN U.S. AT	RMED	13. WAS DEC	ENDENT OF HISPAI	NIC ORIGIN? (Specif	y Yas or No—	14. RACE	- American Indian,
ВУ Р	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR DATES	ai O	1 Tyes, spe	2-ANO Specif	in, Puerto Ricen, etc y:	-)	Specif	, White, etc.
ED E	15. DECEDENT'S EDUCATI	TON .					<u> </u>	B1a	ck
TE	(Specify only highest grade con	mpleted) (C	ECEDENT'S U Give kind of wo e. Do NOT use	SUAL OCCUPATION of done during mos	N st of working	16b. KIND OF	BUSINESS/IND	USTRY	
COMPLET	Elementery/Secondary (0-12)	College (1-4 or 5 +)			tendani	Food	/ Cate	rin	g Service
OM	17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, Me		, 1 111	g bervice
BE C	Thomas Plater					ett Ann			
	19a. INFORMANT'S NAME (Type/Print)	15	b. MAILING A	DDRESS (Street a		Route Number, City of		Code)	20312
2	John W. Wade		3700	North	Capito	1 St	NW Wa	ashi	ngton, DC
	30e METHOD OF DISPOSITION A A Burial 2 Cremation 3 Remova	20b. PLACE	AND DATE OF	DISPOSITION (Na	me of	OATE 200	LOCATION -		
	4 Donation 5 Other (Specify)	Resur	rect	ion Ce	metery	11/15/	94 Cli	into	n, MD.
	21. SIGNATURE OF OCHERAL SERVICE LICENS	SEE CA			ms Fund	eral Ho	mo P	Λ	
	- Xluyd	M. Eslep				oad, Aq			. 20608
	23. PART I. Enter the diseases, or com-	nplications that caused the det only one cause on each line	eath. Do no	t anter the mo	de of dylng, auc	h as cardiac or r	eapiratory arr	reat,	Approximata
	IMMEDIATE CAUSE (Final	t only one cause on each init	a.						Onaet and Death
	disease or condition a. Cardiac Arrest						15 Minute		
		OUE TO (OR AS A CONSE	OUENCE OF)			N			
ON	Sequentially list conditions, b.	HYTOVO-S	clevo)	ماد و	Susigno	scular	Dis	دمر	HANY YEARS
E	if any, leading to immediate cause. Enter UNDERLYING	Sequentially list conditions, out to vio - Scleyotic Cardiouascular Disease HANY YEARS Any, leading to Immediate ause. Enter UNDERLYING SE POID FEW DAYS							
띮	CAUSE (Disease or injury that initiated events	OUE TO (OR AS A CONSE	OUENCE OF)				_		ארות מידיו
CERTIFICATION	reaulting in death) LAST								
	PART II. Other significant conditions c	ontributing to death but not	reaulting in	the underlying	Cause given in	Part I 24s MM	S AN AUTOPSY	Laus	WERE AUTOPSY FINDINGS
CAL		•		the underlying	Cadoo given in	PEI	RFORMEO?		AWAILABLE PRIOR TO COMPLETION OF CAUSE
						1 TYE	S 2 NO		OF DEATN?
PHYSICIAN: MEDIC	DID TOBACCO USE CONTRIB	SUTE TO CAUSE OF DEA	TH YES		UNCERTAII				1 YES 2 NO
¥	25. WAS CASE REFERRED TO MEDICAL			(Check only one)	ONCERIAII	1 1			
Sic		OSPITAL: ER/Outpatient 3		OTHER:	5 🗆 Residence	6 Other (Specify)			
Ě	27. MANNER OF DEATN	28a. OATE OF INJURY (Month, Day, Year)	28b. TIME INJUI	OF 28c. INJU	JRY AT	28d. OEŞCRIBE N		CURED	
ВУ	1 Natural 5 Pending 2 Accident Investigation	(mann, say, tour)			ES 2 NO				
	3 Suicide 8 Could not be	28a. PLACE OF INJURY — At ho building, etc. (Specify)	ome, ferm, str	eet, factory, office		28f. LOCATION (St City or Town, S		or Rural Ro	oute Number,
COMPLETED	4 Nomicide determined								
4		N: To the best of my knowledge, de							
Š	2 MEOICAL EXAMINER: C	On the basis of examination and/or	investigation,	In my opinion, de	ath occured at the	time, data and plac	e, end due to the	e ceuse(a)	and manner as stated.
BE (29b. SIGNATURE AND TITLE OF CERTIFIER	7 /1			29c. LICENSE NUI				(Month, Day, Year)
10		· U		_	D-21173			1/10,	
	30. NAME AND ADDRESS OF PERSON WHO CO	OMPLETED CAUSE OF OEATN (ITE	M 27) (Type, F	11343	Pembroo	ke Squar	e, Suit	te 10)4
	Niran Sharma. M.D. 31. DATE FILED (Month, Day, Year)	32. REDISTRAR'S SIGNATURE		Waldo	rf. Mary	land 206	03		
	NOV 1 5 1994	Julia Davidson A	0 1 11:						
	= 0.301	The state of the s	-						



TO THE HOSPITAL OR ATENDING PHYSICIAN: The law requires that the death certificate be executed within fours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Heatth and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

A	mended # 3	0 11/	110/94	/	m 4	2+	y	Mn	+	0 200	9	4	35646
	1 - FOR STATE REGISTRAR	STATE OF M	ARYLAND /	DEPAR	TMEN	T OF H	IEALTH DEAT	AND I	MENTAI	HYGIEN REG. NO.	Ē	7	14
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE	OF DEATH		- 12	3, TIME OF DEATH
	Frances Wal	lace Wa	alsh					(иомті ПОТ	7. 8.	1994	YEAR	6:45 A.M
	4. SOCIAL SECURITY NUMBER	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS.				7. DATE	OF BIRTH		BIRTH	PLACE (State or Foreign			
	248-38-2534	1 □ M 2XXF	65	YRS.	MONTHS	DAYS	HOURS	MIN.		.16,19	29 5	Country O11+.	h Carolina
	9a. FACILITY NAME (If not institution, give street and number)				9b. CITY	Y, TOWN O	OR LOCATIO	ON OF DE		,	9c. COUNT		
뜅	10504 Deakins Hall Drive				A	de1p	hi				Pri	nce	George's
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT												
E		-				OR LOCAT	ION						10d, INSIDE CITY LIMITS?
	Maryland Pri	nce /Geor	ge's	Ade	e1ph								1 TES 2 XXNO
R	Continue So commerce	-11 Dudan					ZIP CODE						/HAT COUNTRY?
FUNERAL	10504 Deakins H						20783					ted	States
BY FU	11. MARITAL STATUS 1 Never Merried 2 Married 3 XXWidowed 4 Divorced			MED MED	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify If yee, specify Cuban, Mexican, Puerlo Rican, etc.) 1 YES 2 XX40 Specify:				i? (Specify Yes Ricen, etc.)	or No-	Black	- American Indian, White, atc. White	
	15. DECEDENT'S EDU	JCATION	16a, DE	CEDENT'S	USUAL O	CCUPATIO	DN .		165	KIND OF BUS	INESS/INOU	CTDV	
Ē	(Specify only highest grade Elementary/Secondary (0-12)	completed) College (1-4 or 5+)	(GI	ive kind of a	work done	during mos	st of working	g	,,,,,		ME35/1100	31111	
립	12 years	4 years		urna.	list				١,	Vewspa	nor		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)	- yeare	1 00	ar na.	LIBU		18. MOTH	IER'S NA		NEWSUA Aiddle, Maiden			
BE C		Wallace						eith		lanton			
2	19a. INFORMANT'S NAME (Type/Print) Deborah H. Porte	rfield		6. MAILING Same			nd Number	or Rural F	Route Numb	per, City or Town	n, State, Zip (Code)	
	20a. METHOD OF DISPOSITION		20b. PLACE A	AND DATE	OF DISPOS	SITION (Na	me of		OATI	E 20c. LO	CATION - C	ity or To	wn, State
	1 Donation 5 Other (Specify)	toval from State	Freder				mlm	11 /	ו ארש לייני	Gafi	ney, S	outh	Carolina
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	0		22.	NAME AN	O ADDRES	S OF FA	CILITY				
	· Mandell.	MOUNT	Phir		44	2011a. 400 t	Powde	אר M.	rgwai ill I	rat fu	neral 1+evi	HON	me,P.A.= Md. 20705
	23. PART i. Enter the diseases, or	complications that	caused the de	ath. Do r	not entai	the mo	de of dyi	ng, suc	h ss cerd	lisc or respi	ratory arre	at.	Approximate
	ahock, or heart failure. IMMEDIATE CAUSE (Final	List only one caus	e on aach lina	B									Interval Between Onset and Death
1	disease or condition	- 611	ng 1	un	dex								
	resulting in death)	a	OR ME CONSEC										1200
z		h	(/										
RTIFICATION	Sequentially list conditions, it any, leading to immediate	DUE TO (OR AS A CONSEC	DUENCE O	F):								
8	cause. Entar UNDERLYING CAUSE (Disease or injury	c											
E	that initiated events	DUE TO (OR AS A CONSEC	DUENCE O	F):								
	resulting in death) LAST	d				_							
ا روا ا	PART II, Other significant condition	ns contributing to	death but not r	esuiting	In the ur	nderiving	o Causa c	liven In	Part I.	24s, WAS AN	AUTOPSY	24b	WERE AUTOPSY FINDINGS
MEDICAL										PERFOR	MEO?	1	AVAILABLE PRIOR TO COMPLETION DF CAUSE
60										1 TYES 2	X.		OF DEATH?
Σ									- 1				1 TEO 1 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL	T				26 PI	ACE OF DE	EATH /Ch	ack anh an	e)			
121	EXAMINER?	HOSPITAL:	ED/Outpetient 2	[] 004	OTHE	R:	1.						
H	27. MANNER OF DEATH	26a. DATE OF I		28b. TIM		28c. INJ	URY AT	sidence		CRIBE HOW II	NURY OCCU	IRFO	
	Pending 5 Pending	(Month, De	y, Year)	INJ	JURY M		RK?	MO	200. 020			, ii. Lo	
В	2 Accident , Investigation 3 Suicide 8 Could not be	26a. PLACE OF	INJURY — At ho	me, farm,	street, fac			0	281. LOC	ATION (Street a	nd Number o	r Rural R	loute Number.
E	4 Homicide 8 Could not be	building, a	etc. (Specify)						City	or Town, State)			
COMPLET	29a. CERTIFIER CERTIFYING PHYS	SICIAN: To the best of r	my knowledge de	ath occurr	ad at the	time dete	and place	and due	to the cou	sea(e) and man			
MP	(Check only one) 2 MEDICAL EXAMINI												and menner as stated.
ပ္ပ	29b. SIGNATURE AND TITLE OF CENTIFIE	_	7										
BE	290. SIGNALUME AND THILE OF CENTURE	11/11	2.				29c. LICE		And in concession, where the party is not a second				(Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WI	HO COMPLETED CAUSE	- 10	30	D-(-1)		MZ	27)	/ >		/	- 6	154
	Frederick G. &B					Park	Dr.	Si 1	ver	Spring	r. Mar	-1/1 =	nd 20002

32. BEGISTRAR'S SIGNATURE Sulia Davidson Randale

31. DATE FILED (Month, Day, Year)

Justin

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death cartificate be executed within and requires the death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunal, cremation, or removal.

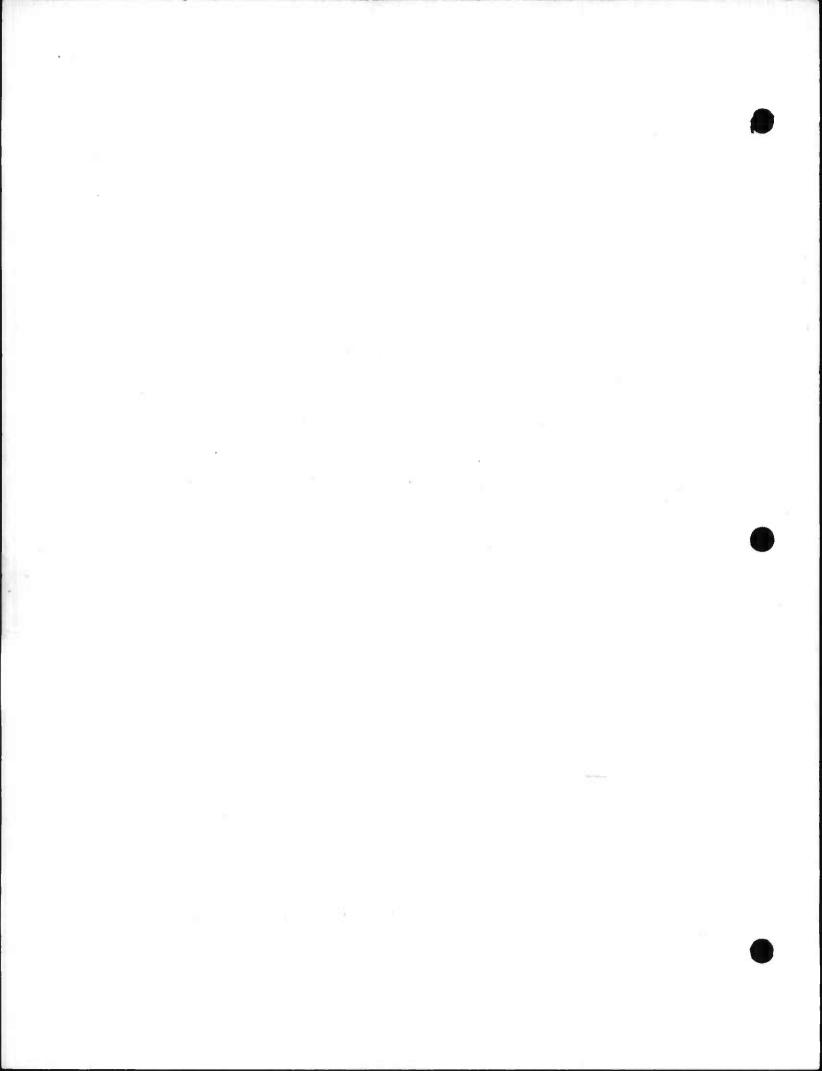
IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020

ITEMS: 23 PART I, 27, 28a-f, PER MEO FILM G-718 12/9/94 t.t FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIFIC	ATE OF	DEATH	REG. N	Ю.		
1	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH	DAY	YEAR 3	TIME OF DEATH
	Barry	Bernard	- F	Woodlon					2022 M
	4. SOCIAL SECURITY NUMBER			F UNDER 1 YEAR	IF UNDER 24 HRS.	7 DATE OF BIRTH	7	8. BIRTHPL	ACE (State or Foreign
	220-70-0845 9a. FACILITY NAME (If not institution, give st	1 🔀 M 2 🗆 F	35 YRS.	DAYS DAYS	HOURS MIN.	OCT 8,		Mary	land
DIRECTOR	Northwest Med				tertow		9c. COUNTY OF DEATH		
5	RESIDENCE OF DECEDENT 100, STATE 10b, COUNTY					ш		Alti	nore.
IRE				OWN OR LOCATION				10	Dd. INSIDE CITY LIMITS?
	Maryland Balti	шоге	P1.	kesvil					XYES 2 NO
FUNERAL	4317 Bedford	d Rd,			21208		-	S.A.	AT COUNTRY?
٦	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER FORCES? 1 YE	I IN U.S. ARMED	13. WAS DECE	NDENT OF HISPAI	IC ORIGIN? (Specify 'n, Puerto Ricen, etc.)	fes or No	14. RACE -	American Indian, Vhite, etc.
В	3 Wildowed 4 Divorced	IF YES, GIVE WAR OR	DATES		Specif			BI	
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)	18a. DECEDENT'S US	UAL OCCUPATION	N of working	16b. KIND OF E	USINESS/INDI	USTRY	
<u> </u>	Elementary/Secondary (0-12)	College (1-4 or 5+)		done during mos					
MP		3 Yrs	Master	Barbe	r	Bar	bersh	op	
8	17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, Maid	,	-	
BE		. Woodlon			Elle		atkir		
5	19a. INFORMANT'S NAME (Type/Print)	(Wife)				Route Number, City or To			
	Dianna K. Wood					Pikesvi	lle,	Md #	21208
	20a METHOD OF DISPOSITION 1 Burlel 2 Cremetion 3 Remo	oval from State Co	ob. PLACE AND DATE OF I	placel			OCATION — C		
- 1	23/SGNAQURE OF FUNERAL SERVICE LIC	tyske /	Cedar Hi		ADDRESS OF FA		Balti	more	MD
	SCORE &	1 one	mdu	SNOW	DEN FUI	NERL HOM		A.	
	23. PART I. Enter the disesses, or c	omplications that caus	ed the deeth. Do not	enter the mod	e of dying, auc	h as cardled or rea	piratory arm	eat.	Approximate
	ahock, or Neert fellure. I	lat only one ceuse on	sach line.				,		Interval Between Onset and Death
- 1	disease or condition	SUFFOCATIO	ON						Onset and Death
1	resulting in deeth)		A CONSEQUENCE OF):						
z I									
CERTIFICATION	Sequentially list conditions, if any, leeding to immediate	DUE TO (OR AS	A CONSEQUENCE OF):						
S	CAUSE (Disease or Injury	·							
띹	that initieted events	DUE TO (OR AS	A CONSEQUENCE OF):						
EH	reaulting in deeth) LAST	l							
	PART II. Other eignificent conditions	e contributing to deeth	but not resulting in t	he underlying	cause given in	Part I 24a Was A	IN AUTOPSY	245 W	ERE AUTOPSY FINDINGS
DICAL		-		no unacriying	occoo given m	PERF	DRMED?	AV	AILABLE PRIOR TO DMPLETION OF CAUSE
						1 20 ES	2 NO		DEATH?
Σ	DID TORACCO LIST CONTEN	IDLITE TO CALLE						5	DYES 2 NO
A	DID TOBACCO USE CONTR	IBUTE TO CAUSE			UNCERTAI				
ᅙᆘ	EXAMINER?	HOSPITAL:	28. PLACE OF DEATH (THER:					
46		1 Inpetient 2 XER/Ou				8 Other (Specify)			
1YS			280, 11ME U		RY AT	28d. DESCRIBE HOW	INJURY OCC	URED	
	27. MANNER OF DEATH	(Month, Day, Year)				CHO SECT HA	CHEE	A 2: = -	
BY PHYSICIAN: ME	27. MANNER OF DEATH 1 Natural Spending 2 Accident Investigation	(Month, Day, Year) 11/8/94	7:03 P	M 1 TYE	S 2 ((NO	SUBJECT WAS			
B≺	27. MANNER OF DEATH 1 Natural Spending	(Month, Day, Year) 11/8/94	7:03 P	M 1 TYE		28f. LOCATION (Stree City or Town, Stat	t and Number o	v Purel Poul	o Number,
B√	27. MANNER OF DEATH 1 Natural 2 Accident 3 Suicide 8 Could not be detarmined	(Month, Day, Year) 11/8/94 28s. PLACE OF INJUR building, atc. (Sp	7:03 P RY — At home, farm, streedly) HOME	M 1 TYE	S 2 (()(NO	28f. LOCATION (Street City or Town, State	t and Number of 9) 4317 B	or Rural Rout BEDFORD	e Number,
B√	27. MANNER OF DEATH 1 Natural 2 Accident 3 Suicide 4 Whomicide 29e. CERTIFIER (Check only) 1 CERTIFYING PHYSIC	(Month, Day, Year) 11/8/94 28s. PLACE OF INJUS	7:03 P TY — At home, farm, streecify) HOME	M 1 YE	S 2 (()(NO	28f. LOCATION (Stree City or Town, Stat PIKESVIIIE to the cause(s) and m	t and Number of 4317 B	or Rural Roul SEDFORD	RD.
E COMPLETED BY	27. MANNER OF DEATH 1 Natural 2 Accident 3 Suicide 4 Whomicide 29e. CERTIFIER (Check only) 1 CERTIFYING PHYSIC	(Month, Day, Year) 11/8/94 28e. PLACE OF INJUE building, atc. (Sp CIAN: To the best of my knote: On the bests of examination	7:03 P TY — At home, farm, streecify) HOME	M 1 _ YE at, factory, office It the time, data a In my opinion, dec	S 2 (()(NO	28f. LOCATION (Street City or Town, State PIKESVIIIE) to the cause(s) and mutime, date and place,	t and Number of 4317 B	or Rural Rout EDFORD d.	RD .
BE COMPLETED BY	27. MANNER OF DEATH 1 Natural 2 Accident 3 Suicide 4 WMomicide 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER	(Month, Day, Year) 11/8/94 28e. PLACE OF INJUE building, atc. (Sp CIAN: To the best of my knote: On the bests of examination	7:03 P TY — At home, farm, streecify) HOME	M 1 _ YE at, factory, office It the time, data a In my opinion, dec	nd place, and due	28f. LOCATION (Street City or Town, State PIKESVIIIF.) to the cause(s) and mutime, date and place,	t and Number of 4317 B MD	or Rural Rout SEDFORD d. cause(a) er	RD . ed menner as atated.
	27. MANNER OF DEATH 1 Natural 2 Accident 3 Suicide 4 WMomicide 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER	(Month, Day, Year) 11/8/94 28a. PLACE OF INJUE building, stc. (Sp. CIAN: To the best of my kno k: On the basis of examinal	7:03 P RY — At home, farm, stree- ectly) HOME wiedge, death occurred a sen end/or investigation, i	M 1 Vest, factory, office	nd place, and due	28f. LOCATION (Street City or Town, State PIKESVIIIE) to the cause(s) and mutime, date and place,	t and Number of 4317 B MD	or Rural Rout SEDFORD d. cause(a) er	RD .
BE COMPLETED BY	27. MANNER OF DEATH 1	(Month, Day, Year) 11/8/94 28a. PLACE OF INJUE building, stc. (Sp. CIAN: To the best of my kno k: On the basis of examinal	7:03 P Y — At home, farm, streectly) HOME wiedge, death occurred a sen end/or investigation, i	M 1 YE et, factory, office at the time, data a n my opinion, dea	nd place, and due the occured at the 29c. LICENSE NUA	28f. LOCATION (Street City or Town, Stein PIKESVIIIE, to the cause(s) and rritime, date and place, IBER	t and Number of 29 4 3 1 7 8 MD	or Rural Rout BEDFORD d. cause(a) er SIGNED (M.	ed menner as atated.
BE COMPLETED BY	27. MANNER OF DEATH 1	(Month, Day, Year) 11/8/94 28s. PLACE OF INJUE building, atc. (Sp CIAN: To the best of my kno at: On the best of examination COMPLETED CAUSE OF D 32. REGISTRAR'S SIG	7:03 P Y — At home, farm, streectly) HOME wiedge, death occurred a en end/or investigation, is PEATH (ITEM 27) (Type, Pri	M 1 YE et, factory, office et the time, data a n my opinion, dec	nd place, and due the occured at the 29c. LICENSE NUA	28f. LOCATION (Street City or Town, State PIKESVIIIF.) to the cause(s) and mutime, date and place,	t and Number of 29 4 3 1 7 8 MD	or Rural Rout BEDFORD d. cause(a) er SIGNED (M.	ed menner as atated.



1 Lines

Savidson-Randalle

PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

ne

29c. LICENSE NUMBER

O.C.M.E

111 Penn Street, Baltimore, Maryland 21201

29b. SIGNATURE AND TITLE OF CERTIFIER

TEUDORE

9 1994

31. DATE FILED (Month, Day,

BE

2

29d. DATE SIGNED (Month, Day, Year)

NOV. 5,1994

BALTIMORE, MARYLAND 21215-0020

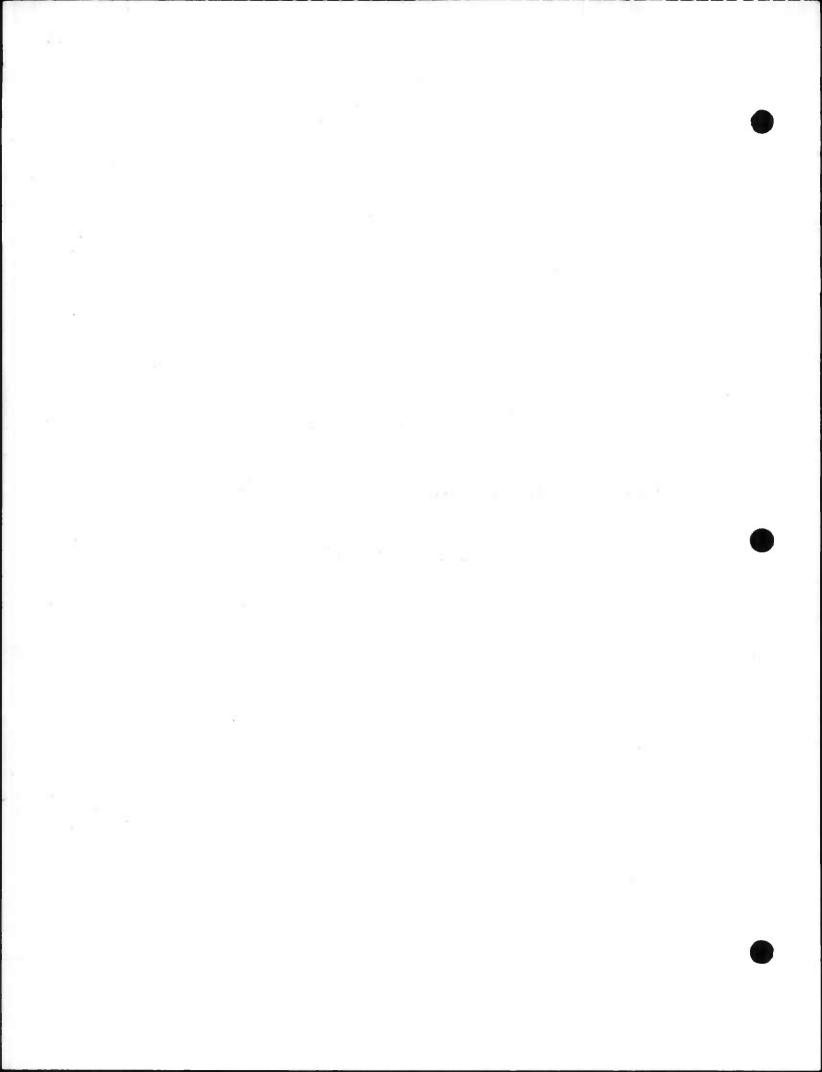
DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within and recommend of the formal physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attenting physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, certainly.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	STATE OF MARY	LAND / DEPARTM CERTIFICA	ENT OF HEALTH		NTAL HYGIEN		
	1. DECEDENT'S NAME (First, Middle, Last)					DATE OF DEATH		3. TIME OF DEATH
- 8	Mary	J.	Wrig	ht		ovember	_	4 8:40 P M
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AG	E (In yrs. last birthday) IF (NOER 1 YEAR IF UNDER	24 HRS. 7. I	DATE OF BIRTH (Month, Day, Year)	8.	BIRTHPLACE (State or Foreign Country)
1 4	579-07-0597	1 □ M 2 🛛 F 8	1 YRS. MON	THE DAYS HOURS		ne 2, 19		Pennsylvania
~	9a. FACILITY NAME (If not institution, give s	street and number)	9b.	CITY, TOWN OR LOCATI	ON OF DEATH	F DEATH 9c. COUNTY OF DEATH		
Ō	15206 Tottenham T	errace.		Silver Sp	ring		Mon	tgomery
DIRECTOR	10a. STATE 10b. COUNT	Y	10c. CITY, TO	WN OR LOCATION			10d. INSIDE CITY	
금	Maryland Mon	tgomery	Si1	er Spring				LIMITS?
AL	10e. STREET AND NUMBER	10					10g. CITIZE	OF WHAT COUNTRY?
FUNERAL	15206 Tottenham	Terrace 2090			906 Unit			ted States
F.	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER FORCES? 1 YE		13. WAS DECENDENT O	F HISPANIC O	RIGIN? (Specify Yes	8 or No 14	. RACE — American Indian, Black, White, etc.
ВУ	3 X Widowed 4 Divorced	IF YES, GIVE WAR OR		If yes, specify Cuban, Maxican, Puerto Ricar 1 ☐ YES 2 🔀 NO Specify:				Specify:
	15. DECEDENT'S EDU	CATION	16a. DECEDENT'S USUA	AL OCCUPATION		16b. KIND OF BU		White
COMPLETED	(Specify only highest grade Elementary/Secondary (0-12)	Completed) College (1-4 or 5+)	(Give kind of work of life. Do NOT use reti	lone during most of working	rg .	100. KIND OF BU	SINESS/INDUS	INY
필	12		Teach	er		Privat	te Scho	ool
ő	17. FATHER'S NAME (First, Middle, Last)			16. MOTI	HER'S NAME (F	First, Middle, Malden		
BE (Julian Sukosky			M	ary Na	zaruk		
2	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING ADD	RESS (Street and Number	or Rural Route	Number, City or Tow	n, State, Zip Co	de)
	Mary Grace Day		17000 B	arn Ridge	Drive,	Silver	Spring	MD 20906
	20a. METHOD OF DISPOSITION 1 X Burtal 2 Cremation 3 Rem	oval from State C	Ob. PLACE AND DATE OF DIS emetery, crematory or other p	acel				or Town, Stata
- 1	4 Donation 5 Other (Specify)			norial Par	k 11/9	/94 Fa1	ls Chu	ırch, Virginia
	Falu Con	2000 111	MD0831 QW/Ince	Robert A. Rockville	Pumph	rey Fune	eral Ho	ome/
_	Tarbus yo / 1			Avenue, R	ockvil	le. Mary	rland 2	20850-2805
	23. PART I. Enter the diseases, of a shock, or heart failure.	Eist only one cause on	ad tha death. Do not a aach lina.	ntar tha moda of dyi	ng, auch as	cardiac Dr respi	iretory arrest	intarval Batween
	iMMEDIATE CAUSE (Final disease or condition	A set a sei a s	-1	not Division				Onsat and Death
	resulting in death)		clerotic Head A CONSEQUENCE OF):	art Diseas	e			
Z	Control of the Contro							
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS	A CONSEQUENCE OF):					
Z)	CAUSE (Disease or injury	C. DUE TO COR AS	A CONSEQUENCE OF):					
Ē	that initiated avants resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE OF):					
CE		d						<u> </u>
AL	PART II. Other aignificant condition	s contributing to death	but not resulting in the	underlying cause g	iven in Part	i. 24a. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
음						1 TYES 2		COMPLETION OF CAUSE OF DEATH?
ME								1 - YES 2 [X] NO
A.	DID TOBACCO USE CONTI	RIBUTE TO CAUSE			ERTAIN &			
S	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 [X] YES 2 \(\text{\subset}\) NO	HOSPITAL:		HER:				
PHYSICIAN: MEDIC	27. MANNER OF DEATH	1 ☐ Inpatiant 2 ☐ ER/Ou 28a. DATE OF INJURY	I To a local line of the local	Nursing Home 5 X Ra 28c, INJURY AT		Other (Specify) DESCRIBE HOW I	N HIRY OCCUR	ED.
Y	1 🔀 Natural 5 Pending	(Month, Day, Year)	INJURY	WORK?		. DEQUINDE MONT	NOONT OCCOM	20
D BY	2 Accident Investigation 3 Suicida 8 Could not be	28a. PLACE OF INJUR	RY — At home, farm, street,			LOCATION (Street a	and Number or I	Rural Route Number,
E	4 Homicide detarmined	bunding, atc. (Sp	юслу)			City or Town, State)		
P.	29a. CERTIFIER 1 CERTIFYING PHYSIC	CIAN: To the best of my kno	wledge, death occurred at	he time, data and place,	and due to th	e cause(a) and mer	nner as stated.	
COMPLETED								nuse(s) and manner as stated.
BE C	296. SIGNATURE AND TITLE OF CERTIFIE			29c. LICE	NSE NUMBER		29d. DATE SI	GNED (Month, Day, Year)
TO B	dol T	1 culis	ركس -	D	08546		Nove	mber 7, 1994
F	30. NAME AND ADDRESS OF PERSON WHO							
	John F. Tauber,		Visconsin A	renue, Bet	hesda,	Marylan	d 208	14
	31. DATE FILED (Month, Day, Year)	32. BEGISTRAR'S SIG	NATURE SON-Randell					
	1101 1 0 1334	1 and wall	101					



BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 687604

TO THE MOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. Fours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

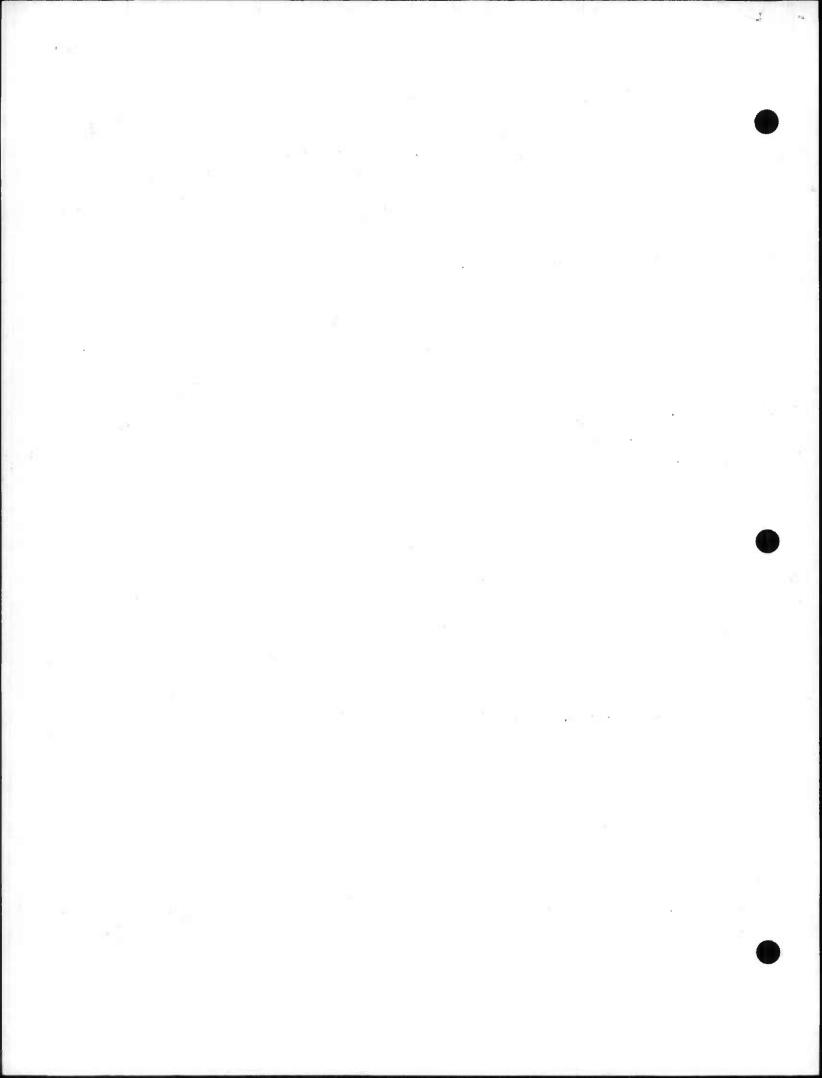
	REGISTRAR		CERTIFI	CATE C	F DEATH	REG. N	O.			
Ŋ	1. DECEOENT'S NAME (First, Middle, Last) WILL/AM	HENRY	WESP			2. DATE OF DEATH WONTH	2 /	XEAR 4	TIME OF DEA	TN A M
-	4. SOCIAL SECURITY NUMBER 125-07-9860	1 🔏 M 2 🗆 F	AGE (In yrs. lest birthday) _ 75 YRS.	IF UNDER 1 YEA		7. DATE OF BIRTH (Month, Day, Year) AUG. 13,1	919	Country)	CE (State or F	300
TOR	90. FACILITY NAME (If not institution, give a MONTGOMERY GENERA RESIDENCE OF DECEDENT			b. CITY, TOWN OR LOCATION OF GEATH			9c. COUNTY OF DEATH MONTGOMERY			
DIRECTOR	MARYLAND MONTG		100	NEY	CATION			10d. INSIDE CITY LIMITS? 1 □ YES 2 ☑ NO		
FUNERAL	3504 KING WILLIAM	DRIVE BO	X 136		101. ZIP CODE 20830			109. CITIZEN OF WHAT COUNTRY? UNITED STATES		
à l	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EV FORCES? 1 X IF YES, GIVE WAR O	YES 2 NO	If yes	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—if yes, specify Cuban, Maxican, Puarto Rican, etc.) 1 YES 2 NO Specify: LIH T T					ilen,
	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	16a. DECEDENT'S L	JSUAL OCCUP	ATION most of working	16b. KIND OF E	USINESS/IND		1 E	- 1
COMPLETED	Elementary/Secondery (0-12)	College (1-4 or 5+)	PERSONNE			UNITED	STATE	S GOV	ERNMEI	NT
BE CO	17. FATNER'S NAME (First, Middle, Last) WILLIAM HENRY	WESP			16. MOTHER'S NA HELEN	AME (First, Middle, Maid ESTELLE	PHELA	N		
2	FLORENCE K. WES	P	SAME A	S # 10	net and Number or Rural	Route Number, City or 1	own, State, Zip	Code)		
	20a_METHOD OF OISPOSITION 1	oval from Stata	206. PLACE AND DATE OF	FOISPOSITION	(Name of TERY		OCATION — C			
	21. SIGNATURE OF FUNERAL SERVICE LIC	Barke		MUR I	EL H. BAR BOX 5038 L	BER FUNER AYTONSVII	AL HOM	E 20	882 D	
ATION	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, shock, or heart fallura. List only one cause on each line. Approximate interval Batween Onset and Death DAYS But TO (OR AS A CONSEQUENCE OF): CHRO NIC ORSTRUCTURE PUNCENTARY DISEASE OUE TO (OR AS A CONSEQUENCE OF): CHRO NIC ORSTRUCTURE PUNCENTARY DISEASE OUE TO (OR AS A CONSEQUENCE OF): CAUSE (Disease or Injury)									
CERTIFICATION	that initiated events resulting in death) LAST									
MEDICAL	PART II. Other algnificant condition						IN AUTOPSY ORMED?	CD OF	RE AUTOPSY INTERPRETARIES IN THE PRIOR DEATH?	R TO CAUSE
Z.	DID TOBACCO USE	CONTRIBUTE	TO CAUSE OF	DEATH	YES N	0 🗆				
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	. PLACE OF DEATH (C/					
PHY	1 VES 2 NO 27. MANNER OF DEATH 1 NO Natural 5 Pending	28a. DATE OF INJU	IRY 28b. TIME	OF 28c.	INJURY AT WORK? YES 2 NO	8 Other (Specify) 28d. DESCRIBE NOV	INJURY OCC	URED		\dashv
TED BY	2 Accident Investigation 3 Suicide 8 Could not be datarmined	28a. PLACE OF IN- building, atc.	IURY — At home, ferm, at (Specify)			281. LOCATION (Stree City or Town, Sta	t and Number	or Aurel Route	Number,	
COMPLETE			nowledge, death occurred						d manner aa	stated.
O BE C	296. SIGNATURE AND TITLE OF DEPOPEE	rales 1	10		29c. LICENSE NUMBER 29d. DATE			SIGNEO (NO	2, 19	94
	30. NAME AND ADDRESS OF PERSON WN ALAN & CHANA	LEP 1521	5 SHADY	Print) GROV	E RO RE	CKULE	MO	208	co .	
	31. DATE FILED MONTH, Day, Your Day HealsTRAN'S SIGNATURE June Day doon fandell									

7 7 . .

Τ.

_	
	,
0	
7	
Φ	
~	
2	
w.	
Φ	
BOX 68760	
_	
\circ	1
~	
ш	
-	ı
0	3
\cup	
Τ,	
Λ.	
	ľ
85	
10	٠
9,	
\Box	
_	
ш.	
^	,
\circ	
15	
$\mathbf{\circ}$	
lı I	
<u> </u>	
-	
4	
	ı
_	
-	i
_	1
	ĺ
<u> </u>	i
\sim	i
\sim	i
_	1
2	
_	į
	ľ
	ľ
0	i
00	i
	ł
>	ľ
-	1
	1
DIVISION OF VITAL RECORDS, P.O. I	
	į
	ļ
	1
	1

	1 - FOR STATE REGISTRAR	STATE OF MARYL		TMENT OF		MENTAL HYGIEN REG. NO			
4	1. DECEDENT'S NAME (First, Middle, Last DONALD L.	WASSMANI	7			2. DATE OF DEATH DO THE PROPERTY OF THE PROPER		3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER 202–16–5759	t M 2 🗆 F	in yrs. lest birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Dey, Year) Aug. 10, 1	Le But	THPLACE (State or Foreign (Intry)	
TOR	9a. FACILITY NAME (If not institution, give Howard County Ger RESIDENCE OF DECEDENT		1		or location of of Lumbia	ATH	9c. COUNTY OF	d County	
DIRECTOR	10a. STATE 10b. COUN	ard County		n town on Local	TION			10d. INSIDE CITY LIMITS? 1 YES 2 1 NO	
FUNERAL	100. STREET AND NUMBER 5822 Wyndham Cin	rcle # 105		10	M. ZIP CODE 21044	-	F WHAT COUNTRY?		
BY FUN	II I I I I I I I I I I I I I I I I I I							14. RACE — American Indian, Black, Whita, etc. Specify: White	
LETED	15. DECEDENT'S ED (Specify only highest grad Elementary/Secondary (0-12)	de completed) College (1-4 pr 5+)	18a. DECEDENT'S (Give kind of v life. Do NOT us Deputy	vork done during m e retired.)	ing most of working			n Aging	
E COMPL	17. FATHER'S NAME (First, Middle, Last) Milton	L. Wassmann			16. MOTHER'S NA	ME (First, Middle, Melden oris Burdi	Surname)	II Aging	
TO B	tom. INFORMANT'S NAME (Type/Print) 19bit Progress (Street and Number or Rural Route Number, City or Town, State, Zip Code) Ms. Katharine Bliss Wassmann 5822 Wyndham Circle, Columbia, MD 21044								
	20a. METHOD OF DISPOSITION 1 Buriel 2 Disposition 3 Removal from State 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 20b. PLACE AND DATE OF DISPOSITION (Name of carried by or other place) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY								
	23. PADVI. Enter the diseases, or shock, or heart fallurs	r complications that caused	M00535 I the death. Do r	Ellic	cott City	Home, P.A., Maryland	21043	Approximate interval Between	
	IMMEDIATE CAUSE (Finel disease or condition resulting in death) RESPIRA TORY FAILURE DUE TO (OR AS A CONSEQUENCE OF):							Onset and Da	
ATION	Sequentielly list conditions, If any, leading to immediate cause. Enter UNDERLYING							10 YEAR	
CERTIFICATION	CAUSE (Disease or Injury that initiated events resulting in death) LAST	or Injury of the Due to (OR AS A CONSEQUENCE OF):							
EDICAL C	PART II. Other significent condition	one contributing to death b	ut not resulting	n the underlyin	g ceuse given in	PERFOR	IMED?	4b. WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUSI OF DEATH?	
Σ	E								
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	etlent 3 🗆 DOA	OTHER:	LACE OF DEATH (Chi				
ву РН	27. MANNER OF DEATH 1 A. Netural 5 Pending 2 Accident Investigation			M t	JURY AT ORK? YES 2 NO	28d. DESCRIBE HOW I	NJURY OCCURED		
ETED	3 Suicide 8 Could not be 4 Homicide determined	building, etc. (Spec	ify)	tarm, street, factory, offica 26t. LOCATION (Street and Number or Rural Route Number, City or Town, State)					
COMPL	one) 2 MEDICAL EXAMIP	SICIAN: To the best of my know NER: On the beals of examination						e(a) and manner as stated	
TO BE	29b. SIGNATURE AND TITLE OF CERTIFICATION OF THE SIGNATURE AND ADDRESS OF PERSON W	to house	OFFICER	0	29c. LICENSE NUN	1BER 5274	29d, DATE SIGN	ED (Month, Day, Year)	
	CHO CHO, MD . C	Ch HOWARD O	COUNTY	GENER	eal Hosp	THE, COLO	MB:A	MD 21044	
	Nov 1 4 1	994 Jelia Sta	oleer Rards	4					



\triangleleft	
7	
$\overline{}$	
2	
=	
Q,	
MAR	
en-	
ш	
œ	
_	
MOR	
ē	
2	
_	
⊢.	
_	
BAL	
4	
8	
	١
0	
6876	
$\bar{}$	
m	
76	
_	
×	
BOX	
U	
m	
_	
<u>~</u> :	
P.0	
۵,	
Š	
~	

ND 21215-0020

permit. Pages 1, 2, 3 should use as the burial-transit the hospital or attending physician. and completely filled in by the funeral director, page 5 should be detached for 3 Page 6 may be retained pe the medical examiner cremation, or removal. event, prior to burial, traumatic TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traum DR ATTENDING PHYSICIAN: The law 10

at

notified

must

BE

2

DANIEL

H H B

2 2 3

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH 0300 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year) IF UNDER 1 YEAR IF UNDER 24 HRS. (Month, Day, Year)
MARCH 22 DAYS HOURS 505-38-8016 1 M 2 F YRS. NEBRASKA 9e. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH RECTOR SUBURBAN HOSPITAL MONTGOMERY BETHESDA RESIDENCE OF DECEDENT 10e STATE 10h COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? ā W. VA. KANAWAH CHARLESTON 1 X YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 1594 NOTTINGHAM RD. 25314 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No—If yes, specify Cuben, Mexican, Puerto Ricen, etc.) 14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 1 Never Merried 2 Merried Specify: WHITE ВY 1 YES 2 NO Specify 3 Widowed 4 Divorced ETED 15. OECEOENT'S EDUCATION 18e. OECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade co College (1-4 or 5+) Elementary/Secondary (0-12) COMPL 4 HOMEMAKER AT HOME 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) SAMUEL ZIMMERMAN ANNA HEIZER 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADORESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 9 KAREN L. FARRAGUT AVE., HOFFMAN 1705 ROCKVILLE, MD. 20851 20e. METHOD OF DISPOSITION
1 □ Burlel 2 ☒ Cremetion 3 □ Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION - City or Town, State CHAMBERS CREMATORY 4 Donation 8 Other (Specify) RIVERDALE. MD. 21. SIGNATURE OF FUNERAL SERVICE LICENSE 22. NAME AND AODRESS OF FACILITY 20910 M00091 W. W. CHAMBERS CO. INC., SILVER SPRING, MD. 23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory screet, Approximate ahock, or haart fallura. List only one cause on each line intarvai Between IMMEDIATE CAUSE (Final disease or condition resulting in death) OUR AS A CONSEQUENCE OF: 5 Mois CERTIFICATION Sequantially list conditions, QUE TO (OR AS A CONSEQUENCE OF) if any, laading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events reaulting in death) LAST PART ii. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part i. PHYSICIAN: MEDICAL 24b. WERE AUTOPSY FINDINGS 24a. WAS AN AUTOPSY PERFORMED? AMAIL ARLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 - YES 2 NO 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES 🗷 NO 🗌 UNCERTAIN 🗆 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) 1 YES 2 NO 1 Ninpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending 1 YES 2 NO ВҰ 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be COMPLETED 4 Homicide determined 1 XCERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(s) end menner ee stated. (Check only one) 2 MEDICAL EXAMINER: On the basis of exemination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the ceuse(e) end manner ee stated 296. SIGNATURE AND TITLE OF CHINESEE

31. DATE FILED (Month Day, Mar) 1994 32 MEGISTRAR'S SIGNATURE Julia Sandson-Randall DHMH-18 Rev 1/89

MIS

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

DOC

ROSENBUM, MD

29c. LICENSE NUMBER

DO 4766

10400 COUNECTEUT AU 606 KENSINGTON

29d. DATE SIGNED (Month, Day, Year)

MD

194

20895

D 11/16

• 7 1

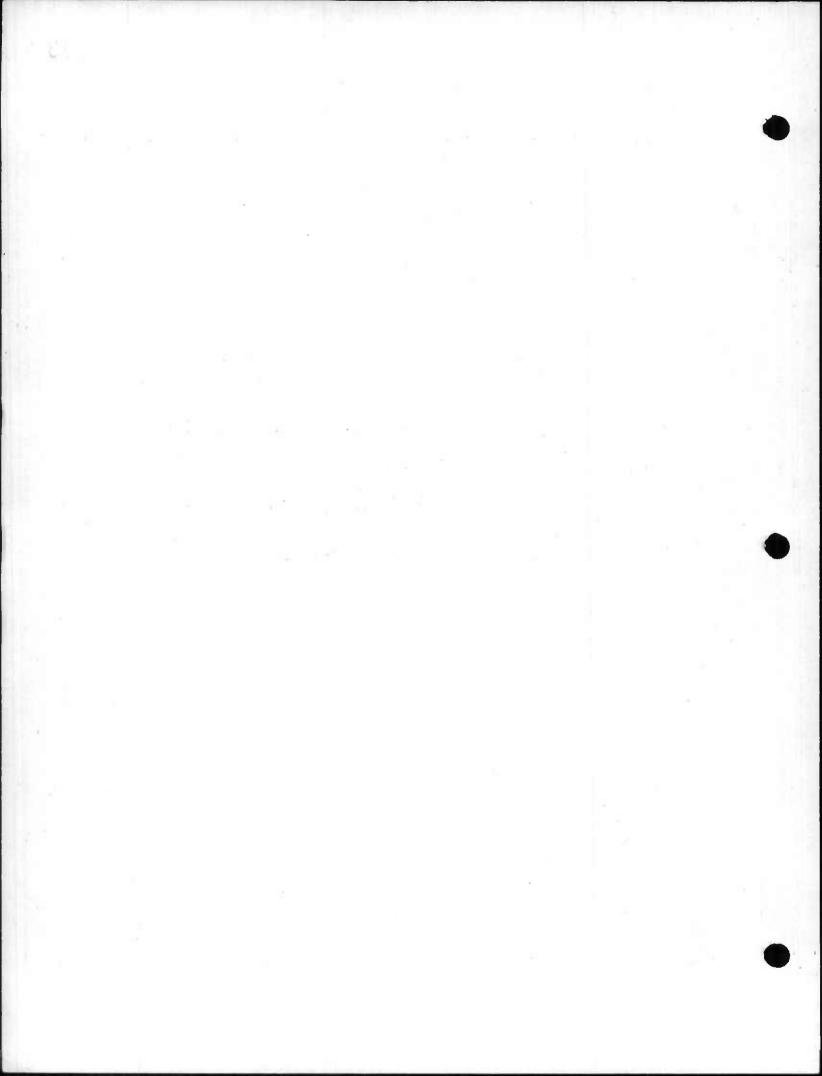
	0	9	TeCT TeCT	Ē
	BALTIMO	Se.	a G	ner
	5	ath.	ner	E
	M M	or de	るる	e ex
	Table .	afte	DY T	ica
		Sus	, E 2	ned
			Filled on, o	9
	V	E	ely natio	=
	é	Will	cres	Ven
	4	nted	na la	9 3
	5	BOOGC	and o	nat
	×	2	cian for t	30
	80	cate	e pr	10
	-	ertife	gien	\$
	0	5	endi Hy	6
	-	dea	e att	5
	S	the	S P	重
	Œ	that	h ar	ji
	8	res	signe	2
	M	nba.	De F	9
	DIVISION OF VITAL RECORDS, P.O. BOX 13146,	AR.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral direct be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	MPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner mi
	A	he	e Pa	E
	E	N.	Stal	=
	>	SICE	the	0
	Ö	*	With	ke
	Z	9	ter tath	Had
	0	2	A. A.	.00
	5	ij	B #	28
	\leq	8	DIRE	Te m
	المينا	A	AZ I	=
		ldS(NE P	Ë
		主	F F	FE
		王	王章	입
		12	무 3	3
	A (O TO THE HOSPITAL OR ATTENDING PAYSICIAN: The law requires that the death certificate be executed within Security after death. Page 6		
0	1			- 1
	_			-
				L

NOV 1 8 1994

32 REGISTRAR'S SIGNATURE
Julia Davidson-Randalle

	1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MERCHANT OF DEATH	MENTAL HYGIENE REG. NO.					
	1. DECEDENT'S NAME (First, Middle, Lest) A) Ce L. Wolbach	2. DATE OF DEATH DAY. 1999 3. TIME OF DEATH OF DEATH					
100	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. leel birthdey) 1F UNDER 1 YEAR IF UNDER 24 HRS. WONTHS DAYS HOURS MIN. 9e. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DE	7. DATE OF BIRTH (Month, Dey, Year) (Month, Dey, Year) B. BIRTHPLACE (State or Foreign Country) Utah ATH 9c. COUNTY OF DEATH					
TOR	15107 Interlachen Drive	sing Mont. Co.					
DIRECTOR	Md, Mont, Co. 10c. CITY, TOWN OR LOCATION STATE Spr. 17	10d. INSIDE CITY LIMITS? 1 X YES 2 \(\square\) NO					
FUNERAL	10. STREET AND NUMBER 15/07 In ter 9 Chen 2090 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPAN	10g. CITIZEN OF WHAT COUNTRY?					
ВУ	11. MARNITAL STATUS 1 Never Married 2 Merried 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECEDENT OF HISPAN 14. YES 2 NO 15. WAS DECEDENT OF HISPAN 16. Yes, specify Cuben, Mexicoet 16. YES, GIVE WAR OR DATES 17. WAS DECEDENT OF HISPAN 18. YES, SPECIFY Cuben, Mexicoet 19. YES 2 NO 11. YES 2 NO 11. YES 2 NO 11. YES 2 NO 11. YES 2 NO 11. YES 2 NO 12. WAS DECENDENT OF HISPAN 13. WAS DECENDENT OF HISPAN 14. YES 2 NO 15. YES 2 NO 16. YES 2 NO 17. YES 2 NO 18. YES 2 NO 19. YES 2 NO 1	n, Puerto Rican, etc.) Black, White, etc.					
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementery/Secondery (0-12) College (1-4 or 5+) +5 Nurse	Medicine/Nursing					
OMI		ME (First, Middle, Maiden Surneme)					
BE C	Caleb Albert Pickett Rachel	Gray					
TO B	19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural F						
-		Silver Spring, MD 20905					
	20e. METHOD OF DISPOSITION [ABuriel 2 Cremetion 3 Removed from State] 20b. PLACE OF DISPOSITION (Name of cometery, crematory or other place) Parklawn Memorial Park 11/19/94 Rockville, MD						
	22. NAME AND ADDRESS OF FA	CILITY					
	23. FART i. Enter the diseases, or complications that caused the daeth. Do not enter the mode of dying, auci ehock, or haert fallure. List only one cause on each line. IMMEDIATE CAUSE (Fine)	h as cardiac or respiretory errest, Approximate interval Between Onset and Death					
	disease or condition resulting in death) a. Mocardia Infarction DUE TO (OR AS A CONSEQUENCE OF):	minutes					
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury						
ERTIFI	that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF):						
	PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in	PERFORMED? AVAILABLE PRIOR TO COMPLETION OF CAUSE					
PHYSICIAN: MEDICA		OF DEATH?					
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	eck only one)					
YSI	1 U YES 2 NO 1 Inpetient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence	6 Other (Specify)					
ву РН	27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 26b. TIME OF INJURY WORK? 1 YES 2 NO	20d. DEȘCRIBE HOW INJURY OCCURED					
	3 Suicide 6 Could not be 4 Homicide determined 28s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)	28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)					
COMPLETED	29e. CERTIFIER (Check only one) 2						
TO BE C	29b. SIGNATURE AND TYTLE OF CERTIFIER 29c. LICENSE NUR D 4320	ABER 29d. DATE SIGNED (Month, Day, Year)					
ř	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 2D (Type, Print)	& BIVE Silve Spring, IND					

DHMH-16 Rev 1/89



	١
,	•
0	į
Ø	
N-	
ထ	
Ö	
P.O. BOX 68760	
×	
\cap	
\simeq	
ш	
_ •	
0	
α.	
-	
S	
\cap	
=	
4	
0	
()	
Ц.	
1	
7	
-	
\vdash	
_	į
	i
1	i
0	Ì
_	ì
7	The second second second
=	1
Ų	i
-0	i
11	ì
5	
VIVISION OF VITAL RECORDS, I	-
-	ı

Home Funera FOR STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 CERTIFICATE OF DEATH REGISTRAR REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH 3. TIME OF DEATH AKA Betty E. Widmayer YEAR Emma Elizabeth Widmayer 10:00 PM 15,1994 November 4. SOCIAL SECURITY NUMBER 5. SEX 7. DATE OF BIRTH 1922 BIRTHPLACE (State or Foreign Country) 8. AGE (In yrs. last birthday) __ IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS 1 🗌 M 2 😾 F YRS. 577-20-5519 December 12, Washington, D.C. permit. Pages 1, 2, 3 should 9e. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 10006 Brookmoor Drive Silver Spring Montgomery 10a STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Montgomery Silver Spring 1 - YES 2 X NO FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? burial-transit 10006 Brookmoor Drive 20901 U.S.A. the hospital or attending physician. 12. WAS DECEDENT EYER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☑ NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-11. MARITAL STATUS 14. RACE — American Indian, Black, White, etc. It yes, specify Cuban, Mexicen, Puerto Ricen, etc.)

1 YES 2 NO Specify: 1 Never Married 2 📉 Married ВҮ Specify: filled in by the funeral director, page 5 should be detached for use as the lon, or removal. 3 Widowed 4 Divorced White COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade completed) ring most of working (Give kind of work done life. Do NOT use retired.) Elamentary/Secondery (0-12) College (1-4 or 5+) 12 Secretary Education once. 17, FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surneme) ä Page 6 may be retained by Elmo C. Tolson BE Florence Headley notified 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Lincoln S. Widmayer 10006 Brookmoor Drive Silver Spring,MD 20901 BALTIMORE, pe 20a. METHOD OF DISPOSITION 1 Burial 2 Cremetion 3 Removal from Stata
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State Must Fort Lincoln Cemetery 11/18/94 Brentwood, Maryland Donation 5 - Other (Specify) examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSE 22. NAME AND ADDRESS OF FACILITY
Francis J. Collins Funeral Home, Inc. within a nours after death. 500 University Blvd.,W. Sil.Spr.,MD 20901 medicai 23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, Approximata ahock, or haart failure. List only one cause on each line. Interval Between IMMEDIATE CAUSE (Final Onsat and Daath the disease or condition cremation. Ary vom a PANCROMIL completely nno event, resulting in death) DUE TO (OR AS A CONSEQUENCE OF): and com executed other traumatic MEDICAL CERTIFICATION Sequantially list conditiona, DUE TO (OR AS A CONSEQUENCE OF): prior to If any, leading to immediate cause. Enter UNDERLYING attending physician intal Hygiene prior to å CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated eventa resulting in death) LAST 0 the atten Mental h Injury. PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS Health and AVAILABLE PRIOR TO COMPLETION OF CAUSE any 1 TES 25 NO OF DEATH? shows 1 - YES 2 - NO been : DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES \(\Boxed{1}\) NO \(\overline{\pi} \) UNCERTAIN \(\Boxed{1}\) PHYSICIAN: has be Dept. 23 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) Hem certificate h OTHER: 1 TES 2 NO Inpetient 2 ER/Outpetient 3 DOA 4 - Nursing Home 5 Sesidence 8 - Other (Specify) 0 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? this ce 28d, DESCRIBE HOW INJURY OCCURED is marked, 1 Olatural 5 Pending 1 YES 2 NO BY DIRECTOR: After the hours after death item 28 is mari 2 Accident ATTENDING 28e. PLACE OF INJURY — At home, farm, street, fectory, office building, etc. (Specify) 3 Suicide 28t, LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be COMPLETED 4 Homicide hours 29e. CERTIFIER 1 SERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, end due to the cause(s) end manner as stated. (Check only FUNERAL Within 72 h MPORTANT: 11 2 MEDICAL EXAMI On the basis of examination end/or investigation, in my opinion, death occured at the time, data end place, end due to the cause(s) end manner as stated. 290. SIGNATO ND TITLE OF CERT 29d. DATE SIGNED (Morth, Day, Year) BE 29c. LICENSE NUMBER mi 를 돌 달 D29675 223 2 WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Ralph V. Boccia, M.D. 14808 Physicians Lane Rockville, MD 20850 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE

whia Davidson-Randell

8

DHMH-16 Rev 1/89

Ó	
4.00	
N-	
8	
89	
~	
0	
BOX	
_	
P.0	
Y	
0	
_	
S	
$\ddot{\sim}$	
브	
ш	
0	
ŏ	
\sim	
=	
Œ	
OF VITAL RECORDS, P	
d	
_	
>	
11	
Ö	
\cup	
7	
=	
<u> </u>	
(0	
-	
>	

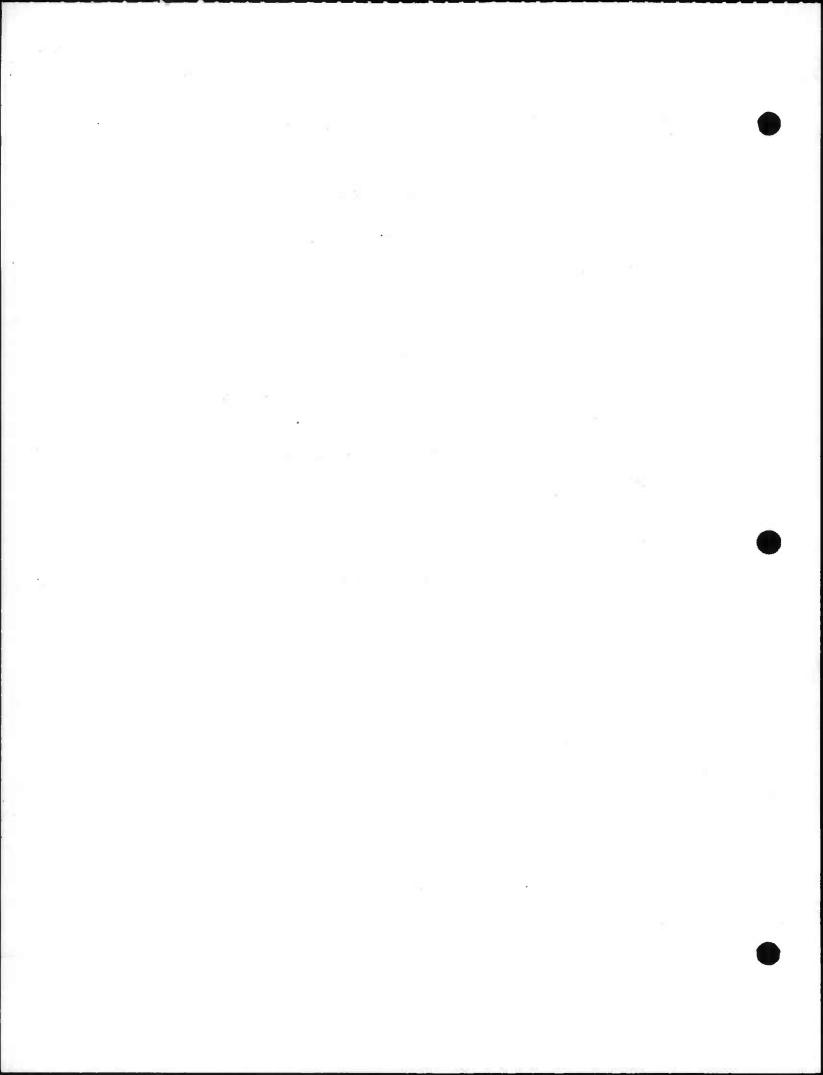
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Physiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
CERTIFICATE OF DEATH	REG NO

	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTI	MENT OF H	EALTH AND M DEATH	ENTAL HYGIEN REG. NO.		
	1. DECEOENT'S NAME (First, Middle, Last)	1-1-1	1	11-11	2 -	2. DATE OF DEATH	AY . YEAR	3. TIME OF DEATN
	JONATHAN V	chae s. SEX S. AGE	<u></u>	77419	61	November 1		1012
	069-36-1032	12□ F 47	M.	ONTHS DAYS	HOURS MIN.	7. DATE OF BIRTN (Month, Day, Year) DEC. 4, 19	Cou	MNPLACE (State or Foreign Intry) Vew York
oc.	9a. FACILITY NAME (If not institution, give str		1		R LOCATION OF DEA		9c. COUNTY OF	
OT	Shady Grove Hospita	31 9901 Med1	.cal Ctr.	Rockvil	le		Montgo	omery
DIRECTOR	10a. STATE 10b. COUNTY		10c. CITY, 1	TOWN OR LOCATI	ON			10d. INSIDE CITY LIMITS?
1 1	Md. Montgo	omery	Nor	th Potor				1 X YES 2 NO
FUNERAL				101.	ZIP CODE		10g. CITIZEN OF	WHAT COUNTRY?
N S	26 Rich Branch Cou	12. WAS DECEDENT EVER I	N U.S. ARMEO	13. WAS DECE	20878	ORIGIN? (Specify Yea	USA 14 PA	CE — American Indian.
BY FI	1 Never Married 2 Married	FORCES? 1 YES	2 X NO	If yes, spe	cify Cuban, Maxican, 2 NO Specify		Bir	ochy: White
ED B	3 Widowed 4 Divorced			1				
ETE	15. DECEDENT'S EDUCA (Specify only highest grade of Elementary/Secondary (0-12)	completed)	16a. DECEDENT'S US (Give kind of work life, Do NOT use n	k done during mos	N t of working	16b. KINO OF BUS	SINESS/INDUSTRY	
ם	Elementary/Secondary (U-12)	College (1-4 or 5+) 5+	Sales	S		Compute	ers	
COMPLET	17. FATNER'S NAME (First, Middle, Last)				18. MOTNER'S NAME	E (First, Middle, Maiden		
BE	Israel Walder				Gertrude	Teig Wald	der	
6	19a. INFORMANT'S NAME (Type/Print) Linda Walder					ute Number, City or Town		
	20a. METNOO OF DISPOSITION	201	20 RICE			Potomac, N	Md. 2087 CATION — City or	
	1X Burial 2 ☐ Cremation 3 ☐ Remove 4 ☐ Donation 5 ☐ Other (Specify)	val from Stata Cen	natery, crematory or other udean Memo	r plece) Orial Ga	ardens 11	+14 O1ne	ey, Md.	Iown, Stata
	21. SIGNATURE OF FUNERAL SERVE LICE	NSEE		22. NAME AND	ADDRESS OF FACIL	LITY		
	> Chullen					neral Dire Md. Rocks		Iro
	23. PART I. Enter the diseeses, or co	omplications that cause	d the deeth. Do not	enter the mod	le of dying, euch	as cardiec or respin	ratory arrest,	Approximate
	shock, or heart feilure. L IMMEDIATE CAUSE (Finei							Interval Between Onset end Deeth
	disesse or condition resulting in death)	LIVER FA	(LURE					IWEEK
z		CHRONIC A	THE HEL	DATITIC	A MUTTE	1 PIDDGENS	:/6	8-9 YKADE
CERTIFICATION	Sequentielly list conditions, if sny, leading to immediate	DUE TO (OR AS A	CONSEQUENCE OF):	((()	3 60411	CIRPLIC	2 C)	7,07,23
ICA	CAUSE (Disease or Injury	DUE TO 100 AS	- CONSTRUCT OF					
RTIE	that initisted events resulting in deeth) LAST	DOE TO (OH AS A	CONSEQUENCE OF):					
	d.							
CAL	PART II. Other significent conditions ADENOCARCINO	MA OF THE		the underlying	ceuse given in Pa	ert i. 24a. WAS AN A PERFOR		Ib. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
PHYSICIAN: MEDIC	rase None Choo	MIN OF COR	LIVEK			1 YES 2	DINO	OF DEATH?
4: M	DID TOBACCO USE CONTRI	IBUTE TO CAUSE C	E DEATH YES	□ NO M	UNCERTAIN	_		1 TYES 2 NO
SIA	25. WAS CASE REFERRED TO MEDICAL		26. PLACE OF DEATN		ONCERIAIN			
YSIG	1 TYES 2 NO	HOSPITAL: Inpetient 2 - ER/Outp		THER: Nursing Noma	5 Realdence 6	Other (Specify)		
	27. MANNER OF DEATH 1 Netural 5 Pending	(Month, Day, Year)	26b. TIME O	Y WOR	K?	6d. DESCRIBE NOW IN	JURY OCCURED	
BY	2 Accident Investigation	28a. PLACE OF INJURY	— At home form stre		S 2 NO	MALLOCATION (Communication)	-111 -1 - 0	
COMPLETED	4 Nomicide 6 Could not be determined	building, atc. (Spec	city)	et, tactory, office	1	26f. LOCATION (Street as City or Town, State)	nd Number or Rura	l Route Number,
PLE	29a. CERTIFIER (Check only 1 CERTIFYING PHYSICI	IAN: To the best of my know	ledge, death occurred s	at the time, data a	and place, and due to	the cause(a) and man	ner as eteled	
MO.		On the basis of exemination						(a) and menner as stated.
шШ	290. SIGNATURE AND TITLE OF CERTIFIER				290 LICENSE NUMB	ER	29d. DATE SIGNE	ED (Month, Day, Year)
TO B	James 4.181	seon Mil			JU 728	1	· 11/1	3/94
	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type Pri	int)	1/11-1	0	1115	0000
	31. DATE FILED (Month, Day, Year)	32. REGISTRAPIS SIGN	ATURES A TH	XZCCAN	1 LANE	CUCKVILLE	M1) 2	2010
	NUV 1 4 1994	32. REGISTRADES SIGN	m-Handell					*



REG. NO.

FOR

1 -

STATE REGISTRAR

_	
_	
-	
0	
92	
~	
00	
9289	
~	
~	
\sim	
BOX	
—	
<u> </u>	
0	
<u>q.</u>	
٥.	
40	
S	
\cap	
-	
RECORDS	
$\overline{}$	
\circ	
()	
ш	
OF.	
/ITAL	
-	
Q.	
_	
_	
~	
1.0	
4	
\circ	
_	
7	
\circ	
\simeq	
76	
U)	
INISION OF	
_	
\Box	
_	

1. DECEOENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH WILKERSON YEAR 110L 6:45 P 94 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH AUG. 2, 1897 IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 578-32-9266 97 1 M 2 X F DAYS HOURS MISSOUR I YRS. use as the burial-transit permit. Pages 1, 2, 3 should FRIENDS NURSING HOME 96. CITY, TOWN OR LOCATION OF DEATH SANDY SPRING 9c. COUNTY OF DEATH MONTGOMERY DIRECTOR RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MD. MONTGOMERY BETHESDA 1 XYES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10a. CITIZEN OF WHAT COUNTRY? 9528 LINDEN AVENUE 20814 UNITED STATES within 24 nours after death. Page 6 may be retained by the hospital or attending physician. 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN7 (Specify Yes or No—
If yes, specify Cuben, Mexican, Puerto Rican, etc.)
1 YES 2 NO Specify: 12. WAS DECEOENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 14. RACE — American Indien, Black, White, etc. 1 Never Married 2 Merried IF YES, GIVE WAR OR DATES ВҰ Specify: WHITE 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EOUCATION (Specify only highest grade comple 16e. DECEDENT'S USUAL OCCUPATION 18b. KIND OF BUSINESS/INDUSTRY ON Ost of working (Give kind of work done life. Do NOT use retired.) Por Elementary/Secondary (0-12) College (1-4 or 5+) HOMEMAKER detached HOME 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) ULYSS FLACY page 5 should be ह् RUTHA COEN BE notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 WILLIAM H. WILKERSON, JR. 9528 LINDEN AVENUE BETHESDA, MD. 20814 pe 20e. METHOD OF DISPOSITION

1 Burtel 2 Commetted 3 Removat from State
4 Donatton 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State director, p must METROPOLITAN®CREMATORY 11/21 ALEXANDRIA, VA. examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY the funeral MURIEL H. BARBER FUNERAL HOME 20882 P.O.BOX 5038 LAYTONSVILLE, MD medical 23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, filled in by Approximete shock, or heart failure. List only one ceuse on each line. intervel Between IMMEDIATE CAUSE (Finei Alexi Onset and Death DIRECTOR: After this certificate has been signed by the attending physician and completely file hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the disease or condition 200 elone YIS. resulting in deeth) DUE TO (OR AS A CONSEQUENCE OF): executed CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) If eny, leeding to immediate 8 ceuse. Enter UNDERLYING CAUSE (Diseese or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in deeth) LAST PART ii. Other significent conditions contributing to death but not resulting in the underlying cause given in Part i. MEDICAL 24e. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? PERFORMED? 1 - YES 2 - NO 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 28. PLACE OF DEATH (Check only one) HOSPITAL: OTHER 1 TES 2 1 NO 1 Inpatient 2 ER/Outpatient 3 DOA reing Homs 5 - Raeldence 8 - Other (Specify) 28e. DATE OF INJURY (Month, Day, Yeer) 27. MANNER OF DEATH 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Matural 5 Pending 1 YES 2 NO BY Investigation 2 Accident 28e. PLACE OF INJURY — At home, ferm, atreet, factory, office 3 Suicide 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be determined COMPLETED 4 Homicide IMPORTANT: If item HOSPITAL OR 29e. CERTIFIER (Check only 1 (Check only PHYSICIAN: To the beat of my knowledge, death occurred at the time, date end place, end due to the cause(e) end manner se stated. FUNERAL I 2 __ MEDICAL EXAMINER: On the beele of examination end/or investigation, in my opinion, death occurse at the time, date and place, and due to the cause(e) and manner se stated. BE 29d. DATE SIGNED (Month, Day, Year) 黑黑 23 2 WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 3 MCO 32 PREGISTRAR'S SIGNATURE 1994 la Davidson Pandell

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within thous after death. Page 6 may be retained by the hospital or attending physician.

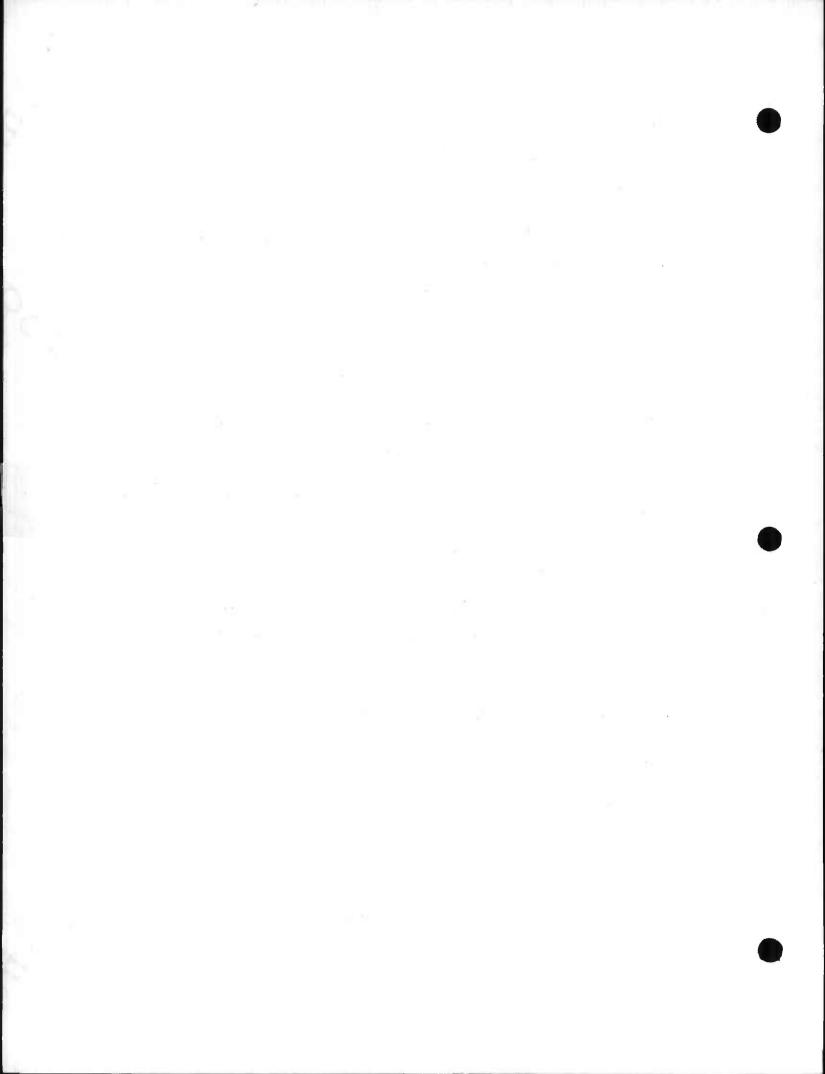
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

FOR 1 - STATE

	REGISTRAR				CENTIL	ICAL		DEATH		REG. NO.			
	1. DECEDENT'S NAME (First									DATE OF DEATH		YEAR	3. TIME OF DEATH
- 4	Albert L.									ovember	12,	1994	9:55 P M
	4. SOCIAL SECURITY NUMBER		5. SEX		rs. last birthdey)	IF UNDE	DAYS	IF UNDER 24 HRS	7.	DATE OF BIRTH (Month, Day, Year)		6. BIRT	HPLACE (State or Foreign
	578-10-5787		1 X M 2 🗆 F		81 YAS.					(Month, Day, Year) ug. 20,	1913	Mar	yland
~	99. FACILITY NAME (If not in		,	_				OR LOCATION OF	OEATH	ı		JNTY OF	
DIRECTOR	Montgomery General Hospital						ney				Mo	ntgo	mery
E E	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY 10c. C						OR LOCA	TION					10d. INSIDE CITY
E I	Maryland	Monte	romerv			lver							LIMITS?
	10e. STREET AND NUMBER		502				-	II. ZIP CODE			10a CIT	TIZEN OF	WHAT COUNTRY?
FUNERAL	15401 Basse	tt Lar	ne. Anart	ment	1 Δ			20906			1		States
Š	11. MARITAL STATUS	Jee .Gar	12. WAS DECEDEN			13.	WAS DE			ORIGIN? (Specify Yea			E — American Indian,
	1 Never Merried 2XX		FORCES? 1 IF YES, GIVE W				If yee, s	Decify Cuban, Men	dcen, P	uarto Rican, atc.)		Blac	k, White, etc.
В	3 Widowed 4 Divo	rced						NATION OF	ochy.			Spec	White
	15. DEC	EDENT'S EDU	CATION completed)	16	e. DECEDENT'S	USUAL C	CCUPATI	ON ost of working		16b. KIND OF BUS	SINESS/IN	DUSTRY	
91	Elementary/Secondery (College (1-4 or 5+		life. Do NOT u	se retired.)	117.00						
MP	12				Electr	ical	Con	tractor		Self-E	mp1o	yed	
COMPLETED	17. FATHER'S NAME (First, M									First, Middle, Maiden	Sumeme)		
BE	Herbert Wri								_	arding			
2	190. INFORMANT'S NAME (Number, City or Tow			
- 1	Virginia L.		ıt	-	1540i	Bas	sett	Lane,	Apt				ing, MD 2090
	20a. METHOD OF DISPOSIT 1 N Burlel 2 □ Cremetic	on 3 🗆 Remo	oval from Stata	cameter	ACE AND DATE by, cramatory or c	ther place,)	ame of	1				own, State
	4 Donation 5 Other 21. SIGNATURE OF SUMERA			Un	ion Cer	nete:	ry				tons	vill	e, Maryland
	21. SIGNATURE OF DENERA	L SERVICE LIE	ENGLE /			H:	ines	NO ADDRESS OF	i F	uneral H	ome.	Tric	
	Uno	mas	Tuse	W		1	1800	New Ha	mps	hire Ave	., S	ilve:	r Spring, MD
	23. PART I. Enter the d	iseeses, or e	omplications the	caused th	e death. Do	not ante	r tha me	ode of dylng, s	uch e	a cerdlec or reapi	ratory a	rreat,	Approximate
	IMMEDIATE CAUSE (FI		case only tolle care	se de aach	i iiiia.								intarval Between Oneet and Death
	disesse or condition resulting in death)	\rightarrow	BESPIA	MOR	Y FA	1641	RE						1248
	A PERSON NAMED AND ADDRESS OF THE PERSON NAMED AND ADDRESS OF												
Z	Sequantially liet condit	ione C	b. Up E TO	MIA									SPAYS
ĔI	If any, laeding to imme	dleta	DUE TO	(OR AS A CO	INSEQUENCE O	F):	1	000	-0.	1			140175
5	CAUSE (Disease or Inju	ing	c. BILATO DUE TO d. ADENO	11/1/2	UNIE	14 141	14	01251	16 16	CHON			1701175
	thet initiated events resulting in deeth) LAS	т	ANENID	CAR	/ A/ A	MA	. /	DE D	000	2002			
CERTIFICATION			d. 17116100	-/////	01100	7117	U		700	/11/-			
	PART II. Other eignifice	ent condition	e contributing to	death but i	not reculting	In the u	ndariyin	g cause givan	In Par	t i. 24a. WAS AN		241	. WERE AUTOPSY FINDINGS
EDICAL										PERFOR			AVAILABLE PRIOR TO COMPLETION OF CAUSE
													OF DEATH? 1 YES 2 NO
N.	DID TOBACC	O USE	CONTRIBUTI	TO C	AUSE O	F DEA	\TH	YES I	10	ial			
PHYSICIAN:	25. WAS CASE REFERRED T							LACE OF DEATH	(Check	only one)		_1_	
Sic	1 YES 2 NO		HOSPITAL:	ER/Outpetie	int 3 🗆 DOA	OTHE 4 - Nu		ne 5 🗆 Reelden	ce 8 🗆	Other (Specify)			
ξI	27. MANNER OF DEATH		28e. DATE OF (Month, D	INJURY	26b. TIR		26c. IN	JURY AT ORK?	_	d. DESCRIBE HOW I	NJURY OC	CCURED	
BY	1 Netural 5 2 Accident	Pending Investigation	(Month, Di	ay, 700/	- 1	M	_	YES 2 NO					
ED B	3 Suicide 6	Could not be	28a. PLACE O	F INJURY atc. (Specify)	At home, farm,	street, fac	tory, offi	Ca	26	f. LOCATION (Street of City or Town, State)	and Numbe	er or Rumi	Route Number,
	4 Homicide	determined		ates (aposiny)						Oily or lowin, state)			
COMPLET	29e, CERTIFIER (Check only	TIFYING PHYSI	CIAN: To the best of	my knowledg	e, death occur	ed at the	time, dat	e end piece, end	due to t	he ceuse/e) end mar	ner ee ats	rted.	
₹													e) end menner ee atated.
	296, SIGNATURE AND TITLE							29c. LICENSE					(Month, Day, Year)
BE	John .	UM	audual	M	9_			107			> /	1-1	3-94
2	30. NAME AND ADDRESS O	PERSON WH	O COMPLETED CAUS	SE DF DEATH	(ITEM 27) (Type	, Print)		// - /	-		/		
	John D. May1		TD 18111	Prince	e Phil:	ip D	r	Suite 3	26.	Olney,	Marv	land	20832
	31. DATE FILED (Month, Day,	_	32 REGISTRA	B'S GONATU	HA CONTINUES	1 3.	,		,		<u>-</u> J		
	MUAT	0 1334	1		•								



E, MARYLAND 21215-0020	
BALTIMORE, A	
4	
BOX 68760,	
Ö	
σ.	
RECORDS,	
F VITAL R	
ON	
SION	
DIVISIO	

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with an outside death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPAR CERTIF	TMENT OF	HEALTH AND I	MENTAL HYGIEN				
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF OEATH		3.	TIME OF OEATH	
3	Ellen Todd White					Nov. 7, 1	994	YEAR	6:45 A. M	
	4. SOCIAL SECURITY NUMBER		'In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		8. BIRTHPL	ACE (State or Foreign	
	213-42-5271	1 M 2 X F	75 YRS.	MONTHS DAYS	HOURS MIN.		1919		ngton, D.C.	
~	9e. FACILITY NAME (If not institution, give st	reet and number)		9b. CITY, TOWN	OR LOCATION OF DE	EATH	9c. COUN	TY OF DEAT	Н	
5	7300 Miller Falls	Road		Derwood	1		Mont	gomer	y	
EC	10e. STATE 10b. COUNTY	,	10c. CIT	Y, TOWN OR LOCA	ITION			10	d. INSIDE CITY	
D	Maryland Montgo	omery	Der	wood				1	LIMITS?	
IAL	10e. STREET AND NUMBER			10	H. ZIP CODE		10g. CITIZ	EN OF WHA	T COUNTRY?	
FUNERAL DIRECTOR	7300 Miller Falls			2	20855		Unite	ed Sta	ates	
FU	11. MARITAL STATUS 1 Never Merried 2 Merried	12. WAS DECEDENT EVER IF FORCES? 1 YES		13. WAS DE	CENDENT OF HISPAN pecify Cuben, Maxica	NIC ORIGIN? (Specify Years, Puerto Ricen, atc.)	s or No—	14. RACE — Black, W	Americen Indien, /hite, etc.	
В	3 X Widowed 4 Divorced	IF YES, GIVE WAR OR D.	ATES	1 🗌 YE	S 2 X NO Specify	y:		Specify:	White	
ED	15. DECEDENT'S EDUC (Specify only highest grade	CATION	16a. DECEDENT'S	USUAL OCCUPATI	ON	16b. KIND OF BL	ISINESS/INDU		WILLE	
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT us	work done during m se retired.)	ost of working					
MP		22	Home Ma	ker		Own Hor				
	17. FATHER'S NAME (First, Middle, Last)	11 7				ME (First, Middle, Maider				
BE	Chapman Coleman To	odd, Jr.	T			ebiger Joh				
2	Diane E. White					Route Number, City or To			7.0	
	204, METHOD OF DISPOSITION	206	PLACE AND DATE	DE DISPOSITION (A)	una of	Gaithersbu	CATION - C			
	1 X Burlet 2 Cremation 3 Ramo	yval from State Cem	netary, crematory or o	ther place)	metery	11/10 Si				
	21. SIGNATURE OF FUNERAL SERVICE LIC	EMEE		22. NAME A	NO ADDRESS OF FA	CILITY		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	5,	
	> ×. 6.7	The			Funeral		1 + h o	. h	, MD 20877	
	23. PART i. Enter the diseases, or c	omplications that cause	the death. Do r	not enter the me	ode of dying, suc	h ea cardiac or reac	iratory arre	at.	Approximate	
	ahock or head failure. I IMMEDIATE CAUSE (Final	Liet only one ceuee on e	ach line.						interval Between Onset and Death	
	disease or condition resulting in deeth)	Emphysema							5 years	
		DUE TO (OR AS A	CONSEQUENCE OF	F):						
NO N	Sequentially list conditions,	DUE TO (OR AS A	CONSEQUENCE OF	D.						
Ϋ́	if any, leeding to immediate ceuse. Enter UNDERLYING	202 10 (011 110 11	OUNGEODENCE OF	· /·					i i	
E	that initieted events	CAUSE (Disease or injury that initiated exacts DUE TO (DR AS A CONSEQUENCE OF):								
	that initieted events resulting in deeth) LAST									
H H		L								
L CERTIFICATION	PART II. Other aignificent conditions	1.	ut not resulting	in the underlyin	g ceuse given in	Pert I. 24a, WAS AP	AUTOPSY	24b. WF	RE AUTOPSY FINDINGS	
AL	PART II. Other significent conditions Recurrent Utering	s contributing to deeth b	ut not resulting	in the underlyin	g ceuse given in	PERFO	RMED?	AW	FRE AUTOPSY FINDINGS AILABLE PRIOR TO MIPLETION OF CAUSE	
AL		s contributing to deeth b	ut not resulting	in the underlyin	g ceuse given in	Pert I. 24a, WAS AF PERFO	RMED?	CO DF	AILABLE PRIOR TO MPLETION OF CAUSE DEATH?	
AL		s contributing to deeth be				PERFO	RMED?	CO DF	AILABLE PRIOR TO IMPLETION OF CAUSE	
AL	Recurrent Uterin	e Cancer		S NO [UNCERTAIN	PERFO	RMED?	CO DF	AILABLE PRIOR TO MPLETION OF CAUSE DEATH?	
AL	Recurrent Uterin	e Cancer	F DEATH YE	S NO [UNCERTAIN	PERFO	RMED?	CO DF	AILABLE PRIOR TO MPLETION OF CAUSE DEATH?	
PHYSICIAN: MEDICAL	Recurrent Uterin	e Cancer RIBUTE TO CAUSE O	F DEATH YE	S NO Control of the C	UNCERTAIN DIST AT AT AT AT AT AT AT AT AT AT AT AT AT	PERFO	RMED?	AW CO	AILABLE PRIOR TO MPLETION OF CAUSE DEATH?	
BY PHYSICIAN: MEDICAL	Recurrent Uterin	EXECUTE TO CAUSE O	F DEATH YE 28. PLACE OF DEAT etlant 3 DOA 28b. TIMI	S NO [H (Check only one) OTHER: 4 Nursing Hon E OF 26c. IN. WY M 1	UNCERTAIN THE S X Raeldence JURY AT JURY AT JURY 2 NO	PERFO 1 YES 8 Other (Specify) 28d. DESCRIBE HOW	RMED? RMED? NO	AW CO OF 1 [AILABLE PRIOR TO MPLETION OF CAUSE DEATH?	
BY PHYSICIAN: MEDICAL	Recurrent Uterin	e Cancer RIBUTE TO CAUSE O HOSPITAL: 1 Inpetient 2 ER/Outp	F DEATH YE 28. PLACE OF DEAT stlant 3 □ DOA 28b. TIMI	S NO [H (Check only one) OTHER: 4 Nursing Hon E OF 26c. IN. WY M 1	UNCERTAIN THE S X Raeldence JURY AT JURY AT JURY 2 NO	PERFO 1 YES:	RMEO? NO INJURY OCCU	AW CO OF 1 [AILABLE PRIOR TO MPLETION OF CAUSE DEATH?	
BY PHYSICIAN: MEDICAL	Recurrent Uterin	e Cancer RIBUTE TO CAUSE O HOSPITAL: Impetient 2 = ER/Outp 28e. DATE OF INJURY (Month, Day, Year) 28e. PLACE OF INJURY building, etc. (Special Property of the Company of the Co	F DEATH YE 28. PLACE OF DEAT stlant 3 □ DOA □ 28b. TIMI INJ — At home, farm, a	S NO C IM (Check only one) OTHER: 4 Nursing Hon E OF 28c. IN. WRY M 1 street, factory, office	UNCERTAIN ne 5 X Raeldenca JURY AT VES 2 NO	8 Other (Specify) 28d. DESCRIBE HOW 281. LOCATION (Street City or Yown, State	RMED? 2 X NO INJURY OCCU	AWO CO OF 1 [AILABLE PRIOR TO MPLETION OF CAUSE DEATH?	
BY PHYSICIAN: MEDICAL	Recurrent Uterin DID TOBACCO USE CONTR 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 NO 27. MANNER OF DEATH 1 X Natural 5 Pending 1 Accident Investigation 3 Suicide 6 Could not be detarmined 29a. CERTIFIER (Check only) 1 X CERTIFYING PHYSIC	EXAMPLE TO CAUSE OF COMMENT OF THE PROPERTY OF	F DEATH YE 28. PLACE OF DEAT stlent 3 DOA 28b. TIMI INJ — At home, farm, a	S NO CTH (Check only one) OTHER: 4 Nursing Hon E OF 28c. IN. WY M 1 street, factory, office	UNCERTAIN The S X Residence JURY AT PRE? YES 2 NO Is and place, and due	8 Other (Specify) 28d. DESCRIBE HOW 28f. LOCATION (Street City or Town, State	INJURY OCCL	AMCOODF 1 [I]	AILABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO Number	
COMPLETED BY PHYSICIAN: MEDICAL	Recurrent Uterin DID TOBACCO USE CONTR 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 NO 27. MANNER OF DEATH 1 X Natural 5 Pending 1 Accident Investigation 3 Suicide 6 Could not be detarmined 29a. CERTIFIER (Check only) 1 X CERTIFYING PHYSIC	RIBUTE TO CAUSE O CANCER RIBUTE TO CAUSE O HOSPITAL: Inpetient 2 ER/Outp 28e. DATE OF INJURY (Month, Day, Year) 28e. PLACE OF INJURY building, etc. (Special Control of the best of my knowledge) Rison the best of examination	F DEATH YE 28. PLACE OF DEAT stlent 3 DOA 28b. TIMI INJ — At home, farm, a	S NO CTH (Check only one) OTHER: 4 Nursing Hon E OF 28c. IN. WY M 1 street, factory, office	UNCERTAIN THE STATE OF THE STA	8 Other (Specify) 28d. DESCRIBE HOW 28f. LOCATION (Street City or Town, State to the cause(s) end ma	INJURY OCCU	AMICO DF 1 [INED IRED ALL ALL ALL ALL ALL ALL ALL ALL ALL A	ALLABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO Number, Number,	
BE COMPLETED BY PHYSICIAN: MEDICAL	Recurrent Uterin	RIBUTE TO CAUSE O CANCER RIBUTE TO CAUSE O HOSPITAL: Inpetient 2 ER/Outp 28e. DATE OF INJURY (Month, Day, Year) 28e. PLACE OF INJURY building, etc. (Special Control of the best of my knowledge) Rison the best of examination	F DEATH YE 28. PLACE OF DEAT stlent 3 DOA 28b. TIMI INJ — At home, farm, a	S NO CTH (Check only one) OTHER: 4 Nursing Hon E OF 28c. IN. WY M 1 street, factory, office	UNCERTAIN THE S X Residence JURY AT PRE? YES 2 NO The state of th	8 Other (Specify) 28d. DESCRIBE HOW 28f. LOCATION (Street City or Town, State to the cause(s) end ma time, date end placa, et	INJURY OCCU	AMCOOPFI	ALLABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO Number, Number, Indian menner ee stated.	
COMPLETED BY PHYSICIAN: MEDICAL	Recurrent Uterin	RIBUTE TO CAUSE O CANCER RIBUTE TO CAUSE O HOSPITAL: Inpetient 2	F DEATH YE 28. PLACE OF DEAT etilent 3 DOA 28b. Tilm inJ —At home, farm, a	FI (Check only one) OTHER: 4 Nursing Hon E OF URY M 1 street, factory, office and at the time, data in, in my opinion, of	UNCERTAIN THE STATE OF THE STA	8 Other (Specify) 28d. DESCRIBE HOW 28f. LOCATION (Street City or Town, State to the cause(s) end ma time, date end placa, et	INJURY OCCU	AMCOOPFI	ALLABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO Number, Number,	
BE COMPLETED BY PHYSICIAN: MEDICAL	Recurrent Utering DID TOBACCO USE CONTR 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 yes 2 NO 27. MANNER OF DEATH 1 X Natural 5 Pending Investigation 3 Suicide 6 Could not be detarmined 29a. CERTIFIER (Check only One) 2 MEDICAL EXAMINER 29b. SIGNATURE AND TITLE OF CERTIFIER	CIAN: To the best of my knowless of examination	F DEATH YE 28. PLACE OF DEAT etlant 3 DOA 28b. TIM INJ At home, farm, a edge, dasth occurre a end/or investigatio	FINO CHER: A Check only one) OTHER: A Chursing Hon E OF 28c. IN. WY I Check only one) Street, factory, office and at the time, data on, in my opinion, of Print)	UNCERTAIN THE STATE OF THE STA	8 Other (Specify) 28d. DESCRIBE HOW 28f. LOCATION (Street City or Town, State to the cause(s) end ma time, date end placa, en	end Number of the total of the total of the No.	JRED JRED	ALLABLE PRIOR TO MPLETION DF CAUSE DEATH? YES 2 NO Number, Number, In Manual Prior Number, Number, 1994	
BE COMPLETED BY PHYSICIAN: MEDICAL	Recurrent Uterin DID TOBACCO USE CONTR 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 X Natural 2 Accident Investigation 3 Suicide 6 Could not be detarmined 29a. CERTIFIER (Check only only 2 MEDICAL EXAMINER 29b. SIGNATURE AND TITLE OF CERTIFIER 3B. NAME AND ADDRESS OF PERSON WHO	CIAN: To the best of my knowless of examination	F DEATH YE 28. PLACE OF DEAT atlant 3 DOA 28b. TIM INJ — At home, farm, a edge, death occurre a end/or investigation ATH (ITEM 27) (Type, 8 Physic	If (Check only one) OTHER: 4 Nursing Hon E OF 28c. IN. WY M 1 Intreet, factory, office and at the time, data n, in my opinion, of Print) ians Lar	UNCERTAIN THE STATE OF THE STA	8 Other (Specify) 28d. DESCRIBE HOW 28f. LOCATION (Street City or Town, State to the cause(s) end ma time, date end placa, en	end Number of the total of the total of the No.	JRED JRED	ALLABLE PRIOR TO MPLETION DF CAUSE DEATH? YES 2 NO Number, Number, In Manual Prior Number, Number, 1994	

BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

permit. Pages 1, 2, 3 should for use as the burial-transit wurs after death. Page 6 may be retained by the hospital or attending physician, in by the funeral director, page 5 should be detached for use as the burial-tran requires that the death certificate be executed with HOSPITAL OR ATTENDING PHYSICIAN; The law

notified pe must medical examiner filled in by the filon, or removal. ŏ completely filled the traumatic event, and com prior to the attending physician Mental Hygiene prior to other t 6 Signed by the any Shows t. of F has be Dept. 23 this certificate h with the State C irked, or Item Item L DIRECTOR: After this cer 2 hours after death with th 1 Nem 28 Is marked, o TO THE HOSPITAL TO THE FUNERAL C DE filed within 72 h DIRECTOR

FUNERAL

BY

COMPLETED

BE

CERTIFICATION

MEDICAL

PHYSICIAN:

BY

COMPLETED

BE

9

Edward N. Wills

IMMEDIATE CAUSE (Final

disease or condition

Sequentially list conditions,

If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury

25. WAS CASE REFERRED TO MEDICAL EXAMINER?

1 YES 2 ND

29b. SIGNATURE AND TITLE OF CERTIFIER

Benack,

31. DATE FILED (Month, Day, Year)

5 Pending

6 Could not be

M.D

resulting in death)

that initiated events resulting in death) LAST

27. MANNER OF DEATH

Accident

Netural Apple

3 Suicide

4 Homicide

20e. METHOD OF DISPOSITION
11/ Burlel 2 Cremation 3 Removal from State
4 Denation 8 Other (Specify)

ahock, or heart fallure. List only one cause on each line.

Chronic Renal Disease. Deabetes Mellitus

HOSPITAL:

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

28a. DATE OF INJURY (Month, Day, Year)

32. REGISTRAR'S SIGNATURE

Julia Davidson Randall

21. SIGNATURE OF FUNERAL BERYICE LICENSEE

1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) MACY Adlee 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 1 M 2 F DAYS HOURS YRS. 577-01-6467 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH Holy Cross Hospital Silver Spring 10e. STATE 10c. CITY, TOWN OR LOCATION Maryland Montgomery Wheaton 10e. STREET AND NUMBER 10f. ZIP CODE 3616 Janet Road 20906 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES TO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—If yes, specify Cuben, Maxican, Puarto Rican, etc.)

1 YES 2 NO Specify: 11. MARITAL STATUS 1 Never Married 2 X Merried 3 Widowed 4 Divorced 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade complete Elementery/Secondary (0-12) College (1-4 or 5+) 12 Homemaker 17. FATHER'S NAME (First, Middle, Last) George H. Bacon Emma S. Deihr 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)

20b. PLACE AND DATE OF DISPOSITION (Name of

ongestive

COROTICE Y HOUE TO (OR AS A CONSEQUENCE OF)

DUE TO (OR AS A CONSEQUENCE OF):

Inpetient 2 ER/Outpetient 3 DOA

28b. TIME OF INJURY

28a. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)

28c. INJURY AT WORK?

4115 Colie Drive Wheaton, Maryland 20906-4465

2 DATE OF DEATH 3. TIME OF DEATH 7. DATE OF BIRTH 1913 8. BIRTHPLACE (State or Foreign August 14 Virginia 9c COUNTY OF BEATH Montgomery 10d. INSIDE CITY 1 YES 2 | NO 10g. CITIZEN OF WHAT COUNTRY? U.S.A. 14. RACE — American Indian, Black, White, atc. Specify: White 16b. KIND OF BUSINESS/INDUSTRY Own Home 16. MOTHER'S NAME (First, Middle, Maiden Surname) 3616 Janet Road Wheaton, Maryland 20906 11/14/94 20c. LOCATION - City or Town, State Gate of Heaven Cemetery Silver Spring, Maryland 22. NAME AND ADDRESS OF FACILITY Francis J. Collins Funeral Home, Inc. 500 University Blvd., W. Sil. Spr., MD 20901 23. PART / Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximata interval Between **Onset and Death** Heart Failure 2 weeks ARTERY DISEASE PART II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part t. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 TYES 2 NO 1 | YES 2 | NO 28. PLACE OF DEATH (Check only one) 4 ☐ Nursing Home 5 ☐ Residence 8 ☐ Other (Specify) 28d. DESCRIBE HOW INJURY OCCURED 1 YES 2 NO 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and menner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and menner as stated. 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 11

-
$\overline{}$
8
2
~
8
Ψ
×
8
ВОХ
\mathbf{m}
Ξ.
0
V
0
4
. 6
S
\cap
~
ш.
0
RECORDS
\sim
ш
Œ
TAL
⋖
_
-
>
ш.
0
_
Z
$\overline{\circ}$
\simeq
10
~
>
\cap

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFIC				YGIEN	E			
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF				TIME OF DEA	TH
		Donald L. V	White			Novemb	er 1	5. 199	AR 4	5:20	Ам
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF (Month, De	BIRTH	8.1	BIRTHPL Country)	ACE (State or F	oreign
	577-16-6640	1 📉 M 2 🗌 F	76 YRS. MO	THS DAYS	HOURS MIN.			1918Wa		ngton.	D.C.
	9a. FACILITY NAME (If not institution, give s		9b	CITY, TOWN C	R LOCATION OF D			9c. COUNTY			
S S	8513 Bradmoor Dr	ive		Beth	esda			Monte	aome	erv	
2	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY	·	10c CITY TO	OWN OR LOCAT	ION					od. INSIDE CIT	
DIRECTOR	Maryland Monto	gomery	1.4	ethesd						LIMITS?	
	10e. STREET AND NUMBER	JOHICL Y			ZIP CODE			100 CITIZEN		T COUNTRY?	KNO
A.	8513 Bradmoor	Drive			20817					States	
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVER IN		13. WAS DEC	ENDENT OF HISPAI	NIC ORIGIN? (S	pecify Yes			- American Ind	lan.
	1 Never Married 2 XXMarried	FORCES? 1 YES		If yes, spi	ecify Cuban, Mexica 2 ☑ NO Specif	in, Puerto Rica			Black, V Specify:	Vhite, atc.	,
B	3 Widowed 4 Divorced				T M Opacii,	,			Specify.	Whi	te
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade		16a. DECEDENT'S USL (Give kind of work	IAL OCCUPATIO	N st of working	16b. KII	OF BUS	SINESS/INDUST	RY		
	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use rei	tired.)							
MP		4	Vice Pre	esident				gton Ga	ıs		
8	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Midd	le, Maiden	Sumame)			
BE	Lloyd White					arrows					
2	- diministrates a la constant de la				nd Number or Rural				-		
	Jean S. White		8513 Br	admoor	Drive.	Bethes					
	1 🗆 Burial 2 💢 Cremetion 3 🗆 Reme	CAUS	PLACE AND DATE OF D	DIace)		·)		CATION — City		,	
	4 Donation 5 Other (Specify)		ontgomery	Cremai	COTIUM,	Inc.	Bet	hesda,	Mar	yland	
	m/ / / 2	11	M00846	Robert	A. Pum	ohrey 1	Funei	calHome	/Be	thesda	-
	Mulask	Sugalno		Bethes	da, Mary	yland	13981	L¥±3581	sin	Avenu	е
	23. PART i. Enter the diseases, or of ahock, or heart failure.	complications that caused List pnir one cause on ea	the death. Do not out of line.	enter the mo	de of dylng, suc	h as cardiac	Dr reapi	ratory arreat,		Approxim	
	IMMEDIATE CAUSE (Final	NO MARKET DE MA								Onset an	
	disease or condition reaulting in death)	a. Cerebral T								4 Yea	rs
		DUE TO (OR AS A	CONSEQUENCE OF):								
NO N	Sequentially list conditions,	b. DUE TO OR AS A	CONSEQUENCE OF):							-	
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING	מל נוס ו מסו	CONSCOUENCE OF).							İ	
윤	CAUSE (Disease Dr Injury that initiated events	DUE TO (OR AS A	CONSEQUENCE OF):							1	
E	resulting in death) LAST	2									
		J								+	
Ä	PART II. Other aignificant condition		ut not reaulting in the	ne underlying	cause given in	Part I. 24	PERFOR			ERE AUTOPSY F	
8	Seizure Disord	ier					YES 2	X NO		OMPLETION OF DEATH?	CAUSE
ME									1	YES 2	NO
ä	DID TOBACCO USE CONTI				UNCERTAIL	N 🔯					
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	26. PLACE OF DEATH (C	THER:							
YS	1 TYES 2 NO	1 Inpetient 2 ER/Outp	ntlaint 3 DOA 4 [Nursing Hom-	5 X Rasidenca						
	27. MANNER OF DEATH 1 X Natural 5 Pending	28s. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	WO	RK?	26d. DESCRI	BE HOW II	NJURY OCCURE	D		
B	2 Accident Investigation	26s. PLACE OF INJURY	At home form etree		ES 2 NO	204 1 0 0 4 7 10	M (0)	4444			
	3 Suicide 6 Could not be 4 Homicide detarmined	building, atc. (Spec	fy)	r, metory, diffici		City or To	wn, State)	ind Number or R	urai Houl	te Number,	
COMPLETED	29a. CERTIFIER										
MP	(Check only	CIAN: To the best of my knowl									
8		R: On the basis of examination	and/or investigation, in	my opinion, d	eath occured at the	time, data and	l placa, an	d dua to the ca	use(s) s	nd manner aa i	stated.
H	296. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NUI	MBER				onth, Day, Year)	
p P	/ the cheel	Changes			D05120			Nove	nber	15,	1994
	Michael Emmor M.										
	Michael Emmer, M.I	J., 6316 Demo	cracy Blv	d., Be	thesda,	Maryla	nd	20817-	1664		
	31. DATE FILED (Month, Day, Year)	32. BEGISTRAR'S SIGN	TURE								
	NOV 1 6 1994	Juna havidso	n-Manage								

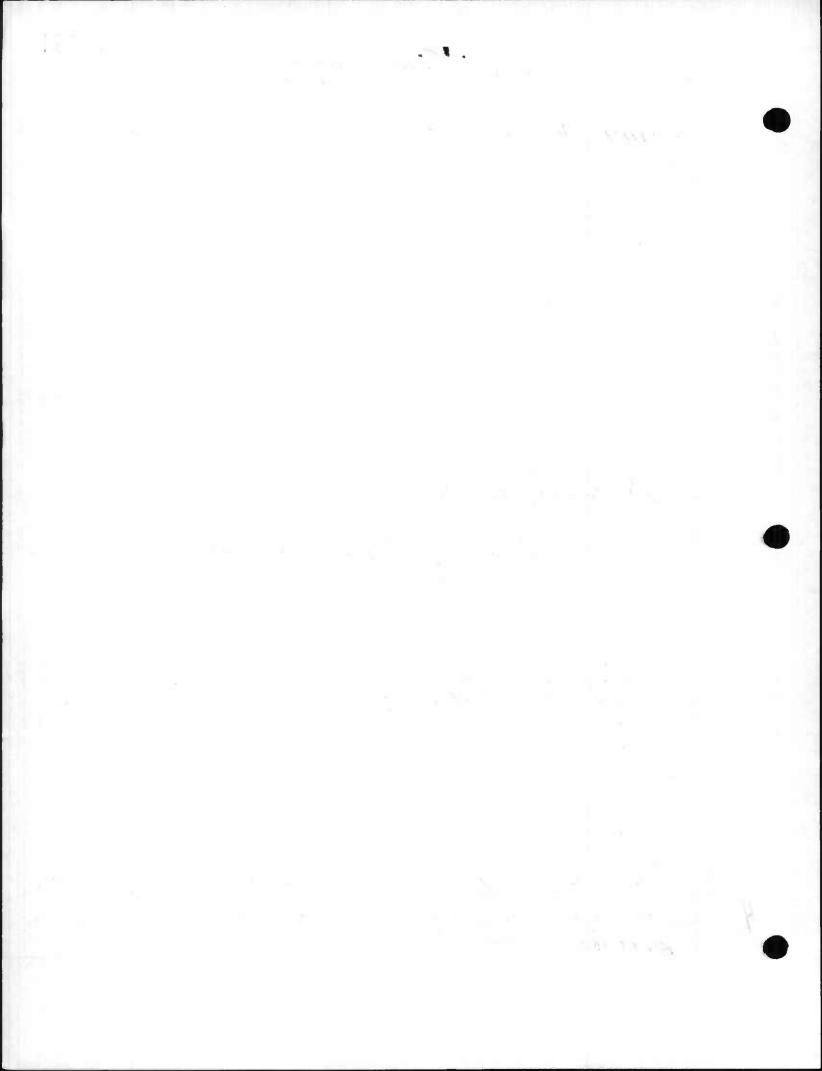
DIVISION OF VITAL RECORDS, P.O. BOX 68760,

31. DATE FILED (Month, Day, Yer)
NOV 2 3 1994

The state of the s
illocation of them 20 to meeter or them 20 chains are interested and address and the meeting of a second or the meeting of the
INSTITUTE IN How 20 is excelled the Barn 20 shares earn injury by the results as a market he solitised at a con-
be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.
Define contract conditions are considered by the second second contract of the second contr
5 4 4
IUTHE HOSPITAL, DR ATTENDING "MYSTICIAN". The law requires that the death certificate be executed within 4" months after death, Page 5 may be retained by the hospital or attending physician. The competent filed in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit.
TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nouns after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNEFAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be felled within 17 for loar safe the death with the State Debt. of Health and Memital Hyplene prior to burial, certaindon, or removal, or removal.

ulasla. Mes +1-1

	FILMENCER	74-1	11/23/	74, 11	0) 4	1, 6	lle	gan	y (10,				
	FOR STATE REGISTRAR		STATE OF N	MARYLAND / Ce	DEPAR	TMENT	OF H	DEAT	AND N		YGIEN	_		
	1. DECEDENT'S NAME (First,	VIV	11:00.	rnick						2. DATE OF D MONTH	DEATH DA	ma .	YEAR 94	3. TIME OF OEATH 255 PM
	4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. lest birth					IF UNDER	1 YEAR DAYS	IF UNDER	ER 24 HRS. 7. DATE OF BIRTH				8. BIRTH Country	PLACE (State or Foreign
	218-48-7648	stitution, give s	1 M 2 F	90	YRS.	Sh CITY	TOWN (OR LOCATI	ON OF DE	10-13	-190		Mary	71.and
e G	90. FACILITY NAME (If not institution, give street end number) Frostburg Village Nursing Home						ostb		ON OF DE	2111		- 1 to 1 to 1 to 1	egany	
ECT	RESIDENCE OF DEC	EDENT	Y		10c. CI1	Y, TOWN O	R LOCAT	TION						10d, INSIDE CITY
DIR	Maryland	Garre	ett			ants								LIMITS?
3AL	10e. STREET AND NUMBER						101	. ZIP COD	_	· · · · · ·		_		WHAT COUNTRY?
NE	Rt. 2, Box	46, Lo		Germany		Land		2153				USA		
BY FUNERAL DIRECTOR	1 Never Married 2 3 Widowed 4 Divo		FORCES? 1	YES 2 1	MEO IO	1	f yes, sp	ecify Cube	n, Mexicar	IIC ORIGIN? (Sp n, Puerto Rican :	ecify Yes	or No—	Speci	- American Indian, , White, atc. hy: nite
E	(Specify only	EDENT'S EDU	completed)	(Gi	CEDENT'S	work done o	CUPATIO	ON est of workin	ng	16b. KIN	O OF BUS	SINESS/IND	USTRY	
COMPLETED	Elementary/Secondary (0 7 th	-12)	College (1-4 or 5	+)		aker				0	wn H	ome		
ш	17. FATHER'S NAME (First, Mi David	iddle, Last)		Warnick				18. MOTO		ME (First, Middle E1.1.e)		sumeme) Fazer	nbake	er
TO B	William M.		:k							Rd., (MD 21536
	20a. METHOD OF OISPOSITI 1 Description Burlet 2 Cremetto 4 Donation 6 Other	n 3 🗆 Rem	oval from State	20b. PLACE A				ame of	11-	-2194		cation – ntsv:		
	21. SIGNATURE OF FUNERAL	L SERVICE LIC	CENSEE	200		22. I	NAME AI		ss of fac	1 Homes	s, P	.A.		
	23. PART I. Enter the di	seases, or o	complications that	it caused the da	ath. Do	not anter	55 M	fain	St.,	Grants	SVI1	le, l	MD 2	21536 Approximate
	shock, or he IMMEDIATE CAUSE (Fin disease or condition resulting in death)	aert failure.	a. Cotto	use on each line.	1	hte	ry		0	ULL				Interval Between Onset and Death
_		_	DUE TO	(OR AS A CONSEC	DUÉNCE Ó	r): "	1							
CERTIFICATION	Sequentially list conditi if any, leading to immed cause. Enter UNDERLY!	diate NG	b. DUE TO	(OR AS A CONSEC	NUENCE O	r);	0							
RTIFIC	CAUSE (Disease or Inju that initiated events resulting in deeth) LAS		DUE TO	(OR AS A CONSEC	KJENCE O	n:								
	PART II. Other algorities	nt condition	a contributing to	death but not re	esulting	in the un	derivin	n ceuse (alven in I	Part i 24a	WAS AN	AUTOPSY	Lan	WERE AUTOPSY FINDINGS
PHYSICIAN: MEDICAL	CE	retr	ne c	mar	etr	n	,	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			PERFOR	MED?	240.	AVAILABLE PRIOR TO COMPLETION OF CAUSE
ME	- 4	wit	7d 1	Aton	ope	N					, , , ,	Aug		OF DEATH?
AN:		mil	e ,	Dea10	and	W								
SIC!	25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 700	MEDICAL	HOSPITAL:	ER/Outpatient 3	□ no 4	OTHER	t:			ick only one)				
ΉΥ	27. MANNER OF OEATH		26e. DATE OF	INJURY	26b. TIM	E OF	28c. INJ	URY AT	sidence	6 Other (Spe 28d. DESCRIB		NJURY OCC	CURED	
ВУР		Pending rivestigation	(Month, D	ay, rear)	IN.	JURY M	1 🔲 1	YES 2	ON					
		Could not be determined	28e. PLACE O building,	of INJURY — At hose etc. (Specify)	me, ferm,	street, facto	ory, offic	•		28f. LOCATION City or Tov	(Street a	nd Number	or Rural A	oute Number,
COMPLETED			CIAN: To the best of R: On the basis of a											and manner ee stated.
		OF CENTIFIER							NSE NUM					(Month, Day, Year)
TO BE	30, NAME AND ADDRESS OF	PERODU	O COMPLETED CAUS	1	no	04-4		De	24	951		1	lov.	22.94
	CHANG-H	YOUN	OH. 1.	no, 48	TA	RN	161	RRAC	<u> </u>	ACGTI	34K	5/	md.	21532
- 1	31. DATE FILED (Month, Day, 1		32. REGISTRA	R'SCIGNATURE								1		



0	1
Ŋ.	4
2	
9	į
Ś	1
4	3
N	The state of the state of
Ξ	1
64	3
	200
Z	1
4	-
_	4
$\overline{}$	Andrew
~	Property has natural
\overline{a}	3
~	4
Š	1
	2
ш	i
Œ	1
0	4
5	Ones
	d
\vdash	4
_	7
⋖	÷
BALTIMORE, MARYLAND 21215-0020	in allers of
	40
	-
	j

	SUL
	b
50.	with
. BOX 68760.	executed
ô	8
œ O	death certificate
<u>.</u>	P C
, ,	deat
ă	the
X.	that
AECC	requires that
	AW.
4	V: The
DIVISION OF VITAL RECORDS, P.O.	PHYSICIAN:
NOISI	R ATTENDING PHYSICIAN
5	
	IE HOSPITAL (
	ш

) 4	35662	
		FOR 1 - STATE REGISTRAR	STATE OF N						MENTAL HYG				
		NEG. NO.											
		MARIAN WITHERUP				CON					YEAR	3. TIME OF OEATH	
		4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. le		SON IF UNDER	1 YEAR	IF UNDER 24 HRS.	Novembe:			6:45 P M	
		214-07-0801	1 M 2 K F		YRS.	MONTHS	DAYS	HOURS MIN.	(Month, Day, Ye	ar)	Counti		
pjac		9s. FACILITY NAME (If not institution, give s		79		OL CITY	TOWAL C	OR LOCATION OF O	Oct 28,			OH	
3 should	œ	Memorial Hospital											
o,	유	RESIDENCE OF DECEDENT				Cumberland Allegany						У	
physician. burial-transit permit. Pages 1,	DIRECTOR	10e. STATE 10b. COUNTY				10c. CITY, TOWN OR LOCATION						10d. INSIDE CITY	
يے ۔	ā	MD Allegany				nber.	land					LIMITS?	
berm	AL.	10e. STREET AND NUMBER			_	ZIP CODE		10g. CI	TIZEN OF V	VHAT COUNTRY?			
Insit	FUNERAL	400 Washington Street APT. 2					1 2	21502		US	SA		
physician burial-trai	5	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. A			MED 13. WAS DECENDENT			ENDENT OF HISPA	OF HISPANIC ORIGIN? (Specify Yes		io — 14. RACE — American Indian, Black, White, etc.		
		1 Never Married 2 Married FORCES? 1 YES 2 F IF YES, GIVE WAR OR DATES						ecity Cuban, Maxica 2 X NO Specia				Black, White, etc. Specify:	
as the	ВУ	3 Wildowed 4 Divorced						21			white		
use a	E	15. DECEOENT'S EDUCATION (Specify only highest grade completed) (Giv				CEDENT'S USUAL OCCUPATION ve kind of work done during most of			16b. KIND O	b. KIND OF BUSINESS/INDUS			
for for	LET					se retired.)							
by the hospital or attending be detached for use as the at once.	COMPL	12	12 Te					Boa		rd of	rd of Education		
detach	8	17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S			AME (First, Middle, Malden Surname)				
should be notified at	8	Lee Witherup						Marth	a (O'Donnell)				
should notified	5	19a. INFORMANT'S NAME (Type/Print)		11	Db. MAILING	ADDRESS	S(Street a	nd Number or Rural	Route Number, City of	r Town, State, 2	Zip Code)		
ay be n	- 1	Ellen A. Dulin H.C. 1 Box 66, Flintstone, MD 21530											
e 6 may ector, pa must b		20s. METHOO OF DISPOSITION 11 Surial 2 Cremetion 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of cemetery, crematory or other place) 20c. LOCATION — City or Town, State											
ge 6		4 Donallon 5 Other (Specify)		Fros	burg	Mem	oria	1 Park		Frostb	urg,	MD	
Yours after death. Page 6 may be retained d in by the funeral director, page 5 should or removal. medical examiner must be notified		21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY											
deat fun exa		Scarpelli Funeral Home Cumberland, MD 21502											
d in by the or removal		23. PART J. Enter the diseases, or o	complications that	ceusyd the d	eath. Do i	iot enter	the mo	de of dying, suc	th as cardlec or	respiratory a	rrest,	Approximate	
nours or re		shock, or heert fallure. List only one cause on each line. Interval Between Onset and Death											
executed with to and completely filled bund, cremation, or natic event, the m		All and a state of the state of						Citaet and Death					
ompletel crema event,		resulting in death) e. UROSEPS / S Due to (or as a consequence of):											
executed and com to burial, matic ev	-												
e be execute sician and c rrior to buria traumatic	RTIFICATION	Sequentially list conditions, if any, leading to immediate	bDUE TO	OR AS A CONSE	OUENCE O	F):							
	¥	cause. Enter UNDERLYING											
ing phy giene p	Ē	CAUSE (Disease or Injury that initiated events	C. DUE TO	OR AS A CONSE	OUENCE O	F):							
Hygi	F	reculting in desth) LAST											
0 0 =	8	PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Pert 1. 24a, WAS AN AUTOPSY 24b, WERE AUTOPSY FINDINGS											
the de by the a and Merring Injury	MEDICAL						derlylng	g cause given in		S AN AUTOPS!	Y 24b	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO	
ined by alth an	ă	ALTZHEIM	nras	DRIME	NTIE				1 🗆 Y	ES 2 NO		COMPLETION OF CAUSE OF DEATH?	
w requires that been signed to pt. of Health a shows any	Ä											1 _ YES 2 _ NO	
has bee Dept. o	ä	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO DE											
V: The cate has State Do	PHYSICIAN:	FYAMINER?						LACE OF DEATH (Check only one)					
SICIAN: The certificate it in the State d, or item	Š	1 PES 2 NO 1 No 1 No 1 No 1 No 1 No 1 No 1 No 1											
PHYSIC this ce with th	H	27. MANNER OF DEATH 28s. DATE OF INJURY (Month, Day, Year) 28b. 1					28c. INJ	URY AT	28d, DEŞCRIBE HOW INJURY OCCURED				
DING PHYS After this death with s marked	β	1 M Natural 5 Pandina					1 🗆 1	YES 2 NO					
R: Af		3 Suicide 6 Could not be 26e. PLACE OF INJURY — At home, farm, streel, lectory, of building, etc. (Specify)					ory, office	281. LOCATION (Street III City or Town, State)			and Number or Rural Route Number,		
L OR ATTEND DIRECTOR: / hours after o	Ш	4 Homicide determined						- y					
HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the FUNERAL DIRECTOR: After this certificate has been signed by the within 72 hours after death with the State Dept, of Health and MTANT: If I lem 28 is marked, or Item 23 shows any Inji	PL	29s. CERTIFIER (Check only) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated.											
HOSPITAL FUNERAL WITHIN 72 I	COMPL	one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(s) and manner as stated.											
TO THE HOSPI TO THE FUNER THE WITHIN IMPORTANT:	- 10	296. SIGNATURE AND TYTLE OF CERTIFIER						29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)					
TO THE TO THE DE filed WPORT	8	Whe mo						D43497 1/1/6/94					
FFE	0	VQ. 7 V = 7.1.						D4343/ ////6/47					

Memorial Hospital Cumberland, MD 21502

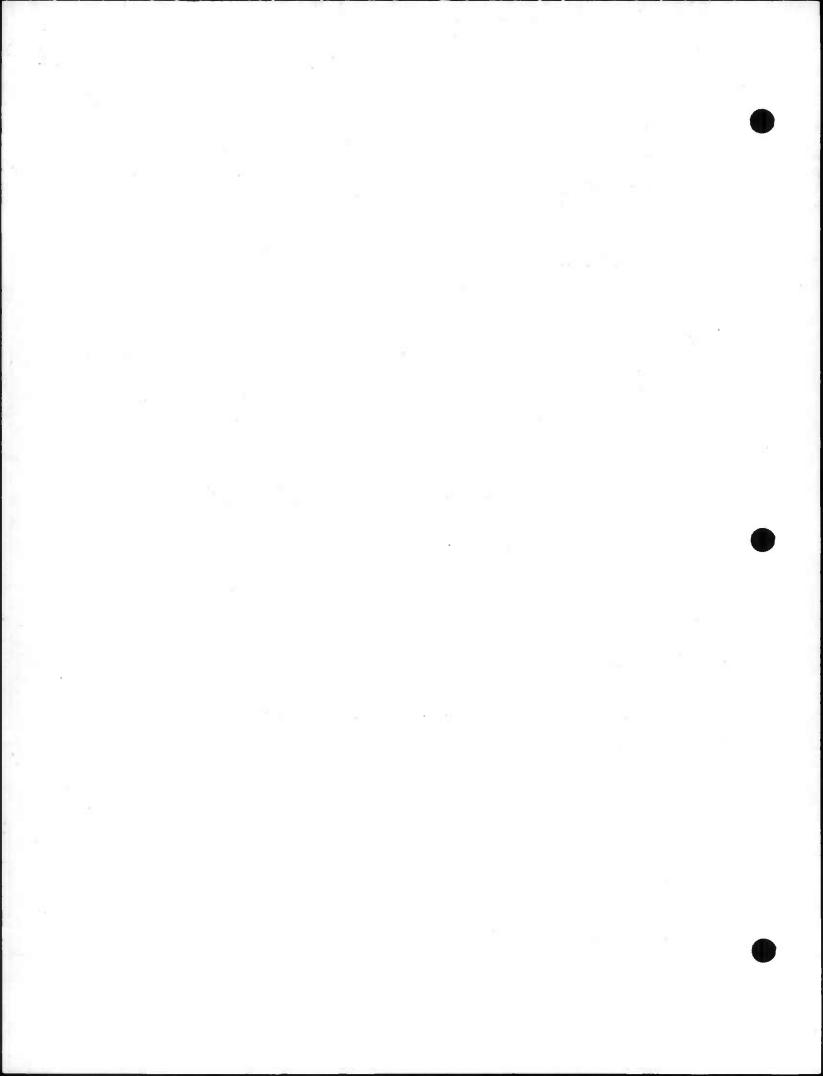
2

Dr. D. Leibman

31. DATE FILED (Month, Day, Year) NOV 1 8 1994

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

22. REGISTRAR OSIGNATURE



Τ.	
CA	
$\overline{}$	
N	
\sim	
_	
Z	
-	
7	
_	
_	•
œ	ľ
d	١,
_	ı
2	
, MARYLAND 2121	
ш	
~	
_	
0	1
5	
BALTIMORE,	1
_	
_	
Q.	
$\mathbf{\alpha}$	
	*
_	4
7	
0	7
X 68760	
=	
8	
ĩ	ł
~	
\times	
_	

5-0020

DIVISION OF VITAL RECORDS PO BO

	DATE IN OUR, MAIN LAIND EIE 13-00E0
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with ours after death. Page 6 may be retained by the hospital or attending physician.	after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should moval.
IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	cal examiner must be notified at once.
TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	TO BE COMPLETED BY ELINEBAL DIDECTOR

								94	3!	5663
	FOR 1 - STATE REGISTRAR	STATE OF N			TMENT OF H		MENTAL HYGIEN	_		
	1. DECEDENT'S NAME (First, Middle, Last)		OL.	in i i i i	CATE OF	DEATH	REG. NO		1,	TIME OF OEATN
	STANLEY		W.		WILFONG		MONTH D		/EAR	
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. las	l birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	November 7. DATE OF BIRTH			OCE (State or Foreign
	220-10-0145	1 X	81	YRS.	MONTHS DAYS	HOURS MIN.	9/26/13		Country)	
œ	9e. FACILITY NAME (II not institution, give st Memorial Hospit					or Location of or		9c. COUNTY		••
DIRECTOR	RESIDENCE OF DECEDENT				Cullibe	: r Land		AL	1egar	1y
IRE	10e, STATE 10b, COUNTY MD Alle				, TOWN OR LOCAT				100	d. INSIDE CITY LIMITS?
LD	100. STREET AND NUMBER	egany		C	umbecla	and LZIP COOE		1 X YES 2 □ NO		
FUNERAL	303 E. Harris	son St			101					T COUNTRY?
N N	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. AR	MED.	13. WAS DEC	21502	9511			American Indian,
	1 📉 Never Merried 2 🗌 Merried	FORCES? 1 IF YES, GIVE W	XYES 2 N	10	If yes, sp		can, Puerto Rican, etc.) Black, Wi			hite, etc.
ВУ	3 Widowed 4 Divorced] II			- Qino	,.		эрвспу.	White
TEC	15. DECEDENT'S EDUC (Specify only highest grade		(G)	ive kind of w	USUAL OCCUPATION ork done during mo	ON est of working	16b. KIND OF BU	SINESS/INOUS	TRY	
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5 +) ///9.	Lab	oretired.)		Cons	truct	ion	
WO	17. FATNER'S NAME (First, Middle, Last)			Bub	0101	18. MOTNER'S NA	ME (First, Middle, Meiden		10:1	
BEC	Otis H. Wilf	fong				1-00	known	ournamoy		
	19a. INFORMANT'S NAME (Type/Print)		198	. MAILING	AODRESS (Street a	and Number or Rural	Route Number, City or Tow	n, State, Zip Co	ode)	
임	Robert L. Nimi	ick	30)3 E	Harri	ison St	Cumber	rland	, MD	21502
	20a METNOD OF DISPOSITION 1 N Buriel 2 Cremation 3 Remo	oval from State	20b. PLACE A		OF DISPOSITION (Na			CATION — City		
	4 Donation 5 Other (Specify)	ENOCE	Rest	lawn	Memor	ial Gar	d. 11/18	LaVa	ile,	MD Home 2150
		HX	*		22. NAME AF	D ADDRESS OF FA	Kignt	runer	al I	dome 2150
_	William.	-11/	1 12				atur St.			.nd, MD
	23. PART I. Enter the disesses, or c shock, or heart failure. I	omplications that List only one case	caused the de se on each line	sth. Do n ∕∖	ot satsr the mo	ds of dying, suc	th as cardiac or respi	iratory arrest	t,	Approximats Interval Between
	IMMEDIATE CAUSE (Final disease or condition	1	1),	a. L:	Car				Onset and Death
	resulting in desth)	DUE TO	(OR AS A CONSEC	DIENCE OF	122/) C	(at	74			
2			/	حرز/	2 me?	tashis				
	Sequentially list conditions, if any, isading to immediate	DUE TO	(OR AS A CONSEC	DUENCE OF):	00	1			
<u>8</u>	CAUSE (Disease or Injury			(on	2 41	1 Blu	-01			
RTIFICATION	that initiated events resulting in dasth) LAST	OUE TO	(OR AS A CONSEC	DUENCE OF	7):					
E E		l,								
	PART II. Other significant conditions	s contributing to	dsath but not n	esuiting i	n the undsrlying	j csuse given in	Part I. 24s. WAS AN			RE AUTOPSY FINDINGS ALABLE PRIOR TO
MEDICAL							1 _ YES 2	No	CO	MPLETION OF CAUSE DEATN?
ME							_	/ \	1[YES 2 NO
ä	DID TOBACCO USE C	ONTRIBUTE	TO CAUS	E OF	DEATH Y	ES NO				
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER:	ACE OF OEATH (C)				
448	1 TYES 2 NO	1 Inpetient 2 28e. DATE OF	ER/Outpatient 3	DOA 28b. TIME			6 Other (Specify)	ALIEN COOL	250	
	1 Netural 5 Pending	(Month, Da		INJ	URY WO	YES 2 NO	28d. DEŞCRIBE NOW I	NJUHY OCCUP	TED	
D BY	2 Accident Investigation 3 Suicide S Could not be	28s. PLACE OF	F INJURY — At ho	me, farm, s	treet, factory, office		281. LOCATION (Street	and Number or	Rural Route	Number,
Ħ	4 Nomicide determined	ouliding,	etc. (Specify)				City or Town, State)			26.5
COMPLETE		CIAN: To the best of	my knowledge, de	eth occurre	d at the time, data	and place, and due	to the cause(s) and mai	ner as stated.		
ĕ.							fime, data and place, an			d menner se stated.
BE C	296. SIGNATURE AND TITLE OF CERTIFIER	10				29c. LICENSE NUI	MBER	29d. DATE S	IGNEO (Mo	gth, Day, Year)
	////	/							111111	F 1

955 Frederick St., Cumberland, Md. 21502

D 36766



9

Dr. Vik Poonai, 31. DATE FILED (Month, Day, Year)

M

30. NAME AND ADDRESS OF PERSON WNO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print)

32 REGISTER'S SIGNATURE

16

EL

BALTIMORE, MARYLAND 21215-0020

THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with hours after death. Page 6 may be retained by the hospital or attending physician.	s certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit.	d, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be exect	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the has been completely filled in by the best find install the part of the complete of the part of the	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumati

1 - STATE REGISTRAR	STATE OF MARYL		IENT OF HEALTH AND ATE OF DEATH	MENTAL HYGIE					
1. DECEDENT'S NAME (First, Middle, Las CAROL)	NC. V	NOLLO	V	2. DATE OF DEATH	18 199	3. TIME OF DEATH 2:50 P			
4. SOCIAL SECURITY NUMBER 579-54-5057	5. SEX 6. AGE		UNDER 1 YEAR IF UNDER 24 HRS NTHS DAYS HOURS MIN	Aldread Charles March		BIRTTHPLACE (State or Foreign Country) MD			
Sa. FACILITY NAME (If not institution, give street and number) Charlestown Community Center Baltimore City 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH									
RESIDENCE OF DECEDENT 10a. STATE 10b. COUN	ITY	10c. CITY, T	OWN OR LOCATION Baltimore C	litz		10d. INSIDE CITY LIMITS? 1 🖹 YES 2 🗌 NO			
100. STREET AND NUMBER 711 Maiden Cl	noice Lane		101. ZIP CODE 21228	11-11		og. CITIZEN OF WHAT COUNTRY? USA			
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IF FORCES? 1 YES, GIVE WAR OR D	2 🔣 NO	13. WAS DECENDENT OF HIS If yes, specify Cuben, Mai 1 YES 2 NO Spe	PANIC ORIGIN? (Specify kican, Puarto Rican, etc.)	Yea or No- 14.				
15. DECEDENT'S El (Specify only highest gra Elementary/Secondary (0-12)	DUCATION (de completed) College (1-4 or 5 +)	16a. DECEDENT'S USI (Give kind of work life. Do NOT use re	done during most of working	16b. KIND OF	BUSINESS/INDUSTRY				
11		Hor	nemaker	er Kome					
17. FATHER'S NAME (First, Middle, Last)	o Cosle			18. MOTHER'S NAME (First, Middle, Maiden Surname)					
Amos Holli	s Cooley	[]		Anna Kyle					
Mr. James T. Wollon, Jr. 198. MAILING ADORESS (Street and Number or Rural Route Number; City or Town, State, Zip Code) 600 Craigs Corner Rd., Havre de Grace,									
20a. METHOD OF DISPOSITION 1 Burial 2 N Cremation 3 Re 4 Donalion 5 Other (Specify)	omoval from State	petery, crematory or other A. Feri	place) CIS & Co., In	OATE 20c.	est Che	or Town, State Ster, PA			
21. SIGNATURE OF FUNERAL SERVICE LICENSEE Witchell-Smith Funeral Home, P.A. Havre de Grace, MD 21078-3197									
23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, ehock, or heart feliure. List only one ceuse on each line. IMMEDIATE CAUSE (Finei disease or condition resulting in death) a. LUNG CAMER									
DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): C. DUE TO (OR AS A CONSEQUENCE OF):									
11	one contributing to deeth be ETES ME	LLITUS	he underlying cause given	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO					
25. WAS CASE REFERRED TO MEDICAL.	1		20. PLACE OF DEATH	(Check ank one)					
EXAMINER?	HOSPITAL: 1 Inpatient 2 ER/Out		THER: Numing Home 5 Residen						
27. MANNER OF DEATH 1 Netural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	26b. TIME O	F 28c. INJURY AT		OW INJURY OCCURED				
2 Accident Investigatio 3 Suicide e Could not to 4 Homicide detarmined	28e. PLACE OF INJURY building, stc. (Spe	/ — At home, farm, stre- city)		261. LOCATION (Stre City or Town, St	eet and Number or i	Rural Route Number,			
4 Homicide detarmined building, stc. (Specify) 29e. CERTIFIER (Check only Check only 1 Check on									
(Check only	NER: On the beels of examination			1-11/2/10					
(Check only	-					gned (Month, Day, Year)			

8760 BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

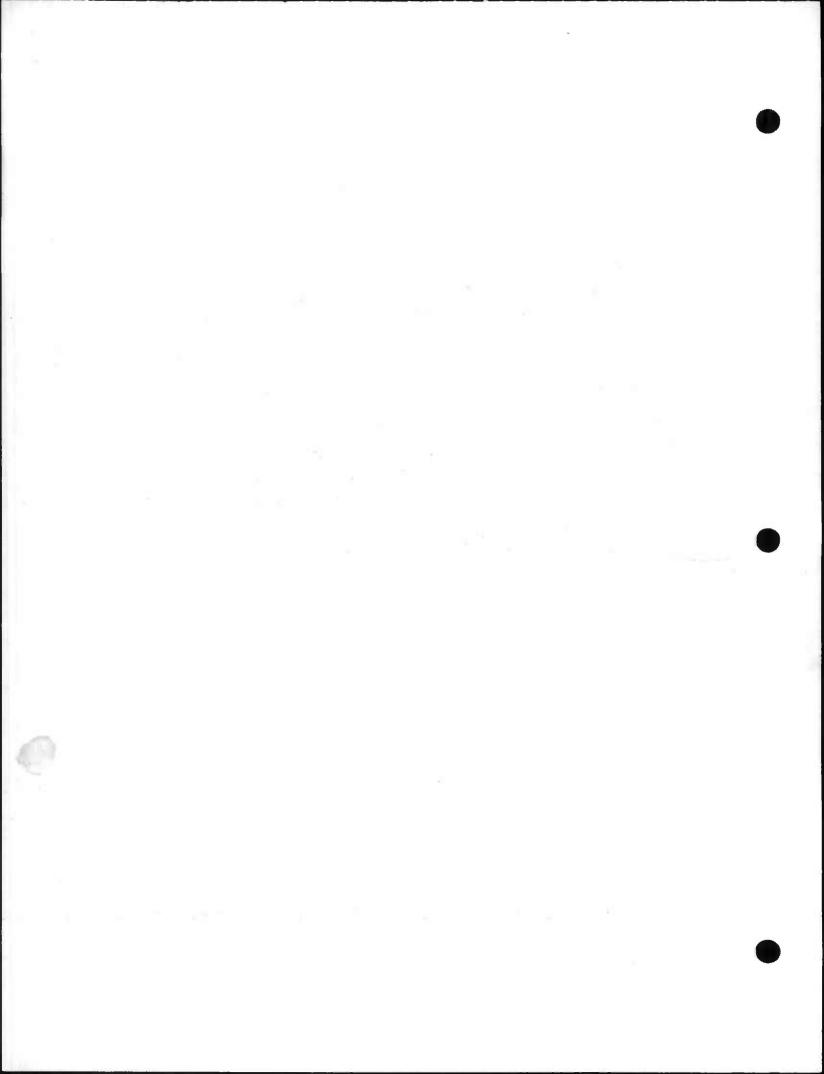
HE HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 24 hours after death, Page 6 may be retained by the hospital or attending physician.	L DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be been signed by the attendance or to burial, cremation, or removal.	APORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL OR ATTENDING PH	TO THE FUNERAL DIRECTOR: After this c be filed within 72 hours after death with	IMPORTANT: If item 28 is marke

1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR

1 - OECEOENT'S NAME (First, Middle, Last)

2 - DATE OF OEATH

	1. OECEOENT'S NAME (First,	, Middle, Last) WEF	20							2. DATE	OF OEATH	AY	YEAR	3. TIME OF DEATH	
	HOMER						1 11	THE STATE OF THE S			4:30P M				
	4. SOCIAL SECURITY NUMB		5. SEX	st birtnday)	IF UNDER I	R t YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH DAYS HOURS MIN. (Month, Day, Year)				8. BIRTHPLACE (State or Foreig Country)		PLACE (State or Foreign			
	168-12-148		1 🗌 M 2 🗌 F	72	YRS.	MONTAS	UATS	HOURS	HATTY .	Sep	t 25 1	922		ginia	
	9a. FACILITY NAME (If not in				OR LOCATIO		EATH		9c. COUN	ITY OF D	EATH				
5	University Hospital					В	AL'	rimo	RE						
DIRECTOR	RESIDENCE OF DEC	10b. COUNTY			10c. CITY	, TOWN OF	LOCAT	TION						10d. INSIDE CITY	
E	MD Cecil					ing S								LIMITS?	
	10e. STREET AND NUMBER	1 112	Tilg .	-	. ZIP CODE	-			10n CITE	ZEN OF W	1 VES 2 NO				
8	513 Harrin				2191	1		USA							
FUNERAL	11. MARITAL STATUS	RMED	13. W	AS DEC						- American Indian.					
	1 Never Married 2		FORCES? 1	YES 2 1	NO	If	yes, sp	ecity Cuba		n, Puarlo I			14. RACE — American Indian, Black, White, etc. Specify:		
15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) College (1-4 or 5+) Dec 13 1944 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSI									white						
									INESS/INDUSTRY						
M				Lai	orer						arming		hroo	m	
	17. FATHER'S NAME (First, Middle, Last) Reece Webb					16. MOTHER'S NAME (First, Middle, Maiden Surname)									
BE	Reece Webb Osa Magge Reedy 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Poute Number, City or Yown, State, Zip Code)														
임	Edna S. Web											, ii i-	/		
	20a. METHOD OF DISPOSIT					Harrington Rd Rising Sun MD 21911									
1) Burial 2 Cremation 3 Removal from Stata competers, crematory or other place)															
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY											MD			
	R T Foard Funeral Home 111 S Queen St Rising Sun MD 21911										1				
\dashv	23. PART i. Enter the di	and	- mollostions the	1000	re Dan	11	1 S	Que	en S	t Ri	sing S	un M	21		
	shock, or h	eart feliure. L	ist only one cal	e on each line),	or enter t	110	de or dyr	ng, suci	n ss cerc	nec or respi	ratory srr	est,	Approximete interval Between	
	iMMEDIATE CAUSE (Fin disease or condition		1/1	101 - H	Bulo	11-4								Dneat and Daath	
}	reaulting in death)	•	DUE TO	OR AS A CONSE	DUENCE OF	ines									
-	SOC TO (ON AS A CONSCOURNCE OF).									į l					
흔	Sequentielly list conditi		OUE TO	(OR AS A CONSE	DUENCE OF):									
S	cause. Enter UNDERLYi CAUSE (Disease or inju	NG													
E	that initieted events		DUE TO	(OR AS A CONSE	DUENCE OF):									
H	resulting In death) LAST														
MEDICAL CERTIFICATION										WERE AUTOPSY FINDINGS					
5 ▮			, , , , , , , , , , , , , , , , , , , ,			PERFORMED?			AVAILABLE PRIOR TO COMPLETION OF CAUSE						
						t VES 2 NO			DF DEATH?						
	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN TUSCATION 1 YES 2 N									10.163.2.0.10					
4	25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one)														
75 II	25. WAS CASE REFERRED TO			28. PLAC	E OF DEAT		EXAMINER?								
SICI	25. WAS CASE REFERRED TO		HOSPITAL:			OTHER:		e 5 5√ Ra	aldenca	8 Othe	r (Specify)			1.1. 22	
PHYSICI	25. WAS CASE REFERRED TO EXAMINER? 4 2 YES 2 NO 27. MANNER OF DEATH	O MEDICAL	HOSPITAL:	ER/Outpatient 3	DOA 26b. TIME	OTHER: 4 Nursi	ng Hom	URY AT	aldenca		CRIBE HOW II		5 9	· 22	
3Y PHYSICIAN:	25. WAS CASE REFERRED TO EXAMINER? A VES 2 NO 27. MANNER OF DEATH 1 Naturel 5		HOSPITAL: 1 Inpatient 2 28a. DATE OF (Month, D)	ER/Outpatient 3 INJURY ay, Year)	26b. TIME INJU	OTHER: 4 Nursin OF 2 PRY 2	esc. INJ WO	URY AT PRK?			CRIBE HOW II		5 9	~ WITH profiter	
B	25. WAS CASE REFERRED TO EXAMINER? LAYES 2 NO 27. MANNER OF DEATH 1 Naturel 5 1 2 Accident 3 Suicide 6	Pending investigation	HOSPITAL: 1 Inpetient 2 28a. DATE OF (Month, D)	ER/Outpatient 3 INJURY ay, Year)	26b. TIME INJU	OTHER: 4 Nursin OF 2 PRY 2	esc. INJ WO	URY AT PRK?		28d. DES	CRIBE HOW II	rioc	cisio		
à	25. WAS CASE REFERRED TO EXAMINER? LYES 2 NO 27. MANNER OF DEATH 1 Neturel 5 1 2 V Accident 3 Suicide 6	Pending investigation	HOSPITAL: 1 Inpatient 2 28a. DATE OF (Month, D)	INJURY ay, Year) FINJURY — At ho	26b. TIME INJU	OTHER: 4 Nursin OF 2 PRY 2	esc. INJ WO	URY AT PRK?	NO	28d. DES DVV 28t. LOC. City	ATION (Street a or Town, State)	and Number	Or Rural R		
B	25. WAS CASE REFERRED TO EXAMINER? 27. MANNER OF DEATH 1 Naturel 5 2 Accident 3 Suicide 6 4 Homicide 29a. CERTIFIER (Check only)	Pending Investigation Could not be determined	HOSPITAL: 1 Inpatient 2 28a. DATE OF (Month, D)	ER/Outpatlant 3 INJURY ay, Year) C Y Y F INJURY — At ho atc. (Specify)	26b. TiME INJU 095	OTHER: 4 Nursh OF 2 PRY 2 M	esc. INJ WO t \subsetence \text{\tint{\text{\tint{\text{\tint{\text{\text{\text{\tint{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\te}\text{\texi}\text{\text{\text{\text{\texi}\text{\text{\texi{\texi{\texi\texi{\texi}\tint{\texitt{\texit{\texi}\texit{\texi}\tint{\texit{\texi}\texittt{\tex{	URY AT PRK? VES 2	NO	28d. DES DML 28t. LOC. City.	ATION (Street a or Yown, Stete)	CH COL	OF RURAL R	oute Number,	
à	25. WAS CASE REFERRED TO EXAMINER? LAYES 2 NO 27. MANNER OF DEATH 1 Naturel 5 1 2 Accident 3 Suicide 6 4 Homicide 29a. CERTIFIER (Check only)	Pending Investigation Could not be determined	HOSPITAL: 1 Inpatiant 2 28a. DATE OF (Month, D) 28a. PLACE O building, ROAL	BR/Outpetlant 3 INJURY ay, Year) C Y U F INJURY — At ho atc. (Specify) my knowledga, da	DOA 26b. TIME INJU 09 5	OTHER: 4 Nursin OF 2 RY 2 M Ireet, factor	t \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	URY AT PRK? YES 2 W	NO and dua	28d. DES DML 281. LOC. City TELS to the cau	ATION (Street a por Town, State) GRAPH Tee(a) and man	IN COC	O'S LO O' RUTHI A TCI L	oute Number,	
COMPLETED BY	25. WAS CASE REFERRED TO EXAMINER? LAYES 2 NO 27. MANNER OF DEATH 1 Naturel 5 1 2 Accident 3 Suicide 6 4 Homicide 29a. CERTIFIER (Check only)	Pending Investigation Could not be determined IFYING PHYSIC CAL EXAMINER	HOSPITAL: 1 Inpatiant 2 28a. DATE OF (Month, D) 28a. PLACE O building, ROAL	BR/Outpetlant 3 INJURY ay, Year) C Y U F INJURY — At ho atc. (Specify) my knowledga, da	DOA 26b. TIME INJU 09 5	OTHER: 4 Nursin OF 2 RY 2 M Ireet, factor	t \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	URY AT PRK? YES 2 W	NO and dua	28d. DES	ATION (Street a por Town, State)	CH CO Connect of Number RD Cost oner an state of dua to the	or Rural R	co-MD	
BE COMPLETED BY	25. WAS CASE REFERRED TO EXAMINER? 27. MANNER OF DEATH 1 Naturel 5 Accident 3 Suicide 6 Accident 4 Homicide 29a. CETIFIER (Check only One)	Pending Investigation Could not be determined IFYING PHYSIC CAL EXAMINER	HOSPITAL: 1 Inpatiant 2 28a. DATE OF (Month, D) 28a. PLACE O building, ROAL	BR/Outpetlant 3 INJURY ay, Year) C Y U F INJURY — At ho atc. (Specify) my knowledga, da	DOA 26b. TIME INJU 09 5	OTHER: 4 Nursin OF 2 RY 2 M Ireet, factor	t \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	URY AT RK? VES 2 and place, eath occur	NO and dua	28d. DES 28t. LOC. City TECLO to the cau time, data	ATION (Street a por Town, State)	CH CO C	or Rural R	oute Number,	
COMPLETED BY	25. WAS CASE REFERRED TO EXAMINER? 27. MANNER OF DEATH 1 Naturel 5 Accident 3 Suicide 6 Accident 4 Homicide 29a. CETIFIER (Check only One)	Pending Investigation Could not be determined IFYING PHYSIC CAL EXAMINER	HOSPITAL: 1 Inpatiant 2 28a. DATE OF (Month, D) 28a. PLACE O building, Rock. HAN: To the best of a: COMPLETED CAUSTINGTON	ER/Outpatient 3 INJURY ay, 'Year') F INJURY — At ho atc. (Specify) The property of the prope	DOA 26b. TIME INJU Q 5 me, farm, si ath occurre investigation	OTHER: 4 Nursit OF 2 PRY 2	t \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	URY AT RK? VES 2 and place, eath occur	NO and due and at the	28d. DES 28t. LOC. City TECLO to the cau time, data	ATION (Street a por Town, State)	CH CO C	or Rural R	oute Number, CO— M D and manner as stated. (Month, Dey, Year)	
BE COMPLETED BY	25. WAS CASE REFERRED TO EXAMINER? 27. MANNER OF DEATH 1 Naturel 2 Accident 3 Suicide 4 Homicide 29a. CERTIFIER (Check only one) 29. SIGNATURE AND TILE	Pending Investigation Could not be determined IFYING PHYSIC CAL EXAMINER	HOSPITAL: 1 Inpatiant 2 28a. DATE OF (Month, D) 28a. PLACE O building, RAN: To the best of a:	ER/Outpatient 3 INJURY ey, 'bear') F INJURY — At he atc. (Specify) The specific property of th	DOA 26b. TiME INJI OG 5 me, farm, st ath occurre investigation M 27) (Type,	OTHER: 4 Nursit OF PRY 2 M 2 2 M 2 Add at the time t, in my opi	ng Hom tBc. INJ WO t \(\text{\tint{\text{\tin\text{\texi}\text{\text{\text{\texi}\text{\text{\text{\text{\texi{\texi\texit{\text{\texi\tiint{\text{\text{\text{\texi{\texi{\texi{\texi{\texi{\texi}\texit{\	URY AT PES 2 Page and place, eath occur	and dua ed at the NSE NUM	28d. DES 281. LOC City TELE to the cau time, data ABER E	ATION (Street a or Fown, Stele) GPAPUT Be(a) and man and place, an	and Number AD Case Oner as state d due to the PNO	or Rural R	oute Number, CO— M D and manner as stated. (Month, Dey, Year)	
BE COMPLETED BY	25. WAS CASE REFERRED TO EXAMINER? 27. MANNER OF DEATH 1 Naturel 2 Accident 3 Suicide 4 Homicide 29a. CERTIFIER (Check only one) 29. SIGNATURE AND TILE	Pending investigation Could not be determined IFYING PHYSIC CAL EXAMINER PERSON WHO	HOSPITAL: 1 Inpettant 2 28a. DATE OF (Month, D) 28a. PLACE O building, R iAN: To the best of completed caus 22a. REGISTRA 32. REGISTRA	ER/Outpatient 3 INJURY ey, 'bear') F INJURY — At he atc. (Specify) The specific property of th	DOA 26b. TiME INJI OG 5 me, farm, st ath occurre investigation M 27) (Type,	OTHER: 4 Nursit OF PRY 2 M 2 2 M 2 Add at the time t, in my opi	ng Hom tBc. INJ WO t \(\text{\tint{\text{\tin\text{\texi}\text{\text{\text{\texi}\text{\text{\text{\text{\texi{\texi\texit{\text{\texi\tiint{\text{\text{\text{\texi{\texi{\texi{\texi{\texi{\texi}\texit{\	URY AT PES 2 Page and place, eath occur	and dua ed at the NSE NUM	28d. DES 281. LOC City TELE to the cau time, data ABER E	ATION (Street a or Fown, Stele) GPAPUT Be(a) and man and place, an	and Number AD Case Oner as state d due to the PNO	or Rural R	and manner as stated. (Month, Dey, Year) 16/94	



after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020

funeral director, page 5 should be detached for use as the burial-transit

Te

e

must

examiner

medical

other traumatic CERTIFICATION

MEDICAL

PHYSICIAN:

ВУ

COMPLETED

BE 2 Accident

3 Suicide

4 Homicide

Investigation

6 Could not be determined

completely filled in by the hal, cremation, or removal.

DIRECTOR

FUNERAL

BY

ETED

COMPL

BE notified

2

permit. Pages 1, 2, 3

	10	3	Ē	3
	Sin	.⊆	9	9
	. 2	8	0	E
		Œ	5	P
ų.	Ą.	tety	Tat	7
Š	Will	9	e e	5
2	Pa	E	=	5
œ	5	9	Ë	2
Ð	exe	E S	0 0	Па
×	9	an	2	3
$\tilde{\mathcal{Z}}$	e	Sic	용	를
DIVISION OF VILAL RECORDS, P.O. BOX 68/60,	ical	É	9	9
<u></u>	ē	D.	je.	듬
<u>.</u>	8	ğ	F	-
_	ath	re	7	
ີດ	de	63	en	3
	the	=	2	Ē
r	at	5	and	>
\circ	5	Pa	£	an
۲	res	į	69	20
П	gen	5	Ŧ	ě
r	9	ě	0	60
	2	53	epi	23
⋖	he	Æ	9	E
	-	Sat	tat	9
>	AN	ŧ.	92	5
_	310	ce	£	_
D	Ξ	SE	É	9
-	0	Ε	4	Pe
5	ž	Affe	eal	E
=	9	à	10	60
2	Ë	Ē	aff	28
>	A	2	2	E
5	Ö	ä	ğ	2
	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within thours at	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or rem-	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medic
	d	8	Ξ	$\stackrel{\cdot \cdot \cdot}{=}$
	Õ	5	ŧ	×
	ш	LEI	70	E
	王	프	fle	2
	2	2	2	Ξ

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2 DATE OF DEATH 3. TIME OF DEATH Winston 8274 10 mas 10Vem 6. AGE (In yrs. last birthday) 4. SOCIAL SECURITY NUMBER 5. SEX IF UNDER 1 YEAR 7. DATE OF BIRTH BIRTHPLACE (State or Foreign 117.26 /43 DAYS HOURS Washington, DC 579-56-7856 50 1 X XM 2 | F 9a. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH PG Medical Center Cheverly PG RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? PG Md Capitol Heights 1 VES 2 NO 10e. STREET AND NUMBER 101. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 20743 USA 117 West Mill Avenue 11, MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-I1 yes, specify Cuban, Maxican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Married FORCES? 1 YES 2
IF YES, GIVE WAR OR DATES 1 YES 2 NO Specify Specify: 3 Widowed 4 Divorced **Black** 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest gr Elementary/Secondary (0-12) College (1-4 or 5+) 11th Grade None Property Attendant Real Estate Dwellings 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) Thomas Winston Sr. Ruth Owens 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Cozet Grice-Winston Same as 10a,b,c,d,e,&f 20a. METHOD OF DISPOSITION
1 🔯 Burial 2 □ Cremation 3 □ Ramoval from State
4 □ Donation 5 □ Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, Stata Harmony Memorial Park 11/10/94 Landover, Md. 21. SIGNATURE OF FUNERAL SERVICE LICENSES 22. NAME AND ADDRESS OF FACILITY John T. Rhines Co., Inc. 3030 12th St NE, DC 20017 23. PART I Enter the diseases, or complications that church the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, ahock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) rung concer TO (OR AS A CONSEQUENCE OF): Sequentially list conditiona, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 4 OF DEATH? 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES \square NO \square UNCERTAIN \square 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINENT 1 ES 2 NO HOSPITAL OTHER:
4 □ Nursing Home 5 □ Realdence 6 □ Other (Specify) ☐ Inpatient 2 ☑ ER/Outpatient 3 ☐ DOA 27, MANNER OF DEATH 26s. DATE OF INJURY 28b. TIME OF 26c. INJURY AT WORK? 28d. DEŞCRIBE HOW INJURY OCCURED 1 Matural 1 YES 2 NO

29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end placa, and due to the cause(a) and manner as stated, 2 MEDICAL EXAMINER: On the beals of examination and/or investigation, in my opinion, death occurs at the firms, date and place, and due to the ceuse(s) and manner ea stated. AND TITLE OF CERT 200 LICENSE NUMBER 31. DATE FILED (Month, Day Like Davidson NOV 0 9

28a. PLACE OF INJURY — A1 home, 1erm, street, factory, office

281. LOCATION (Street and Number or Rural Route Number, City or Town, State)

Approximate

Interval Between

Onset and Death

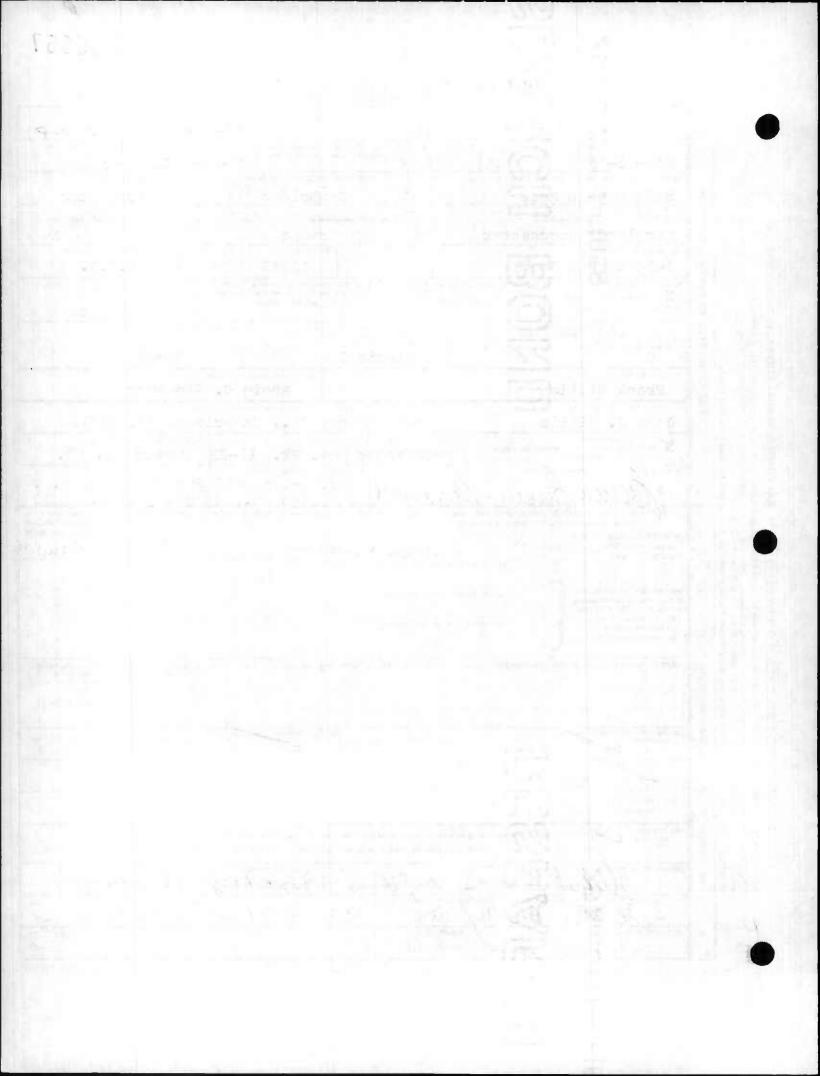
yeirs

urs after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020

60,	within
687	pecuted
×	eg.
. 8	ificate
0	cert
D, D	death
Ö	the
S.	that
ECC	equires
Œ	×
IA	The la
OF VI	HYSICIAN:
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within
<u> </u>	B/
	HOSPITAL (
	포
	TO
	-

1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

Cannon Connon Connon Connon Corporation Connon Corporation Conn	Road INTY rchester Road 12. WAS DECEDENT E FORCES? 1 IF YES, GIVE WARR EDUCATION rade completed) College (1-4 or 5+)	YES 2 TOP DATES	ARMED DECEDENT'S (Give kind of v	Y, TOWN OR LOC Camb	on Location of C	NIC ORIGIN? (Spec	-1910 9c. COUNTY DOT	Maryland Y OF DEATN TChester 10d. INSIGE CITY LIMITS? 1 YES 2 X EN OF WHAT COUNTRY? U.S.A.	
Cannon E OF DECEDENT 10b. COL DO NO NUMBER Cannon ATUS Tied 2 Merried 4 Divorced 15. DECEDENT'S (Specify only highest of Secondary (0-12) AME (First, Middle, Last) nk Willi T'S NAME (Type/Print) J. Will DEF DISPOSITION Cremetton 3 F	Road INTY rchester Road 12. WAS DECEDENT E FORCES? 1 IF YES, GIVE WARR EDUCATION rade completed) College (1-4 or 5+)	EVER IN U.S. A YES 2 T OR DATES 180. 0	ARMED DECEDENT'S (Give kind of v	Y, TOWN OR LOC Camb	mbridge ation oridge ior. zip code 21613 eccendent of Hispa	NIC ORIGIN? (Spec	9c. COUNTY DOT	Y OF DEATN rchester 10d. INSIGE CITY LIMITS? 1 — YES 2 [XI EN OF WHAT COUNTRY? U.S.A. 6. RACE — American India	
Land DO ND NUMBER Cannon ATUS Titled 2 Merried 4 Divorced 15. DECEDENT'S (Specify only highest of Secondary (0-12) AME (First, Middle, Last) AK Willi T'S NAME (Type/Print) J. Will DE DISPOSITION Cremetton 3 F	Road 12. WAS DECEDENT E FORCES? 1 [IF YES, GIVE WARR EDUCATION College (1-4 or 5+)	YES 2 TOP DATES	ARMED NO DECEDENT'S	Camb	ATION Oridge Orice 21613 ECENDENT OF HISPA	NIC ORIGIN? (Spec	10g. CITIZEI	10d, INSIDE CITY LIMITS? 1 □ YES 2 🔏 EN OF WHAT COUNTRY? U.S.A. 6, RACE — American India	
Land DO NO NUMBER Cannon ATUS ried 2 Merried 4 Divorced 15. DECEDENT'S (Specify only highest of Secondary (0-12) AME (First, Middle, Last) nk Willi T'S NAME (Type/Print) J. Will DE DISPOSITION Cremetton 3 F	ROAD 12. WAS DECEDENT E FORCES? 1 IF YES, GIVE WARE EDUCATION rade completed) College (1-4 or 5+)	YES 2 TOP DATES	ARMED NO DECEDENT'S	Camb	oridge 10f. ZIP CODE 21613 ECENDENT OF HISPA	NIC ORIGIN? (Spec	Ify Yes or No- 14	LIMITS? 1 YES 2 XI IN OF WHAT COUNTRY? U.S.A. 4. RACE — American India	
Cannon ATUS Tried 2 Merried 4 Divorced 15. DECEDENT'S (Specify only highest g Secondary (0-12) AME (First, Middle, Last) Ok Willi T'S NAME (Type/Print) J. Will DE DISPOSITION Cremetton 3 F	12. WAS DECEDENT E FORCES? 1 IF YES, GIVE WAR EDUCATION rade completed) College (1-4 or 5+)	YES 2 TOP DATES	DECEDENT'S	13. WAS D If yes,	21613	NIC ORIGIN? (Spec	Ify Yes or No- 14	U.S.A.	
ried 2 Merried 4 Divorced 15. DECEDENT'S (Specify only highest of Secondary (0-12) AME (First, Middle, Last) AK Willits NAME (Type/Print) J. Will DE DISPOSITION Cremetton 3 F	FORCES? 1 IF YES, GIVE WAR	YES 2 TOP DATES	DECEDENT'S	If yos,	specify_Cuban, Mexic	an, Puerto Rican, el	Ify Yes or No- 14	4. RACE — American India	
(Specify only highest of Secondary (0-12) AME (First, Middle, Last) AK Willi T'S NAME (Type/Print) J. Will DE DISPOSITION Cremetton 3 F	College (1-4 or 5+)		(Give kind of v			ny:		Specify: White	
AME (First, Middle, Last) Ak Willi T'S NAME (Type/Print) J. Will DE DISPOSITION Cremelion 3 F	s			18e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY					
nk Willi T'S NAME (Type/Print) J. Will OF DISPOSITION Cremellon 3 1	S		Clerical Steel						
J. Will F DISPOSITION Cremellon 3 F	is					ie C. (Melden Surname)	r	
F DISPOSITION Cremelion 3 F	is		19b. MAILING	ADDRESS (Street	t end Number or Rural	Route Number, City	or Town, State, Zip Co	ode)	
☐ Cremelion 3 ☐ F			5434	Canno	n Rd.,	Cambrid	dge, MD.	. 21613	
	lemoval from State			OF DISPOSITION	Nama of Pk.	11-23	cambri	ty or Town, State	
21. SIGNATURE OF FUNERAL SERVICE MICHISEE 22. NAME AND ADDRESS OF FACILITY CUrran—Bromwell Funeral Home 308 High St., Cambridge, MD. 23. PART I. Enter the diseases, or complications that ceused the deeth. Do not enter the mode of dying, such as cardiac or reapiratory arrest, shock, or heart feliure. List only one ceuse on each line.									
list conditions, g to immediate UNDERLYING ase or injury events Jeath) LAST	b. DUE TO (Of	R AS A CONS	EQUENCE OF	ባ :	udn			×In	
er algnificant condi	d. contributing to de	eath but not	t resulting	In the underly	ing cause given in	P	AS AN AUTOPSY ERFORMED? YES 2 NO	24b. WERE AUTOPSY FIN AMAILABLE PRIOR 1 COMPLETION DF CO OF DEATH? 1 YES 2 N	
REFERRED TO MEDICA	HOSPITAL:			26.	PLACE OF DEATH (C	heck galy one)			
2	1 Inpatient 2 E			4 - Nursing N	ome 5 Hesidence				
27. MANNER OF DEATH 1 Next Tell Strate Investigation 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY AT WORK? 1 Next Tell Strate Investigation 28d. DESCRIBE HOW INJURY OCCURED 1 YES 2 NO								RED	
2 Accident Investigation 3 Suicide 8 Could not be determined								Rural Route Number,	
29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the lime, date end place, and due to the cause(e) end menner as stated.									
	IFIER () un	A	>	29c. LICENSE NU	773	29d. DATE S	SIGNEO (Month, Day, Year)	
2 MEDICAL EXAME		DE DEATH (IT	27) (7)04	(7)-	200		- 11	12.1600	
	MEDICAL EXAM	DO MEDICAL EXAMINER: On the basic of examiner	2 MEDICAL EXAMINER: On the basic of examination end/o	De MEDICAL EXAMINER: On the basic of examination end/or investigate	MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion	2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the ANO TITLE OF CERTIFIER 28c. LICENSE NO.	2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date end plus of title of certifier 29c. LICENSE NUMBER	2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the ANO TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE:	



Pages 1, 2, 3 should

permit.

afte	7	NO.	Ca
5	_	9	8
3	P	0	ε
HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	FUNERAL DIRECTOR; After this certificate has been signed by the attending physician and completely inled in by the	within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or remov	TANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical
1	ely	nat	_
Ę.	See	100	E
P	E	,	3
ute	2	iga iga	3
Sec	ä	چ	1
43	S	9	119
A	ici	9.	5
Safe	E	63	ba
誓	0	E e	š
9	iji.	2	0
€	ie.	7	9
qea	a	JE S	2
De	幸	ž	른
#	3	2	=
=	8	45	E
83	5	eat	22
Q.	S	Ŧ	0
80	9	0	S
N.E	S	epu	23
9	=	0 9	E
Ε.	ate	tat	e
AN	ij	S	-
2	9	£	0
¥	is.	复	Pe
9	#	-	Te.
Se	fe	eat	Ε
9	-	-	89
=	è	afte	82
A	53	12	E
9	눔	20	ie
N	1	2	1
PT	83	1	E
8	3	長	AN
T	Ų.	3	100

苦苦寶 223

9

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF OEATH (ITEM 27) (Type, Print)

WOODD

32. REGISTRAR'S SIGNATURE

Julia Davidson Randell

THUR O.

NOV 2 1 1994

31. DATE FILEO (Month, Day, Year)

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 -CERTIFICATE OF DEATH 2. OATE OF OEATH 1. DECEDENT'S NAME (First, Middle, Last)
Jane Gray Wheeler 3. TIME OF OEATH 11-17-1994 8:10PM m 4. SOCIAL SECURITY NUMBER 213-38-0587 6. AGE (In yrs. 89 7. OATE OF BIRTH 5 SEY last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 7/31/1905 MONTHS DAYS HOURS 1 □ M 2 1 F YRS. MD 9e. FACILITY NAME (If not institution, give street and number)
Box 1169 Rt. 1 9b. CITY, TOWN OR LOCATION OF DEATH PORT TODACCO 9c. COUNTY OF OEATH Box 1169 Rt. DIRECTOR Charles RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION
Port Tobacco MD Charles 1 - YES 2 NO 10f. ZIP CODE 20677 FUNERAL 10g. CITIZEN OF WHAT COUNTRY? Box 1169 Rt. 1 U.S.A 12. WAS DECEOENT EVER IN U.S. ARMED 14. RACE American Indian, Black White, etc. 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Mexicen, Puerto Rican, etc.)

1 YES 2 NO Specify: 1 Newer Merried 2 Merried IF YES, GIVE WAR OR DATES White ВҰ 3 Widowed 4 Divorced ETED 18e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EOUCATION 18b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comp Elementary/Secondary (0-12) College (1-4 or 5+) Charles Co. Board of Ed Teacher COMPL 18. MOTHER'S NAME (First, Middle, Meiden Sumeme) Margaret Scott Gray 17. FATHER'S NAME (First, Middle, Last) James A. Gray Ħ 띪 notified 19e, INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Wallace Wheeler 2408 Crooked Tree Ct. Marietta, GA. pe METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of cemetery, cremetory or 20c. LOCATION — City or Town, State 20s. METHOD OF DISPOSITION

1 1 Buriel 2 Cremetion 3 Removal from State

4 Donetion 5 Other (Specify) must Dld <u>Duram</u> 11-22-94 Iron Sides, MD Cem. examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE AREHART-ECHOLS FUNERAL HOME, INC David MO0945 LaPlata, MD 20646 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory errest, Approximata shock, or heart failure. List only one cause on each line. Intarval Between Onest and Death IMMEDIATE CAUSE (Final disesse or condition DUE TO (OR AS A CONSEQUENCE OF): resulting in death) dration CERTIFICATION Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING DIE TO (OR AS A CONSEQUENCE OF): CAUSE (Disease or injury that initiated events resulting in death) LAST presell 24a. WAS AN AUTOPSY PERFORMED? PHYSICIAN: MEDICAL PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINOINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 PHO DF DEATH? 1 TES 2 DINO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) OTHER: 1 YES 2 NO 4 Nursing Home 5 Realdence 8 Other (Specify) 1 🗌 Inpatient 2 🗆 ER/Outpatient 3 🗆 DOA 27. MANNER OF DEATH 28e, OATE OF INJURY 28c. INJURY AT WORK? 28d, OESCRIBE HOW INJURY OCCURED 28b. TIME OF INJURY t Matural 5 Pending 1 YES 2 NO ВҰ 2 Accident Investigation 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28a. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 3 Suicide 8 Could not be COMPLETED 4 Homicide detarmined 29e. CERTIFIER

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the ceuse(s) end menner es stated. 2 MEDICAL EXAMINER: On the bests of examination and/or investigation, in my opinion, death occured at the time, date and place, and due to the ceuse(s) and menner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER BE

100 Washingtm Ave

Activities and the same of the

BALTIMORE, MARYLAND 21215-0020

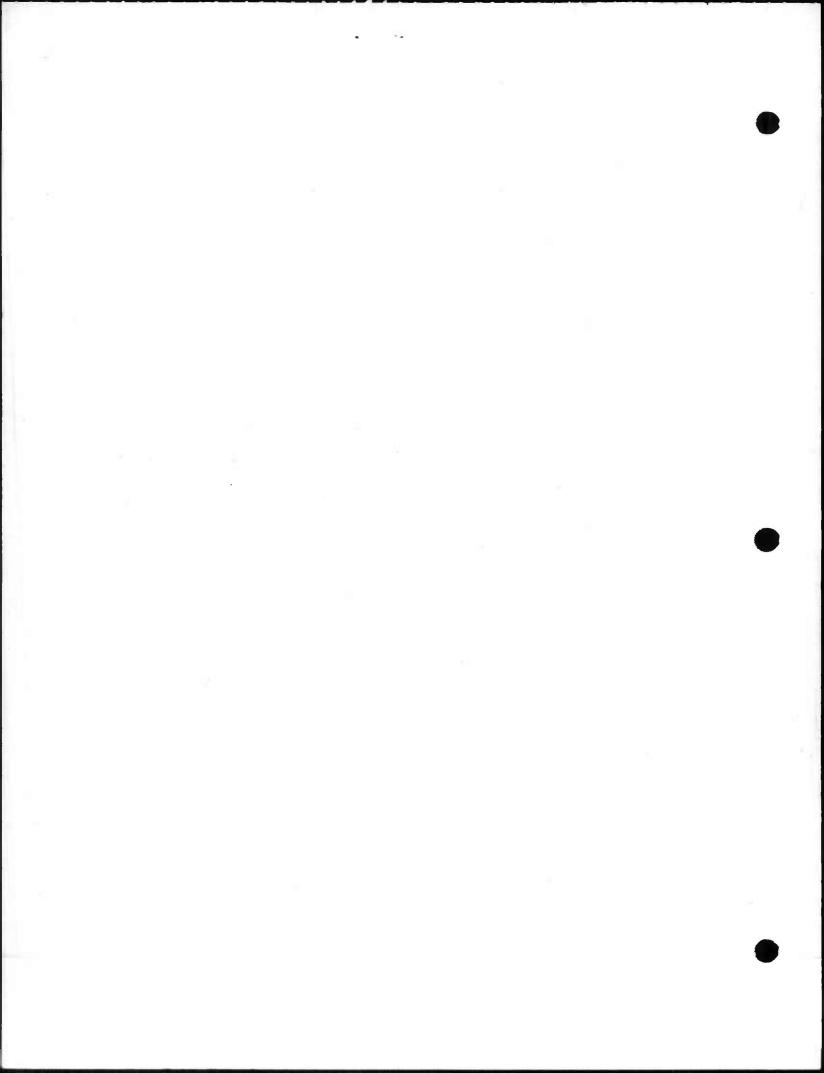
DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	STATE OF MA	ARYLAND /	DEPAR	TMENT (F HEALTH	AND MI	ENTAL HYGIE			
- 8	1. OECEDENT'S NAME (First, Middle,	Last)					:	2. DATE OF DEATH			3. TIME OF DEATH
- 7		LLACE						NOVEMBER	12,	1994	3:23 P M
	4. SOCIAL SECURITY NUMBER		. AGE (In yrs. last	birthday)	IF UNDER 1 Y	EAR IF UNDER	R 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		6. BIRTH	PLACE (State or Foreign
	214-28-4150	1 ★ M 2 □ F	63	YRS.	worths b	ATS HOUNS		Vovember 2	6. 1930		vlam
~	9a. FACILITY NAME (If not institution,	,			9b. CITY, TO	WN OR LOCATI	ION OF DEAT	ГН	9c. COU	NTY OF DE	
5	JOHNS HOPKINS HOSPITAL BALTIMORE CITY										
DIRECTOR		OUNTY		10c. CIT	Y, TOWN OR	OCATION					10d. INSIDE CITY
5	Maryland	Charles		Indi	an Head	l					LIMITS?
AL	10e. STREET AND NUMBER					tof. ZIP COD	Ε		10g. CIT	IZEN OF W	HAT COUNTRY?
FUNERAL	Rt. 2 Box 73R					206	540		Ţ	J.S.A.	
	t1. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT E FORCES? t						ORIGIN? (Specify 'Puarto Rican, etc.)	res or No-		- American Indian, White, atc.
B	3 Wildowed 4 Divorced	IF YES, GIVE WAR	OR DATES			YES 2X NO		,		Specif	· _
	15. DECEDENT	S EDUCATION	16a, DEC		USUAL OCCI			16b, KIND OF E	USINESS/IND	DUSTRY	Black
Ē	(Specify only highest Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give	e kind of v Do NOT us	vork done duri e retired.)	ng most of worki	ng	200			
를	12		Pai	inter				U.S.	Governm	ent	
COMPLETED	17. FATHER'S NAME (First, Middle, La	•				16. MQT	HER'S NAME	E (First, Middle, Maid	en Sumame)	21 1/11	
H	Henry Horace Walla							Olivia Jo			
၀	19a. INFORMANT'S NAME (Type/Print	1						ute Number, City or 1		Code)	
- 1	John Wallace		20b. PLACEAR				mywin	Marylan	206	10	
	4 □ Donation 5 □ Other (Specify,		cemetery, crem	atory or of	her place)	ery N	~v 16 1	1			
	21. SIGNATURE OF FUNERAL SERVI		1 00. 0.	<u>urica</u>	22. NA	WE AND ADDRE	SS OF FACIL	LITY	mont.	varyla	end
	·n/	911-		0.000	Wil	Liams Fu	neral H	tome, P.A.			
T	23. PART I. Enter the diseases	, or complications that c	aused the dee	0668 th. Do r	Rt.	dd5 & G	Ing. such	Rd. India	en Head	2064	Approximate
- 1	ehock or heest fei	lure. List only one ceuse	Dn eech line.			,	mg, oddii t	25 0010130 01 101	phatory sti	cot,	interval Between Onset and Death
	disease pr condition resulting in death)	Lune	a Can	900							6 Months
	reducing in death)		AS A CONSECU	JENCE OF	7):						
S	Sequentially ilet conditions,	Smol	King								30 years
RTIFICATION	if any, leeding to immediate cause. Enter UNDERLYING	DUE 10 (OF	M AS A CONSECU	JENCE OF	7):						
FI	CAUSE (Disease or injury that initiated events	C. DUE TO (OI	R AS A CONSECU	JENCE OF	7:						1
HT	resulting in deeth) LAST	d									
CE	PART II. Other significent con-	ditions contributing to de	eath but not re-	eulting i	n the unde	riving ceuee	niven in Pe	art i 24- MAG	AN AUTOPSY	7.45	WERE AUTOPSY FINDINGS
CAL		demindring to do	Julii Dal IIDI 16	outing	ii the unge	liying codes	Aisau iii La	PERF	ORMED?	240.	AMAILABLE PRIOR TO COMPLETION OF CAUSE
MEDIC								_ t XYES	2 NO		OF DEATH?
∑ ∵	DID TOBACCO USE CO	ONTRIBUTE TO CAU!	SE OF DEAT	H YE	S X NO		ERTAIN	_			1 TES 2 NO
BY PHYSICIAN:	25. WAS CASE REFERRED TO MEDIC EXAMINER?	AL			H (Check only		- CHANGE				
	1 YES 2 P'NO	HOSPITAL: t⊕'inpetient 2 □ El	R/Outpatient 3	DOA	OTHER:	Home 5 🗆 Re	esidence 6	Other (Specify)			
H H	27. MANNER OF DEATH 1 X Natural 5 Pending	26e. DATE OF IN. (Month, Day,		26b. TIM	E OF 26 URY	. INJURY AT WORK?	2	8d. DESCRIBE HOV	INJURY OC	CURED	
à l	2 Accident Investiga	rtion					NO				
	3 Suicide 6 Could no 4 Homtcide determin		NJURY — At hom :. (Specify)	e, term, s	treet, factory,	office	2	81. LOCATION (Street City or Town, Sta	et and Number te)	or Rural Re	oute Number,
	29a. CERTIFIER										
COMPLET		PHYSICIAN: To the best of my AMINER: On the basis of exam									
	390 SIGNATURE AND TITLE OF CER				.,y op						
B	John C.	Dogac	MI	١.		M. /	284	EM	29d. DAT	1 1	(Month, Day, Year)
2 ∥	30. NAME AND ADDRESS OF PERSO	N WHO COMPLETED CAUSE	OF DEATH (ITEM	27) (Туре,	Print)	110/10	707		1	114	17
	T 11 A					es Loun	~ Joh	kns Hopk	H ini	250:	tal
	31. DATE FILEO (Month, Day, Year)	32. REGISTRAR'S	SIGNATURE				-			- 9 - 1	
	NOV 1 8 19	394 Julia da	ucher Ra	dell.							
		~									



TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within and recent of the death. Page 6 may be retained by the bushistion.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunal, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

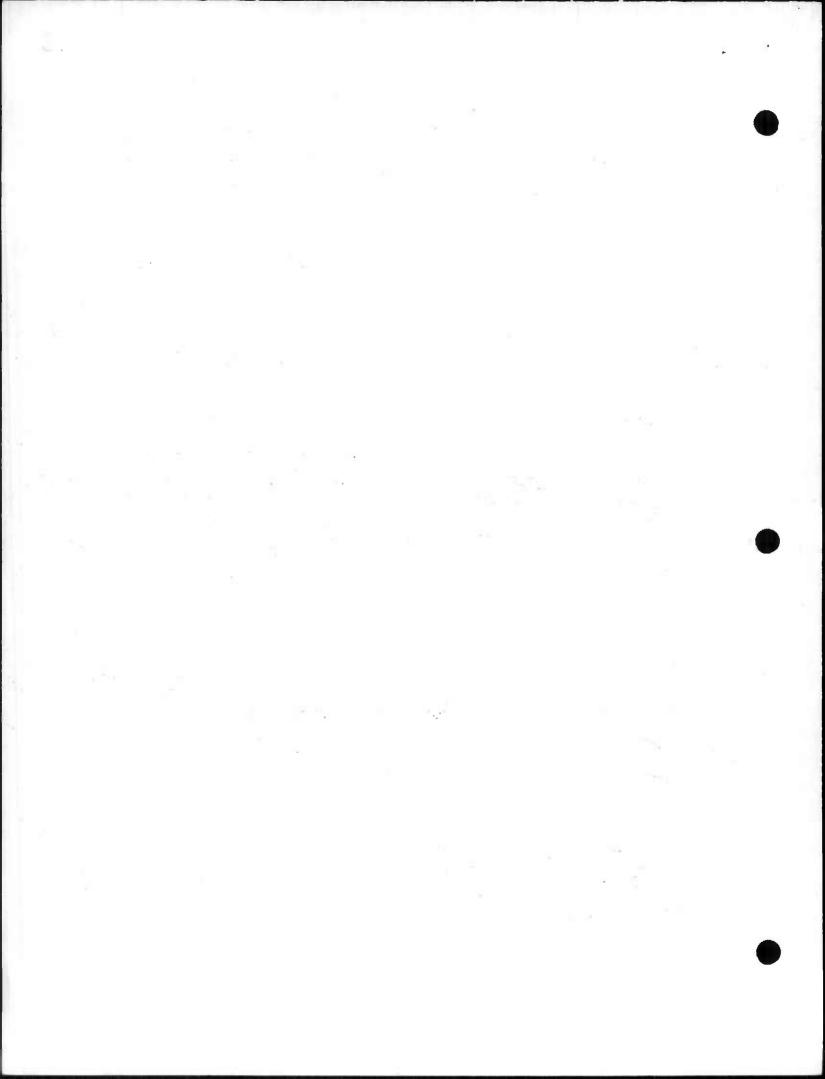
BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

1 - FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH BEG NO.

	REGISTRAR	CEF	RTIFICA	TE OF DE	EATH	REG. NO).			
19	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME	OF DEATH	1
17	Benjamin M				November 4, 1994			:30	Рм	
	4. SOCIAL SECURITY NUMBER 5. SEX	Young 6. AGE (In yrs. last bi		NOER I YEAR IF L		7 DATE OF BIRTH		BIRTHPLACE (S		
- 9	577-09-4338 1⊠ м ₂ □	94	YRS. MONT	THE DAYS HOL	JRS MIN.	(Month, Day, Year) May 9, 19		Marylar		
	9n. FACILITY NAME (If not institution, give street and number)	74	Ob (CITY, TOWN OR LO				OF DEATH	ıa	
œ	At Home, Bushwood Drive			Bushwood		in .		Mary's		
일	RESIDENCE OF DECEDENT			busiiwood			St.	Mary S		
DIRECTOR	10e. STATE 10b. COUNTY		10c. CITY, TOV	WN OR LOCATION				10d. INS	IDE CITY	_
등	Maryland St. Mary's		B	ushwood				LIM	ITS7	10
	10e. STREET AND NUMBER			10f, ZIP	CODE		I to CITIZEI	N OF WHAT COU		40
A	General Delivery				0618				MIHT	
FUNERAL		ENT EVER IN U.S. ARME	- I					S.A.		
	1 Namer Married 2 X Married FORCES?	1 YES 2 NO	b	If yes, specify	Cuben, Mexican,	ORIGIN? (Specify Ye Puerto Rican, etc.)	e or No — 14	Black, White, e	etc.	n,
À	3 Wildowed 4 Divorced IF YES, GIV	E WAR OR DATES		1 🗌 YES 2 🔀	NO Specify:			Specify Blac	ck	
	15. DECEDENT'S EDUCATION	180 DECE	DENT'S HOUA	AL OCCUPATION		401 4010 05 01			-	
COMPLETED	(Specify only highest grade completed)	(Give	kind of work d	lone during most of v	working	16b. KIND OF BU	SINESS/INDUS	THY		
ا يّا ا	Elementary/Secondary (0-12) College (1-4 or 10th grade	5+)	stal			II S D	oetal	Service		
Ž	17. FATHER'S NAME (First, Middle, Last)	10	3 tal					DET ATCE		
8	The state of the s	Young			мотнев'з намі Jannie	E (First, Middle, Maider	Surname)			
닒	George									
2	19e. INFORMANT'S NAME (Type/Print)					ute Number, City or Tox			12	
	Bernard F. Young					Washingto				
1 3	20e. METHOD OF DISPOSITION 1X Burlel 2 ☐ Cremation 3 ☐ Removal from State	20b. PLACE AND	DATE OF DIS	SPOSITION (Name of	11 /1	DATE 20c. LO	CATION - CIT	y or Town, State	,	
	4 Donation 5 Other (Specify)	Mt. Oli				0/94 Was	sningto	on, D.C	•	
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE		- 1	Matting	DRESS OF FACI	diner Fu	oral I	Jome D	λ	
	Aguana Thor	-		_		Leonardto				650
	23. PART L Inter the diseases, Dr complications	hat caused the death	Do not er	nter the mode of	t dvino, such	reorardio	OWII, I'k	шутапа	proximat	
	Shock, or heart failure. List only one	cause on each line.		111		2	^	Inti	erval Bet	tween
	IMMEDIATE CAUSE (Finel disease or condition	1	#	111.		//	/	On	neet and	Death
}	resulting in death)	TO JOH AS A CONSEQUE	The same	My	ca	region		1	long	12
	/ 7	TO TOR AS A CORSEQUE	INCE OF	/		12/		6		
CERTIFICATION	Sequentially liet conditions,	TO (OR AS A CONSEQUE	DOE OF	/	0	nyo	re/	- our		_
A	If any, leeding to immediate cause. Enter UNDERLYING	TO TON NO IL COMPEGNE	INCE OF J					- 1		
윤	CAUSE (Diseese or Injury	TO (OR AS A CONSEQUE	NCE OF			/		-		_
Ē	that initieted events resulting in deeth) LAST		personal soy pr					i		
병	4							-		
	PART II. Other significent conditione contributing	to deeth but not resi	ulting in the	e underlying cau	se given in P			24b. WERE AU		
DICAL						PERFO		COMPLET	E PRIOR TO	
MED						_ ` TES	3	OF DEATH		
	DID TOBACCO USE CONTRIBU	E TO CAUSE	OF DE	ATH YES	□ NO	- 1		T LI YES	S 2 N	°
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL	TO CAOOL	0. 01		OF DEATH (Chec	t cate and				
i i	EXAMINER! HOSPITAL:	- 97 W.W		HER: =	America					
Ϋ́		OF INJURY 2		Nursing Home 5	-	Other (Specify)				
		, Day, Year)	86. TIME OF INJURY	28c. INJURY / WORK?		28d. DEŞCRIBE HOW	INJURY OCCUP	RED		
A	2 Accident Investigation			M 1 TYES	2 NO					
	3 Suicide 8 Could not be 4 Homicide determined	E OF INJURY — At home, ng, stc. (Specify)	, farm, street,	fectory, office	1	281. LOCATION (Street City or Town, State		Rural Route Numi	ber,	
COMPLETED	4 Nomicios determined									
7	29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the bear	of my knowledge, death	occurred at t	the time, date end p	place, end due to	the cause(s) end me	nner ae stated.			
NO	one) 2 MEDICAL EXAMINER: On the beele of								mer ee ata	ited.
	29b. SIGNATURE AND TITLE OF CERTIFIER	1/2			LICENSE NUMB			IGNED (Month, D		
8	Day!	XIM		as	D 7.	ラミオ	290. DATE S	WI A	1 G	
임	30. NAME AND ADDRESS OF PERIOD WHO COMPLETED	AUSE OF DEATH (ITEM 2	7) (Time Dul	11 0	10	00		1/2/	1	
	David C. Allen, M.D.	//		Leonardto	own. Ma	rvland 3	20650	/	/	
		RAR'S SIGNATINDE								
	NOV 1 0 1994 Julia	MAR'S SIGNATURE								



STATE REGISTRAR

1. DECEOENT'S NAME (First, Middle, Last)

A SOCIAL SECURITY NUMBER

577 20 1422

ELIZABETH CATHERINE YOUNG

5. SEX

1 M 2 K F

1 -

_	affe
	8
	-
Ö	÷.
9	7
-	ğ
8	200
9	8
×	- 3
\circ	2
m	9
-	5
<u>.</u>	1
٧.	6
Δ.	4
-	- 5
S	7
	4
~	
$\overline{}$	4
\approx	9
_	÷
Щ	į
ш,	•
_	i
4	3
\vdash	F
	i
_	4
1	5
0	2
_	č
Z	5
0	2
-	1
(2)	ì
5	1
	9
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	was now appreciately principles. The last consistent that darest martificate he assented within
	8

Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number)
ARCOLA NURSING AND REHAB. CENTER 96. CITY, TOWN OR LOCATION OF DEATH SILVER SPRING DIRECTOR RESIDENCE OF DECEDEN 10c. CITY, TOWN OR LOCATION 10b. COUNTY TAKOMA PARK MONIGOMERY permit. 10e. STREET AND NUMBER 101, ZIP CODE FUNERAL 20912 burial-transit 605 HUDSON AVE. death. Page 6 may be retained by the hospital or attending physician. e funeral director, page 5 should be detached for use as the burial-tran 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO FORCES? 1 YES 2 If yes, specify Cuben, Maxican, Puerto Rican, etc.)

1 YES 2 NO Specify: 1 Never Married 2 Married BY 3 💢 Widowed 4 🗌 Divorced COMPLETED 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade complete Elementary/Secondary (0-12) College (1-4 or 5+) CLERK 12 once. 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Malden Surname)
KATHERINE MCGOIRICK CLEMENT C. HIPKINS 7 BE notified 19a. INFORMANT'S NAME (Type/Print) 198. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)
19833 SPURRIER AVE., POOLESVILLE, MD 20837 2 JAMES E. BAUR 9 20a. METHOD OF DISPOSITION
↑Control 2 □ Cremetion 3 □ Removal from State 20b. PLACE AND OATE OF DISPOSITION (Name must New 14,1994 WASHINGTON, D.C. of cemetary crematory or other place.
MI. OLIVET CEMETERY 4 Donation 5 Other (Specify) examiner 21, SIGNATURE OF FUNERAL SERVICE LICENSEE TAKOMA FUNERAL HOME INC 254 CARROLL ST NW 0 0 Car D.C. 20012 mpletely filed in by the functional. WASHINGTON, the medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory strest, shock, or heart failure. List only one cause on each line. **IMMEDIATE CAUSE (Finel** Themas wid diseese or condition resulting in death) age and completely event, DUE TO (OR AS A CONSEQUENCE OF) shysician and con prior to burial, traumatic CERTIFICATION Sequantielly liet conditions, DUE TO (OR AS A CONSEQUENCE OF) if any, leading to immediate cause. Enter UNDERLYING the attending physician Mental Hygiene prior to CAUSE (Disesse or injury or other DUE TO (OR AS A CONSPOUENCE OF): that initiated events resulting in death) LAST injury, PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL been signed by the shows any has be Dept. PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) h the State item HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA QTHER:
4- Nursing Home 5 Residence 8 Other (Specify) 1 TES 2 1 NO 6 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28c. INJURY AT WORK? 28d. OEŞCRIBE HOW INJURY OCCURED with t marked, 5 Pending Investigation 1 X Natural 1 YES 2 NO After the death BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 69 6 Could not be DIRECTOR: / COMPLETED 28 4 Homicide Hem 5 VC CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. TO THE HOSPITAL C TO THE FUNERAL D be filed within 72 ho IMPORTANT: If Its 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 296. SIGNATURE AND TYPLE OF CERTIFIER 29c. LICENSE NUMBER BE 21900 ttoD Druell 2 30, NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF CEATH (ITEM 27) (Type, Print) 7610 CARROLL AVE. #280 TAKOMA PARK, MD . 20912 SMITH HO, M.D. 31. DATE FILED (Month, Day, Year) 32. BEGISTRAR'S SIGNATURE whia Davidson-Randale 0 1994

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

IF UNDER 1 YEAR

DAYS

MONTHS

IF UNDER 24 HRS.

HOURS

6. AGE (In yrs. lest birthday)

100 yes.

2. DATE OF DEATH

7. DATE OF BIRTH July 4,

NOVEMBER 9, 1994

94 35671

3. TIME OF DEATH

10d. INSIDE CITY 1 YES 2 | NO

WHITE

Approximate

24b. WERE AUTOPSY FINDINGS

AVAILABLE PRIOR TO COMPLETION OF CAUSE

1 TYES 2 T NO

NOV. 10, 1994

Interval Between Onset and Death

14. RACE — American Indian, Black, White, etc.

8. BIRTHPLACE (State or Foreign

1894 Washington, DC

10g. CITIZEN OF WHAT COUNTRY?

Specify:

U.S.A.

16h KIND OF BUSINESS/INDUSTRY

U.S. GOVERNMENT

OATE 20c. LOCATION — City or Town, State

24a. WAS AN AUTOPSY

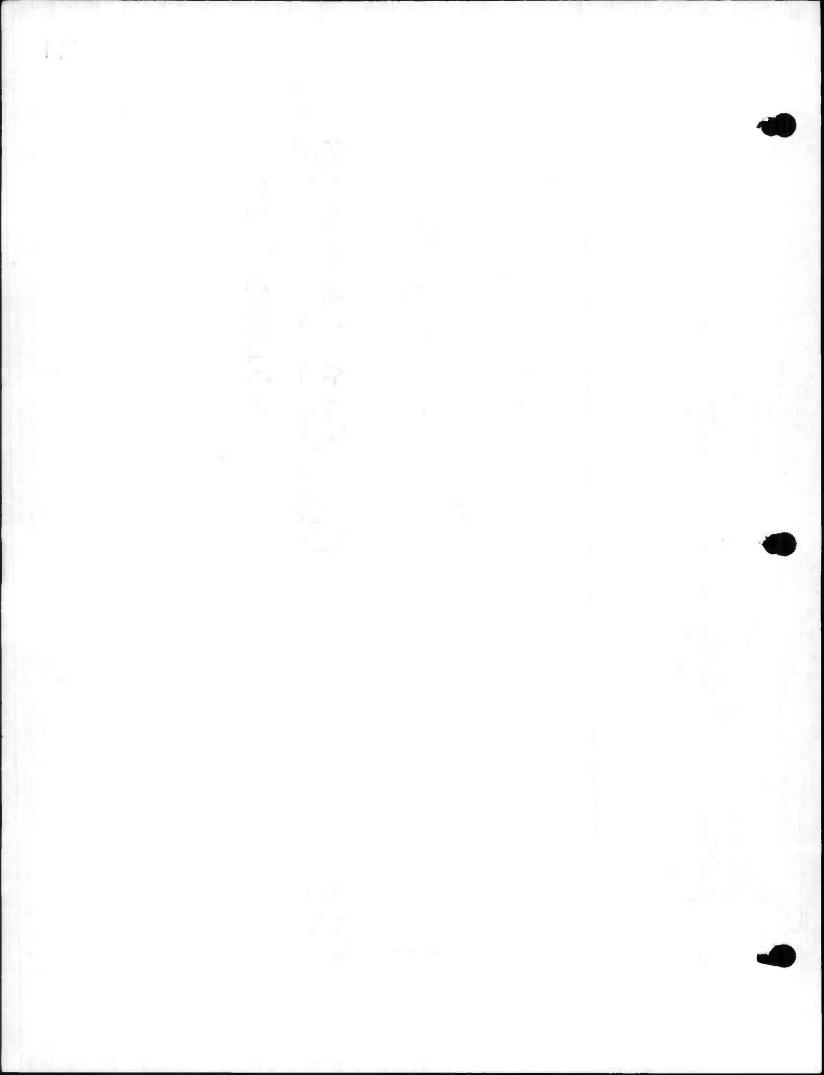
1 ☐ YES 2 NO NO

PERFORMED?

90 MONTY OF DEATHRY

11:15 p M

DHMH-16 Rev 1/89



-	ı
0	
9	
$\overline{}$	
687	
3	
BOX	
\simeq	
O	
m	
_	
_'	
0	
۵.	
_	
in	
9,	
~	
RECORD	
0	
Ö	
9	
ш	
œ	
the state of	
_	
$\overline{}$	
-	
TAL	
_	
>	
OF	
\circ	
_	
~	
0	
_	
ഗ	
>	
\cap	

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Memtal Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE OF MARY REGISTRAR		MENT OF HEALTH AND I	MENTAL HYGIENE REG. NO.	:					
7	1. DECEDENT'S NAME (First, Middle, Last)		1	2. DATE OF DEATH		3. TIME OF OEATH				
	trances Jane	7	ANCEY	MONTH DAY	94	137A M				
		E (In yrs. last birthday)	F UNDER 1 YEAR F UNDER 14 HRS.	7. DATE OF BIRTH	8. BIRTI	HPLACE (State or Foreign				
	577-38-3455 1 🗆 M 2 XXVF	75 YRS.	NONTHS DAYS HOURS MIN.	Nov. 17, 191	8 Mary	71and				
~	9a. FACILITY NAME (If not institution, give street and number)		9b. CITY, TOWN OR LOCATION OF OR	ATH	9c. COUNTY OF E	DEATH				
O	Suburban Hospital		Bethesda		Montgon	nery				
DIRECTOR	10e. STATE 10b. COUNTY	10c. CITY,	TOWN OR LOCATION			10d. INSIDE CITY				
	Maryland Prince George's		College Park			GC YES 2 NO				
3AL	10e. STREET AND NUMBER		101. ZIP CODE		10g. CITIZEN OF					
FUNERAL	4605 Dickinson Road 11. MARITAL STATUS 12. WAS DECEMENT EVER		20740		United					
	11. MARITAL STATUS 12. WAS DECEOENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	S 2 (NO	13. WAS DECENDENT OF HISPAN If yes, specify Cuban, Mexica	n, Puarto Rican, etc.)	Blec	E — American Indian, k, White, etc.				
B	3 OG/Idowed 4 Divorced	DATES	1 TYES (NO Specify		Spec	www. White				
	15, OECEOENT'S EDUCATION (Specify only highest grade completed)	18a. OECEDENT'S U	rik done during most of working	16b. KINO OF BUSI	NESS/INOUSTRY					
COMPLETED	Elementary/Secondary (0-12) College (1-4 or 5 +) 12 years 8 years	life. Do NOT use	retired.)	***						
N N	17. FATHER'S NAME (First, Middle, Last)	Researc	h Scientist	ME (First, Middle, Maiden S		Maryland				
8	Fredrick H. Stouffer			S R. Powel	,	- 1				
BE (19e. INFORMANT'S NAME (Type/Print)	19b. MAILING /	ADDRESS (Street and Number or Rural I							
2	Elizabeth A. Wineke		rd Street Lanha			5				
	1 Burial 2 XXCremetion 3 Removal from State	Ob. PLACE AND DATE Of	ar nlacel		ATION — City or To	own, State				
	4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE	etropolitan (Crematory Nov.7,1		andria, V	irginia				
	21. SIGNATORE OF FOREHAL SERVICE LICENSEE		Donald V. Bor	gwardt Fune	eral Hom	e, P.A.				
	ADRAJOL V. STANAJOH.		4400 Powder M	ill Rd. Be	ltsville	, Md.20705				
	23. PART I. Enter the diseases, or compilections that caus shock, or heart fallure. List only one cause on IMMEDIATE CAUSE (Final	each line,				Approximate Interval Between Onset and Daath				
	disease or condition resulting in death) a. Acute Renal Failure DUE TO (OR AS A CONSEQUENCE OF):									
NO	disease or condition resulting in death) a. Achte Renal Failure Due to (or as a consequence or): Sequentially list conditions, If any, leading to immediate Due to (or as a consequence or): Due to (or as a consequence or):									
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury									
TH	that initiated events OUE TO (OR AS resulting in death) LAST	A CONSEQUENCE OF)								
EB	d									
A P	PART II. Other algnificant conditions contributing to death	but not resulting in	1	PERFORM		. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO				
PHYSICIAN: MEDIC	Small bowel Ischemia	Poly	cythernia Ve	1 UYES 2	THO	COMPLETION DF CAUSE OF DEATH?				
ME					/	1 TYES 2 NO				
AN	DID TOBACCO USE CONTRIBUTE TO CAUSE 25. WAS CASE REFERRED TO MEDICAL	OF DEATH YES 28. PLACE OF DEATH		1 🗆 📗						
22	EXAMINER? 1 YES 2 NO HOSPITAL: N Inputlent 2 ER/Ou		OTHER:							
H	27. MANNER OF GEATH 28s. DATE OF INJURY	28b. TIME		8 Uther (Specify) 28d. DESCRIBE HOW IN.	JURY OCCURED					
ВУ Р	1 Netural 5 Pending (Month, Day War) 2 Accident Investigation	INJU	M 1 TYES 2 NO							
		RY — At homa, farm, atrecity)	eet, factory, offica	28f. LOCATION (Street an City or Town, State)	d Number or Rural i	Route Number,				
Ē.	AA- CERTIFIED									
COMPLETED	(Check only one) 298. CEHIFIER 1 CERTIFYING PHYSICIAN: To the best of my knd one) 2 MEDICAL EXAMINER: On the basic of examinat					a) and manner as stated.				
B	29b. SIGNATURE AND TITLE OF CERTIFIER	(ki)	29c. LICENSE NUM	GA 1	29d. DATE SIGNED	(Mogth, Day, Year)				
٤	30. NAME AND AGORESS OF PERSON WHO COMPLETED CAUSE OF D	PEATH (ITEM 27) (Type, F	rint)		11/3	/				
	KATHKYN S KIRWIN	MD 1	1400 Conn A	ul Kan.	Sing Tou	1 MD20895				
	31. DATE FILED (MOOIN DO) TOO! 1994 32 HEGISTRAR'S SIG	mature gandell								

.

permit. Pages 1, 2, 3 should

use as the burial-transit

page 5 should be detached for

E	0		9
Ė	673		Ē
Sea	Ž		Xa
ler (the	wal	=
CES	3	E	3
NU.	.⊆	F	ě
ř	lled	9.	-
	y fi	Tio	€
all the	etel	E	Ħ,
*	P.	5	Š
PE .	8	la.	43
58	2	Ď	黄
8	2	5	E
ă	Ca	rior	E
cate	3	6	-
SE .	0	ien	=
8	- Sign	F	-
ath	Ite	tal	7,0
9	96	Men	5
€	y t	P	=
that	Q P	20	1
Se	gne	alth	60
ğ	n Si	Ĭ	8
9	pee	0 .	55
8	as	Je pl	23
The	le h	le (E
×	fical	Sta	≝
CA	E.	the	9
3	S	£	Ď.
표	=	3	분
NG	lte.	eath	Ĕ
2	4	5	49
E	Ē	afte	200
×	品	5	E
0	ō	ž	<u>=</u>
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within fours after death. Pag	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral di	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examines
SP	NES	둁	豈
모	3	¥	Z
뿣	뿔	Po	P
0	0	e f	E
-	-	Д	_

1 4 1994

31. DATE FILED (Month,

32. AEGISTRAP'S SIGNATURE Pandall

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH MELISSA JAE YOU NOVEMBER 11 1994 0322 a M 4. SOCIAL SECURITY NUMBER 7. DATE OF BIRTH (Month, Day, Year) SEPT. 9, 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR B. BIRTHPLACE (State or Foreign DAYS HOURS MARYLAND 216-08-5080 21 1994 1 M 2 X F YRS 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR NIH, THE CLINICAL CENTER MONTGOMERY BETHESDA, MARYLAND 10a. STATE 10c. CITY, TOWN OR LOCATION 10d, INSIDE CITY LIMITS? MARYLAND MONTGOMERY SILVER SPRING 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 20902 804 HORTON DRIVE USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—It yes, specify Cuben, Maxican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married FORCES? 1 YES 2 2 X NO Specify: ASIAN BY 1 YES 2 NO Specify 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working 16b, KIND OF BUSINESS/INDUSTRY (Specify only highest grade (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) 2 Student College 17, FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) SOON S. YOU SOON Y. AN 1 BE notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Co 2 804 HORTON DRIVE SILVER SPRING, MD 20902 SOON S. YOU pe 20a. METHOD OF DISPOSITION

LL Burlel 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, Stata must Norbeck Memorial Park Olney. MD. 21. SIGNATURE OF FUNERAL SERVICE LICENSES examiner 22. NAME AND ADDRESS OF FACILITY W.W. Chambers Co. Inc. 5801 Cleveland Ave. Riverdale, MD. 20737 medical 21 PART I. Entar the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heart fellure. List only one ceuse on each line. Intervel Between IMMEDIATE CAUSE (Final **Onset and Death** the disease or condition OLD DIMONOLLY resulting in death) traumatic event, DUE TO (OR AS A CONSEQUENCE OF) CERTIFICATION Sequentielly list conditions, If any, laeding to immediate cause. Enter UNDERLYING clistress Synchon DUE TO (OR AS A CONSEQUENCE OF): CAUSE (Diseese Dr Injury other that initiated events resulting in death) LAST KIChsiclia DIROMONIA 0 any Injury, PART II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE MEDICAL textermal neutucc DMC. 1 TYES 2 XNO OF DEATH? shows a 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 28. PLACE OF DEATH (Check only one) ltem. HOSPITAL:
1 X Inpatient 2 - ER/Outpatient 3 - DOA OTHER: 1 - YES 2X NO 4 Nursing Home 5 Residence 6 Other (Specify) 0 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT 28d. DEȘCRIBE HOW INJURY OCCURED marked, 1X Natural м 1 YES 2 NO BY 2 Accident 26s. PLACE OF INJURY — At home, term, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 69 6 Could not be COMPLETED 4 Homicide 28 determined Hem 1 🔀 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and placa, and due to the cause(s) and manner se stated. 2 ___ MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CENTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE 11 luga 2 30. NAME AND ADDI LETED CAUSE OF DEATH (ITEM 27) (Type, Print) 9000 ROCKVILLE PIKE, BETHESDA, MARYLAND 20892 instru

0	
N	
0	
\approx	
Ÿ	
iò	
47	
_	
2	
21215	
N	
_	
~	
~	
AND	
1	
_	
_	
R	
₫	
-	
ž	
_	
2	
ш	
œ	
=	
0	
~	
-	
_	
_	
4	
4	
m	
ш	

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

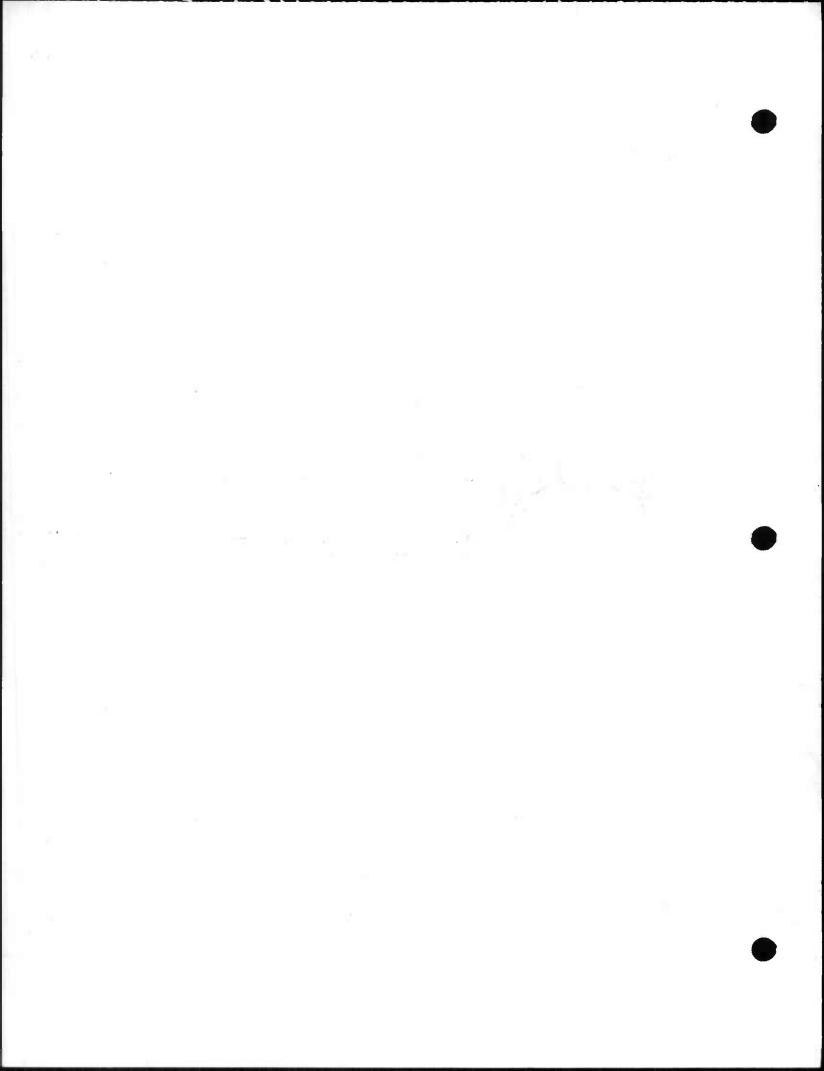
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with the month of the most part of the hospital or attending physician.

TO THE FUNERAL DIRECTOR After this certificate has been signed by the attending physician and completely fixed in by the timenal director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

FOR 1 STATE	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
REGISTRAR	CERTIFICATE OF DEATH	REG. NO.

	1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH DAY YEAR 3. TIME OF DEATH													
													4:40 P M	
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. las			,,	IF UNDE	IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH ONTHS DAYS HOURS MIN. (Month, Day, Year)				BIRTHPLACE (State or Foreign Country)				
	215-37-9953 1 \(\square\) \(\text{\$\frac{1}{2}\$} \) \(\square\) \(\frac{1}{2} \)			YRS.						May 26, 1943 Chi			China	
Œ						96. CIT		OR LOCATION		ATH		9c. COU	NTY OF D	EATH
DIRECTOR	4890 Batte	CEDENT					Bet	hesda	<u>a</u>			Mo	ntgo	omery
2	10e. STATE	10b. COUNTY			10c. CI1	ry, town								10d. INSIDE CITY LIMITS?
	Maryland	Mon	tgomery			Bet	hesd							1 TES 2X NO
FUNERAL		atteru	Lane #41	1 0			10	r. ZIP COD				10g. CITI	. CITIZEN OF WHAT COUNTRY?	
3	11. MARITAL STATUS	accery	12. WAS DECEDEN	IT EVER IN U.S.	ARMED	13.	WAS DEC		0814	HC ORIGIN?	(Specify Yes	or No.		ina
	1 Never Married 2 💢		FORCES? 1 IF YES, GIVE V	YES 2	Ои⊡		If yes, sp	ecify Cuba	n, Maxica	n, Puerto Ri	can, etc.)	0, 110	Black	— American Indian, c, White, etc.
BY	3 Widowed 4 Divo							-2/						Asian
Ξ	(Specify only	EDENT'S EDU	completed)		DECEDENT'S (Give kind of life. Do NOT u	work done	during mo	ON ost of workin	ng	16b. I	KIND OF BUS	SINESS/IND	USTRY	
COMPLETED	Elamentary/Secondary (0	1-12)	College (1-4 or 5 -	+)	Scien					G	eorge	town	Univ	versity
Š S	17. FATHER'S NAME (First, M	iddle, Last)				_	-	18. MOTI	HER'S NA		iddle, Maiden			
BE (Wen-jun	Zhou			_			1	Pie-	xia L	ing			
5	19a. INFORMANT'S NAME (7										r, City or Tow			
	An-Dao Ya				4890							_		
	1 Buriel 2X Crematio	n 3 🗆 Rem	oval from State	cemetery,	CEANDDATE Cremetory or C	of DISPO:	sition <i>(Ne</i> rema	tori.	1m.	The	- I	thesi	-	wn, State Maryland
	21 SIGNATURE OF FUNERA		ENGLE .											
	> Muchay	1 dy	Troppe	07000	0846	Ĉĥ Be	evy the	Chas	Mary	nc. Iand	7557	W±35	ome/ onsi	Bethesda- n Avenue
	23. PART 4. Enter the diseases, or complications that ceused the deeth. Do not enter the mode of dying, such as cerdiec or reepiretory erreat, shock, or heart failure. List onto the ceuse on each line. Approximate interval Between													
	IMMEDIATE CAUSE (Finel									Onset and Death				
	disease or condition reculting in death)	→	е	(OR AS A CON			ucti	On						3 Months
_		of Sto	,	L							1 Year			
101	Sequentielly liet conditione, If any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):													
CERTIFICATION	cause. Enter UNDERLYi CAUSE (Disease or inju		c											
TIL	that initieted evente resulting in death) LAS	т	DOE 10	(OR AS A CONS	SEQUENCE O	F):								i
S			d											
MEDICAL	PART ii. Other aignifice	nt condition	e contributing to	deeth but no	t resulting	in the u	nderlyin	g ceuse g	jiven in	Part I.	24a. WAS AN PERFOR		24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
ğ										-	1 TYES 2	X NO		COMPLETION OF CAUSE OF DEATH?
	DID TOPACCO II	SE CONITI	DIDLITE TO CA	LICE OF DE	ATIL V	rc 🗀	NO E	1 11116	CDTA IA					1 TES 2 NO
AN	DID TOBACCO U		CIBUIE IO CA		ACE OF DEA			JUNC	EKIAII	<u>ч Г. Г.</u>				
Sic	EXAMINER?		HOSPITAL:	ER/Outpatient	3 DOA	OTHE		e 5 M Re	sidenca	8 Other	(Specify)			
PHYSICIAN:	27. MANNER OF DEATH		28e. DATE OF (Month, D	INJURY	28b. TIN		28c. INJ				RIBE HOW I	NJURY OCC	CURED	
ВУ		Pending Investigation				М	1 🗆 1	/ES 2 [NO					
		Could not be	28a. PLACE O building,	F INJURY — At atc. (Specify)	home, farm,	street, fac	tory, offic	0			TION (Street a Town, State)	ind Number	or Rural A	loute Number,
LET	29a. CERTIFIER	TEVINO BUVO												
COMPLETED			CIAN: To the best of R: On the bests of ea											end manner as attated.
E C	296 FIGNATURE AND TITLE						_		NSE NUM					(Month, Day, Year)
m	derengto	Cod	Le MID						0460					per 4, 1994
2	30. NAME AND ADDRESS OF			A										
	Jeremy W Co	ooke, l	M.D., 104	100 Con	necti	cut 1	Aven	ue #6	506,	Kens	ingto	n, Ma	ryla	and 20895
	31. DATE FILED (Month, Day,	Year)	32. REGISTRA	R'S SIGNATURE										
	11117 11 7	1994	gruna Da	viason-N	MINGER									



BALIIMORE, MARYLAND 21215-0020	24 hours after death. Page 6 may be retained by the hospital or attending physician.	s certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should the State Dept, of Health and Mental Hypiene prior to burial, cremation, or removal.	he medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68/60,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR; After this certificate has been signed by the attending physician and completely filled in by the f be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

/	Amended #1 1 - STATE REGISTRAR	//// / / G STATE OF MARYLA	AND / DEPAR	RTMENT (OF HEALTH AND	MENTAL HYGIE	94 NE 9	9133	5675	
	1. DECEDENT'S NAME (First, Middle, Last) SIDNEY S.	ZUKAV				2. DATE OF DEATH MONTH NOVEMBER	DAY I 2	YEAR	OF DEATH	
			In yrs. last birthday)	IF UNDER 1 Y	EAR OF UNDER 24 HRS.	7. DATE OF BIRTH	1477	8. BIRTHPLACE (S	15 A. M	
	450-14-0495	∑ M 2 □ F 71			AYS HOURS MIN.	NOV. 28,	1994	TEXAS	nate or roreign	
	9a. FACILITY NAME (If not institution, give street	t and number)		96. CITY, TO	WN OR LOCATION OF D		_	INTY OF DEATH		
E C	BROOKE GROVE NURSI	NG HOME		OLN	EY			NTGOMERY		
ธั	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY									
DIRECTOR		MEDV		Y, TOWN OR I				1 104	SIOE CITY	
	MARYLAND MONTGO 100. STREET AND NUMBER	MERY	R	OCKVIL	LE 10f. ZIP CODE				S 2 X NO	
FUNERAL	13719 DRAKE DRIVE				20853			TED STATE		
W		2. WAS DECEDENT EVER IN	U.S. ARMED	13 WA	DECENDENT OF HISPA	NIC ORIGIN2 (Specific V				
正	1 Never Married 2 Married	FORCES? 1 X YES	2 NO	If y	a, specify Cuban, Mexic	an, Puarto Ricen, etc.)	ea or reo—	14. RACE — Amer Black, White, a	etc.	
BY	3 Widowed 4 Divorced	WWI		1	TES E EN NO SPEC	ny.		Specify: WHI	TE	
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade con	ION npieted)	16e. DECEDENT'S	USUAL OCCU	PATION ng most of working	16b. KIND OF B	USINESS/IN	DUSTRY		
E	Elementery/Secondary (0-12)	College (1-4 or 5 +)						T12.700		
ME	17. FATHER'S NAME (First, Middle, Last)	5+	COMPU	TER AN			VERNM	ENT		
						AME (First, Middle, Maide	,			
BE	SAMUEL ZUKAV SARAH REESE 198. INFORMANT'S NAME (Type/Print) 190. MAILING ADDRESS (Street and Number or Rural Boute Number, City or Town, State, Zip Code)									
10	JOSEPHINE K. ZUKAV (WIFE) 13719 DRAKE DRIVE, ROCKVILLE, MD 20853									
	20a, METHOD OF DISPOSITION 1 M Burtiel 2 Cremation 3 Removal from State 4 Donation 6 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of completely crematory of other place) JUDEAN MEMORIAL GARDENS 11/16 OLNEY, MARYLAND									
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY DANZANSKY-GOLDBERG MEMORIAL CHAPELS, INC.									
	Tranh	ast	mel	_ 117	O ROCKVILL	E PIKE, RO	OCKVI	LLE, MD	, INC. 20852	
	23. PART i. Enter the diseases, or com shock, or heart fallure. List	plications that caused	the death. Do i	not enter the	mode of dying, su	ch as cardiac or res	piratory ar		proximate terval Between	
	shock, or heart faliure. List only one cause on each line. IMMEDIATE CAUSE (Final								nset and Daath	
	disease or condition - a acute congestive heart failure our to (or as a consequence or):								ours	
N O	Sequentially list conditions, if any leading to immediate Due to (or as a consequence of): Due to (or as a consequence of):									
FICATION	if any, leading to immediata cause. Enter UNDERLYING	dials	et la	1006	litus			1		
FIC	CAUSE (Disease or injury that initiated events		CONSEQUENCE O	V	20000			14.	ears	
CERTI	resulting in death) LAST							ĺ		
뜅	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS									
MEDICAL	PAHI II. Other significant conditions c	ontributing to death be	ut not reauiting	in the unde	Tying cause given in		N AUTOPSY ORMED?	AVAILABL	ITOPSY FINDINGS LE PRIOR TO	
ă	Manual Ma	acropar	uy, u	we	re pery	ONCIAL 1 TES	2 X10	OF DEAT	TION OF CAUSE H?	
×	vascular ause	7 11	estensi	Md	egress	un		1 🗆 YES	S 2 NO	
AN	DID TOBACCO USE CONTRIB 25. WAS CASE REFERRED TO MEDICAL		F DEATH YE 26. PLACE OF DEA			N 🗆				
PHYSICIAN:	EXAMINER?	OSPITAL:		OTHER:						
¥	27. MANNER OF CEATH	28a. DATE OF INJURY	28b, TIM		Home 5 Realdence	8 U Other (Specify) 28d. DESCRIBE HOW	INJURY OC	CURED		
	Natural 5 Pending	(Month, Day, Year)		JURY	WORK?			OUTLE		
BY	2 Accident Investigation 3 Suicida 8 Could not be	28a. PLACE OF INJURY	- At home, farm,			28f, LOCATION (Stree	t and Numbe	r or Rural Route Num	ber,	
핕	4 Homicide detarmined	building, atc. (Speci	ny)			City or Town, Stat	Θ)			
COMPLETED	29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIAL	N: To the best of my knowl	edge, death occurr	ed at the time	date and place and de-	to the causals) and -	anner as are	rted.		
JMC	(Check only one) 2 MEDICAL EXAMINER: C								nner as stated.	
E C	295 BIGNATURE NO THE OF CERTIFIER				29c. LICENSE NU			TE SIGNEO (Month, D		
00	(NO Kem	STACE	PHYSIC	MAN		046		OVEMBER 1		
2	30 NAME AND ADDRESS OF REDSON WHO C	OMBI ETEO CAMPE OF OF	5,0	1.4.		1	140	ATTORK 1	13, 1334	

30. NAMBANO AODRESS OF PERSON WHO COMPLETED CAUSE OF OEATH (ITEM 27) (Typo, Print)

G-BRODKE 90 BROOKE GLUZ NUKSKS HOME OLNEY MD

31. DATE FILED (Month, Day, You) 1994

32. REGISTRAR'S SIGNATURE

34. DATE FILED (Month, Day, You) 1994

32. REGISTRAR'S SIGNATURE

76
89
9
×
80)
m
0
σ.
'n
ő
~
5
\ddot{a}
RECOF
œ
_
4
=
-
F.
0
Z
0
INISI
>
$\overline{\Box}$
-

31. DATE FILED (Month, Day, Year)

1161 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF GEATH (ITEM 27) (Type, Print)

1994

32. REGISTRAR'S SIGNATURE

Luka Tavidon Pandalle

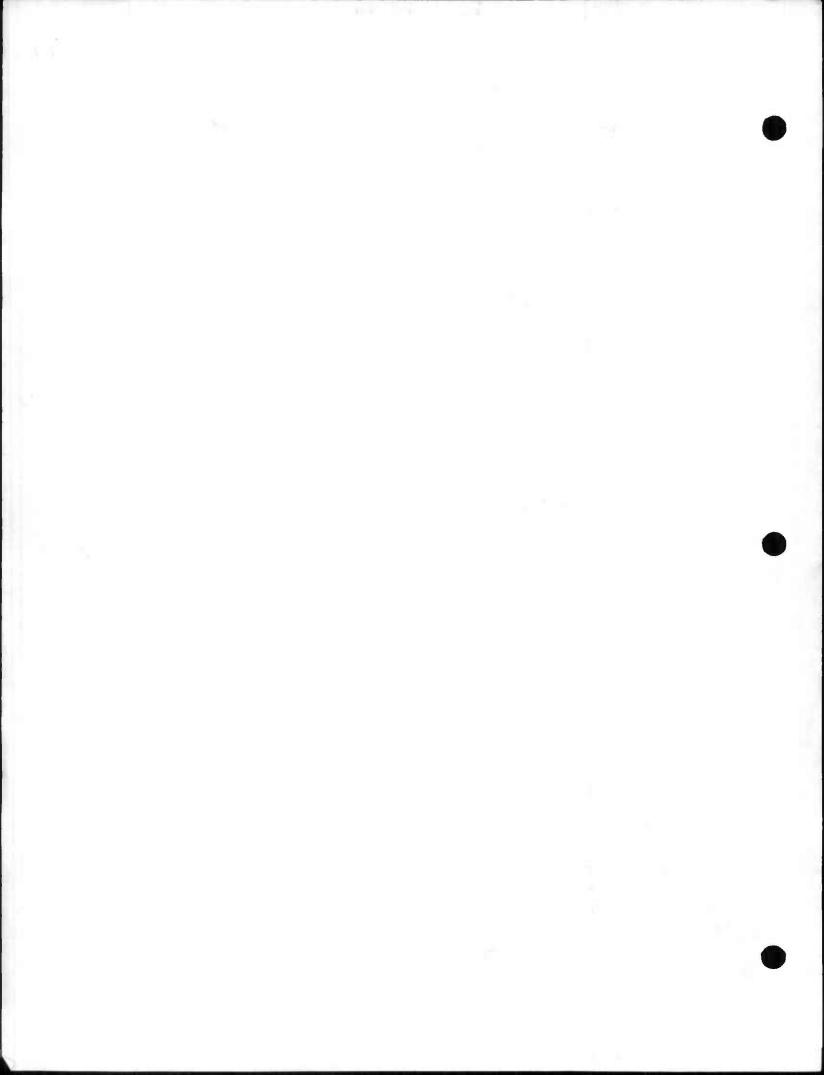
THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.

THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

INPORTANT: If Item 28 is merked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	FOR 1 - STATE REGISTRAR	STATE OF MARYI			HEALTH AND I	MENTAL HYGIEN	_			
ij.	1. DECEDENT'S NAME (First, Middle, Last) HELEI	V Z	OEL	LNE	R	2. DATE OF DEATH	5 9	3. TIME OF DEATH A 50 A M		
2	4. SOCIAL SECURITY NUMBER 579-09-2929 9a. FACILITY NAME (If not institution, give s	1 🗆 M 2 💢 F	(In yrs. last birthday) 97 YRS.	MONTHS DAY	'S HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) May 7, 18	97 W	BIRTHPLACE (State or Foreign Country) ashington, DC		
TOR	Greenbelt Nursing			Green	on or location of de	EATH	Princ	e George's		
DIRECTOR		e George's		v, тоwn оп Lo enbelt	CATION			10d. INSIDE CITY LIMITS? 1 X YES 2 NO		
FUNERAL	100. STREET AND NUMBER 111 Northway Road	d 12. WAS DECEDENT EVER			20770		U.S.A			
B	1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1 YES	2 X NO	If yes	DECENDENT OF HISPAN, apacity Cuban, Mexica YES 2 NO Specify		s or No	. RACE — American Indian, Black, White, etc. Specify: White		
COMPLETED	15. DECEOENT'S EDU (Specify only highest grade Elementary/Secondary (0-12) 12		16a. DECEDENT'S (Give kind of the Do NOT us Homemak	work done during se retired.)	ATION I most of working	Own Hom		TRY		
BE CON	17. FATHER'S NAME (First, Middle, Last) Brown Marshall Ho	eflin			Julia W	ME (First, Middle, Maiden ilkinson				
2	19a. INFORMANT'S NAME (Type/Print) Mary June Rousses	au				Poute Number City or Tow reenbelt,		,		
	20a, METHOD OF DISPOSITION 1 \(\tilde{\Omega}\) Buriel 2 \(\tilde{\Omega}\) Cremation 3 \(\tilde{\Omega}\) Remarks 4 \(\tilde{\Omega}\) Donation 5 \(\tilde{\Omega}\) Other (Specify)	oval from State	b. PLACE AND DATE	OF DISPOSITION	(Name of	oate 20c. LO ery 11/8/9	CATION — City	or Town, State		
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE		Fran	and address of fa acis Gasch	's Sons Fu	neral	Home, P.A. 11e, MD 20781		
	23. PART I. Enter the diseases, or cashock, or heart failure.	complications that cause List only one cause on	ed the death. Do i							
	iMMEDIATE CAUSE (Final disease or condition resulting in death)	a. CENT FOR AS	O CA CA	las a	reeich.	u of		PC CCCLY		
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST									
PHYSICIAN: MEDICAL C	PART II. Other algoriticant condition Regunterin Concerns Regulation	Clickestela	but not resulting	in the underly	ying cause given in	Part I. 24a. WAS AN PERFOI	RMED?	24b. WERE AUTOPSY FINDINGS AMRLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			. PLACE OF OEATH (Ch	ack only one)				
HYSI	1 TYES 2 NO 27, MANNER OF DEATH	1 Inpatient 2 ER/Out	Ipetient 3 DOA		INJURY AT		N IIIBY OCCUR	nen.		
B	1 Netural 5 Pending 2 Accident Investigation	(Month, Day, Year) 28e. PLACE OF INJUR building, etc. (Spe	Y At home, farm,	M 1 (WORK?		d. DESCRIBE HOW INJURY OCCURED 1. LOCATION (Street and Number or Rural Route Number,			
ETEC	4 Homicide determined	City or Town, State)		,						
COMPLETED		CIAN: To the best of my know IR: On the bests of examination						ause(a) and menner as stated.		
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIEF	29d. DATE 3	IGNED (Month, Day, Year)							

DHMH-18 Rev 1/89



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with with the Manner of the funded by the attending physician and completely hand in by the funderal director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

ITEMS: 23 PART I. PER DR. FILM G-718 12/5/94 + +

1 - FOR STATE REGISTRAR		STATE OF MARYL			HEALTH AND	MENTAL	HYGIENE					
1. DECEDENT'S NAME (First,	Middle, Last)						OF DEATH			3. TIME OF DEATH		
ALBERTA	PAUL	INE BENNE'	ΓT			MONTH 1 C	11		YEAR	5:45 p		
4. SOCIAL SECURITY NUMBER	ER 5.	SEX 6. AGE	'in yrs. last birthday	·			OF BIRTH	1	8. BIRTH	IPLACE (State or Foreign		
233-56-549	233-56-5494 1□ № 2 🗓 月 96			MONTHS DAY	NOURS MIN.		Day, Year) -1898	3	Count			
9a. FACILITY NAME (If not in	9a. FACILITY NAME (If not institution, give atreet and number)				N OR LOCATION OF DI				COUNTY OF DEATH			
Cuppett-V RESIDENCE OF DEC 10e. STATE WV 10e. STREET AND NUMBER PO III. MARITAL STATUS	Cuppett-Weeks Nsg. Home Oakland, Md. Garrett											
10a. STATE	10b. COUNTY		10c. C	ITY, TOWN OR LO	CATION					10d. INSIDE CITY LIMITS?		
₫ WV	WV Tucker			Red Creek				1) YES 2 NO				
100. STREET AND NUMBER					10f. ZIP CODE				EN OF V	WHAT COUNTRY?		
FO F	PO Box 12				26289				JSA			
11. MARITAL STATUS	MODOFOR 4 7 MED A									RACE — American Indian, Black, White, etc.		
	1 Never Married 2 Married FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES									eatty:		
	reed				Λ					W		
	15. DECEDENT'S EDUCATION 18a. DECE (Specify only highest grade completed) (Give				ATION most of working	16b. KIND OF BUSINESS/INDUSTRY						
Elementary/Secondary (C	-12)	College (1-4 or 5+)	IIIe. Do NOT	use retired.) Sewife	E.							
8	8											
17. FATHER'S NAME (First, M	7. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NAME (First, Middle, Malden Surname)							
Prestey		Simmons			Sara Rebecca Brown							
D INE. INFORMANT'S NAME (IAILING AODRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)							
Ruth Mil	Ruth Milkint PO Box 494, 7						Chomas, WV 26292					
20a. METHOD OF DISPOSIT 11 Burtal 2 ☐ Crematic		I from State	o. PLACE OF DISP other place)	OSITION (Name o	cemetery, cremetory or			CATION — C				
	Donatton 8 Other (Specify) Floral H					ills Cemetery Quietdell, WV						
21. SIGNATURE OF FUNERA	21, SIGNATURE OF FUNERAL SERVICE LICENSEE 22, NAME AND ADDRESS OF FACILITY											
1 1 1	HINKLE FUNERAL HOME. INC.											
23. PART I. Enter the d	Box 186, Davis, WV 26260 23. PART I. Enter the diseases, or complications that caused the death. Do not enter tha mode of dying, such as cardisc or respiratory arrest, Approximate											
	ahock, Dr heart fallure. List only one cause Dn eech line.								Interval Batwee			
IMMEDIATE CAUSE (Find disease or condition	IMMEDIATE CAUSE (Fine)								Onset and Deal			
resulting in death)	resulting in death) a. PNEUMONIA								24 hours			
	OUE TO (OR AS A CONSEQUENCE OF):											
Sequentially list condit	Sequentially list conditions, Due to (OR AS A CONSEQUENCE OF):									YEARS		
	if any, leading to immediate cause. Enter UNDERLYING											
CAUSE (Disease or Inju		DUE TO (OR AS /	CONSEQUENCE	OF):								
that initiated events resulting in death) LAS	т	, , , , , , , , , , , , , , , , , , , ,										
3	d		·									
	PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY PERFORMED?								WERE AUTOPSY FINDING			
3							1 YES 2 NO			COMPLETION OF CAUSE OF DEATH?		
<u> </u>								1 YES 2 NO				
25. WAS CASE REFERRED T	D MEDICAL			2	. PLACE OF DEATH (C	heck only on	e)					
EXAMINER?	EXAMINER? HOSPITAL: OTHER:											
25. WAS CASE REFERRED T EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH		28e. DATE OF INJURY	INJURY AT	28d. DESCRIBE HOW INJURY OCCURED								
	Netural 5 Pending (Month, Day, Year)			NJURY	WORK? YES 2 NO	RK?		L NOW INSONT OCCURED				
a Cattle	28a, PLACE OF INJURY — At he					281, LOCATION (Street and Number or Rural Route Number,				Boute Number		
29a. CERTIFIER (Check only orne) 2 MED	3 Suicide 8 Could not be determined 28a. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify)						City or Town, State)					
200 CERTIFIER	The CERTIFIER											
(Check only	(Check only Check on Check o											
NEO 2 MEO	2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and ma											
29b. SIGNATURE AND TITL	29b. SIGNATURE AND TITLE OF CENTY IEM					MBER	29d. DATE SIGNED			D (Month, Day, Year)		
	7 June					D15333 >				10/1/194		
30. NAME AND ADDRESS O	F PERSON WHO	COMPLETED CAUSE OF OR	ATH (ITEM 27) (Ty	rpe, Print)						-		
31. DATE FILED (Month, Day,	TOOA	32 REGISTRARIE SIGN	14 ASTOCALL									
ם מששט	IJJT (1										

PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020 OF VITAL RECORDS, P.O. BOX 68760,

In this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should must the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO THE HOSPITA DIE TO THE FUNERAL DIE TO THE FUNERAL DIE TO THE T

FOR STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

DECOUNT MAKE (First ANAME (First ANAME (First Anama) is - SEX 2.8 P w BROWN DECO 5.9 M 3. THE OF DEATH DECO 5.9 M 3. THE OF DECO 5.9 M 3. THE OF DEATH DECO 5.9 M 3. THE OF DEATH DECO 5.9 M 3. THE OF DEATH DECO 5.9 M 3. THE OF DEATH DECO 5.9 M 3. THE OF DEATH DECO 5.9 M 3. THE OF DEATH DECO 5.9 M 3. THE OF DEATH DECO 5.9 M 3. THE OF DEATH DECO 5.9 M 3. THE OF DEATH DECO 5.9 M 3. THE OF		REGISTRAR	CER	TIFICA	TE OF	DEATH	REG. N	О.				
EDNA SOCIAL EXCENTIFY SNABERS 2. SECURITY SNABERS 2. SECURITY SNABERS 2. SECURITY SNABERS 2. SECURITY SNABERS 2. SECURITY SNABERS 2. SECURITY SNABERS 2. SECURITY SNABERS 2. SECURITY SNABERS 2. SECURITY SNABERS 2. SECURITY SNABERS 2. SECURITY SNABERS 2. SECURITY SNABERS 2. SECURITY SNABERS 2. SECURITY SNABERS 2. SECURITY SNABERS 2. SECURITY SNABERS 2. SECURITY SNABERS 3. SECURITY SNABERS		1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATN 3. TIME OF DEAT				N	
TOTAL OF SERVITY SAURENT SAUREN \$ 0.500. \$6.000. \$1.00	ĺ	EDNA E.			BRO	NW		1		8:28	PM	
THE PROCESS OF PRICE AND ADDRESS OF PRICE ADDRESS OF PRIC		4. SOCIAL SECURITY NUMBER 5. SEX 6	And a second second second	MONT	NDER 1 YEAR	IF UNDER 24 HRS.		1923	8. BIRTI	PLACE (State or Fo	velan	
STREET AND KINSMERS 91 ARG ONNE DRIVE 11. MARKET STRUES 11. MARKET STRUES 12. MARKET STRUES 12. MARKET STRUES 13. MARKET STRUES 14. MARKET STRUES 15. MARKET STRUES 15. MARKET STRUES 16. MARKET STRUES 16. MARKET STRUES 17. MARKET STRUES 16. MARKET STRUES 17. MARKET STRUES 16. MARKET STRUES 17. MARKET STRUES 16. MARKET		9a. FACILITY NAME (If not institution, give street and number)		9b.	CITY, TOWN	OR LOCATION OF D						
STREET AND KINSMERS 91 ARG ONNE DRIVE 11. MARKET STRUES 11. MARKET STRUES 12. MARKET STRUES 12. MARKET STRUES 13. MARKET STRUES 14. MARKET STRUES 15. MARKET STRUES 15. MARKET STRUES 16. MARKET STRUES 16. MARKET STRUES 17. MARKET STRUES 16. MARKET STRUES 17. MARKET STRUES 16. MARKET STRUES 17. MARKET STRUES 16. MARKET	CTOR	911 ARGONNE DRIVE BALTIMORE CITY n/a										
TODAY TO		MARYLAND n/a	10							10d. INSIDE CITY LIMITS? 1/ YES 2 NO		
TODAY TO	IERAL				10							
TOTAL CHAILS The INFORMATIS TRAME (Prophering) ELLIOTT MICHAELSON The MALKING ADDRESS (Stowe and Number or Park Rush Problem Copy (Formation 3) (Formation	B	1 Never Married 2 Married FORCES? 1 FYES GIVE WAS	YES 2 XNX	S 2 NO It yes, spec			ecify Cuben, Mexican, Puerto Rican, etc.)			Black, White, etc.		
TOTAL CHAILS The INFORMATIS TRAME (Prophering) ELLIOTT MICHAELSON The MALKING ADDRESS (Stowe and Number or Park Rush Problem Copy (Formation 3) (Formation	LETED	(Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +)	(Give k	(Give kind of work done during most of working life. Do NOT use retired.)				Service Constitution				
TOTAL CHAILS The INFORMATIS TRAME (Prophering) ELLIOTT MICHAELSON The MALKING ADDRESS (Stowe and Number or Park Rush Problem Copy (Formation 3) (Formation	MP		LABO	IRER						n/a		
The MALINGA DONESS (Store of Number of Name House City or Years). See, 200 Code) 200 METHOD TO IDENSTRIAN 1 (S surface (1) or The Code) 1 (S surface (1) or		in the state of th										
10 10 10 10 10 10 10 10												
22. SIGNATURE OF PURPARA SERVICE LICENSEE 22. NAME AND ADDRESS OF PACILITY WM. C. MARCH FH 1101 E. NORTH AVENUE 23. PART I. Eriter the diseases, or complications that caused the deeth. Do not enter the mode of dyling, euch ea cardiec or respiratory erreet, interval Between Onset and Death Approximate interval Between Onset and Death disease or conditions. I make of the conditions of the course of t		1 🛱 Burial 2 🗆 Cremation 3 🗆 Removal from State	20b. PLACE AND	DATE OF DIS	POSITION (NI							
IMMEDIATE CAUSE (Fine) disease or condition reculting in death) DUE TO (OR AS A CONSEQUENCE OF): DUE TO (O		21. SIGNATURE OF FUNERAL SERVICE LICENSEE	mel				CILITY					
MMEDIATE CAUSE (Finel disease or condition requiting in death) DUE TO (OR AS A CONSCOUENCE OF): DUE TO (OR		23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, Approximate										
Sequentielly list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that intitleted events resulting in deeth) LAST PART II. Other significent conditions contributing to deeth but not resulting in the underlying cause given in Part I. PART II. Other significent conditions contributing to deeth but not resulting in the underlying cause given in Part I. PART II. Other significent conditions contributing to deeth but not resulting in the underlying cause given in Part I. PART II. Other significent conditions contributing to deeth but not resulting in the underlying cause given in Part I. PART II. Other significent conditions contributing to deeth but not resulting in the underlying cause given in Part I. PART II. Other significent conditions contributing to deeth but not resulting in the underlying cause given in Part I. PART II. Other significent conditions contributing to deeth but not resulting in the underlying cause given in Part I. PART II. Other significent conditions contributing to deeth but not resulting in the underlying cause given in Part I. PART II. Other significent conditions contributing to deeth but not resulting in the underlying cause given in Part I. PART II. Other significent conditions contributing to deeth but not resulting in the underlying cause given in Part I. PART II. Other significent conditions contributing to deeth but not resulting in the underlying cause given in Part I. PART II. Other significent conditions contributing to deeth but not resulting in the underlying cause given in Part I. PART II. Other significent conditions contributing to deeth but not resulting in the underlying cause given in Part I. PART II. Other significent conditions contributing to deeth but not resulting in the underlying cause given in Part I. PART II. Other significent conditions contributing to deeth but not resulting in the underlying cause given in Part I. PART II. Other significent conditions contributing to deeth but not resulting in the unde		interval Between IMMEDIATE CAUSE (Finel disease Dr cDnditton reculting in death) a. Atterosclerobic Cardiouscular disease										
PART II. Other algnificent conditione contributing to deeth but not recuiting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PRIFINANCE PRIFORMED? 1 PYES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 10 Impellent 2 ER/Outpatient 3 DOA A Nursing Home 5 Realdence 6 Other (Specify) 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Sulcide 8 Could not be determined 28a. DATE OF INJURY At home, term, street, tectory, office 28a. PLACE OF INJURY At home, term, street, tectory, office 28a. PLACE OF INJURY At home, term, street, tectory, office 28a. CERTIFIER (Chock only One) 28b. PLACE OF INJURY At home, term, street, tectory, office 28c. CERTIFIER (Chock only One) 28c. CERTIFIER (Chock only On	ERTIFICATION	Sequentielly list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events. Due to (or as a consequence of): b. Due to (or as a consequence of): c. Due to (or as a consequence of):										
DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN START OF DEATH (Check only one) 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1		PERFORMED? AVAILABLE PRIOR TO COMPLETION OF CAUS										
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1		1 → YES 2 □ NO										
29a. CERTIFIER (Check only one) 29b. SIGNATURE AND TITLE OF CENTIFIER 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Page 1 VES 2 NO 1 VES 2 NO 28t. LOCATION (Street and Number or Rural Route Number, City or Town, Stele) 28t. LOCATION (Street and Number or Rural Route Number, City or Town, Stele) 28t. LOCATION (Street and Number or Rural Route Number, City or Town, Stele) 28t. LOCATION (Street and Number or Rural Route Number, City or Town, Stele) 28t. LOCATION (Street and Number or Rural Route Number, City or Town, Stele) 28t. LOCATION (Street and Number or Rural Route Number, City or Town, Stele) 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) O.C.M.E. DEC 2, 1994 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) O.M.A. Rayland 21201	CIA	25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one)										
29a. CERTIFIER (Check only one) 29b. SIGNATURE AND TITLE OF CENTIFIER 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Page 1 VES 2 NO 1 VES 2 NO 28t. LOCATION (Street and Number or Rural Route Number, City or Town, Stele) 28t. LOCATION (Street and Number or Rural Route Number, City or Town, Stele) 28t. LOCATION (Street and Number or Rural Route Number, City or Town, Stele) 28t. LOCATION (Street and Number or Rural Route Number, City or Town, Stele) 28t. LOCATION (Street and Number or Rural Route Number, City or Town, Stele) 28t. LOCATION (Street and Number or Rural Route Number, City or Town, Stele) 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) O.C.M.E. DEC 2, 1994 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) O.M.A. Rayland 21201	ΥSΙ	1 Inpetient 2 E		rtpatient 3 DOA 4 Nursing Home 5 Kealdence				6 ☐ Other (Specify)				
3 Suicide 4 Nomicide 8 Could not be determined 299. CERTIFFIER (Check only one) 299. SIGNATURE AND TUTLE OF CENTIFIER 299. SIGNATURE AND TUTLE OF CENTIFIER 299. SIGNATURE AND TUTLE OF CENTIFIER 299. SIGNATURE AND TUTLE OF CENTIFIER 299. SIGNATURE AND TUTLE OF CENTIFIER 290. SIGNATURE AND TUTLE OF CENTIFIER 290. SIGNATURE AND TUTLE OF CENTIFIER 290. SIGNATURE AND TUTLE OF CENTIFIER 290. SIGNATURE AND TUTLE OF CENTIFIER 290. SIGNATURE AND TUTLE OF CENTIFIER 291. DEC 2, 1994 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 111 Penn Street, Baltimore, Maryland 21201		1 Natural 5 Pending (Month, Day,	JURY 26 Year)	b. TIME DF INJURY	WC	RK?	28d. DESCRIBE HDV	INJURY OCC	URED			
296. SIGNATURE AND LITTLE OF CENTIFIER 296. LICENSE NUMBER O.C.M.E. 296. DATE SIGNED (Month, Dey, Year) DEC 2, 1994 O.C.M.E. 111 Penn Street, Baltimore, Maryland 21201		3 Suicide 8 Could not be 25e. PLACE OF building, et	NJURY — At home, (Specify)	RY — At home, term, street, tectory, office pecify)				281. LOCATION (Street and Number or Rural Route Number, City or Town, Stete)				
296. SIGNATURE AND LITTLE OF CENTIFIER 296. LICENSE NUMBER O.C.M.E. 296. DATE SIGNED (Month, Dey, Year) DEC 2, 1994 O.C.M.E. 111 Penn Street, Baltimore, Maryland 21201	MPLE	(Check only								and manner as at	lated	
2 O.C.M.E. DEC 2,1994 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) O.C.M.E. DEC 2,1994 O.C.M.E. Maryland 21201			, -p. mani e									
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Owide Results 111 Penn Street, Baltimore, Maryland 21201		Ch.	4									
	7										201	
									-1-			

DIVISION OF VITAL RECORDS, P.O. BOX 68760

REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 2:35 PM BUT Ler W SR. 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR 7. DATE OF BIFTH 217-07-8801 IF UNDER 24 HRS. 8. RIRTHPI ACE (State or Foreign GEORGIA 20-1 M 2 F Pages 1, 2, 3 should Sa. FACILITY NAME (If not institution, give street 9b. CITY, TOWN DR LOCATION OF DEATH 9c. CDUNTY OF DEATH BON SECOUR HOSPITAL BALTIMORE DIRECTOR BALTIMORE CITY RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN DR LOCATION 10d. INSIDE CITY CO BALTIMORE GIEN BURNIE 1 YES 2 NO permit. 10e. STREET AND NUMBER FUNERAL 10g. CITIZEN OF WHAT COUNTRY? 21061 HEARTWOOD UNITED STATES page 5 should be detached for use as the burial-transit Page 6 may be retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No If yes, specify Cuban, Maxican, Puerto Rican, atc.) BALTIMORE, MARYLAND 21215-0020 1 Never Married 2 Married IF YES, GIVE WAR OR DATES 1 YES 2 K NO Specify. CITY: BLACK BY 3 Widowed 4 Divorced COMPLETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION pecify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) STEEL WORKER 18. MOTHER'S NAME (First, Middle, Meiden Surname 17. FATHER'S NAME (First, Middle, Last) JOSEPH notified at BE 19a. INFORMANT'S NAME (Type/Print) City or Town, State, Zip Codel 2 BUTLER 280 MARIE BALTO, MD 2/2/5 AVE 3 WALDORF å 20s. METHOD OF DISPOSITION
17 Buriel 2 Cremation 3 Removal from State
4 Donetion 5 Other (Specify) 20c. LOCATION - City or Town, State 20b. PLACE AND DATE OF DISPOSITION (Name of must ARBUTUS, MD 4RBUTUS MEM. PK F.S. 270 Fredhilton examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY GALVIN L. WILLIAMS Gary P. March F. H., P. H. Pass Balto, MD in by the medicai 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heert fellure. List only one ceuse on sech line. Interval Between 0 Onset and Death IMMEDIATE CAUSE (Final the disease or condition 5 84 event, resulting in death) 382 bunial, traumatic CERTIFICATION and Sequantially list conditions, prior to 1 if any, leading to immediate the attending physician cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events DUE TO (DR AS A CONSEQUENCE OF) resulting in death) LAST 6 Mental PART ii. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? WERE AUTOPSY FINDINGS MEDICAL Health and AVAILABLE PRIOR TO any COMPLETION OF CAUSE 1 TYES 2 TO NO Shows 1 TYES 2 T NO been : PHYSICIAN: has be Dept. OR ATTENDING PHYSICIAN: The law 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) DIRECTOR: After this certificate I hours after death with the State HOSPITAL 1 YES 2 NO Inpetient 2 - ER/Outpetient 3 - DOA 4 Nursing Home 5 Residence 6 Other (Specify) 6 27. MANNER DE DEATH 28a. DATE DF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED marked, 1 Natural Pending Investiga 1 YES 2 ND BY 2 Accident 28e. PLACE OF INJURY — building, atc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide COMPLETED 8 Could not be 4 Homicide 28 Item 2 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(e) and man (Check only one) HOSPITAL FUNERAL within 72 I IMPORTANT: IF 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place. 29b. SIGNATURE AND TITLE DE CERTIFIE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE 포포를 301 293 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) HOSPE tet Q Chus W 22. REGISTRAR'S SIGNATURE 31. DATE EN ED (MO

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

VIEC 0 5:842 C First Care

RELEGI

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with the completely filled in by the funeral director, page 5 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR REGISTRAR	STATE OF MARYL				EALTH AND DEATH	MENTA	L HYGIENE				
	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE OF DEATH 3. TIME OF DEATH				
	VINCENT DOMINIC DONO	VINCENT DOMINIC DONOVAN					NOVE	MBER 24,	1994	EAR	10:10 A. M	
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(In yrs. last bir		ER 1 YEAR	IF UNDER 24 HRS.	7 DATE OF BIRTH			BIRTHPI	LACE (State or Foreign	
	577-46-0263 9a. FACILITY NAME (If not institution, give str	60	YRS. MONTH							GTON, DC		
œ	9451 CLOCK TOWER LAN		96. CI	COLUM		DEATH 9c. COUNTY OF HOWAR						
DIRECTOR	RESIDENCE OF DECEDENT											
H	10a. STATE 10b. COUNTY	10	10c. CITY, TOWN OR LOCATION					Od, INSIDE CITY LIMITS?				
	MARYLAND HOWARD			COLUMBIA							X YES 2 NO	
FUNERAL	10e. STREET AND NUMBER 9451 CLOCK TOWER LAN		10f. ZIP CODE 21046					OF WH	AT COUNTRY?			
	11. MARITAL STATUS 1 Never Married 2 X Married	N U.S. ARMED	NO If yes, specify Cuban, Maxican, Puarto Rican,					city Yes or No— 14. RACE — American Indian, Black, White, atc. Specify: WHITE				
ED 8Y	3 Widowed 4 Divorced 15. DECEDENT'S EDUC		1 YES 2 NO Specify: CEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/									
COMPLETED	(Specify only highest grade of Elementary/Secondary (0-12)	(Give I	Give kind of work done during most of working fe. Do NOT use retired.)				. KIND OF BOOK					
립	12				PRIEST				CATHOLIC CHURCH			
Š	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S NA	NAME (First, Middle, Malden Surname)					
BE	EDWARD P. DONOVAN			BERTH			BETZ					
10 8	19a. INFORMANT'S NAME (Type/Print) MARY LOU MARTIN		et and Number or Rural Route Number, City or Town, State, Zip Code) ER LANE, COLUMBIA, MARYLAND 21046									
	20a. METHOD OF DISPOSITION 1 X Burlal 2 Cremation 3 Ramo			DATE OF DISP		me of	DAT	E 20c. LOC	ATION - City	or Town	n, Stata	
Į,	4 Donation 5 Other (Specify)	00/		ory or other place HEAVEN	CEMETE	RY	11/	28 SILV	ER SPRI	NG.	MARYLAND	
	21. SIGNATURE OF FUNERAL BETTVICE LINE	THISEE	0	2	2. NAME AI	D ADDRESS OF FA	CILITY	FLECK FU	NERAL H	OME,	INC.	
	1/a/a01	20 ilbad	61	- 1	7601	SANDY SPRI	NG RO	AD, LAUR	EL, MAR	YLAN	D 20707	
PHYSICIAN: MEDICAL CERTIFICATION	23. PART I. Enter the diseases, or complications that cause on each incomplete interval Between Onset end Death IMMEDIATE CAUSE (Finel disease Dr condition resulting in death) Due to (OR AS A CONSEQUENCE OF): Due to (OR AS A CONSEQUENCE OF): Due to (OR AS A CONSEQUENCE OF): Due to (OR AS A CONSEQUENCE OF): Due to (OR AS A CONSEQUENCE OF): Due to (OR AS A CONSEQUENCE OF): Due to (OR AS A CONSEQUENCE OF):											
	PERFORMED? 1 □ YES 2 NO								G C	YERE AUTOPSY FINDINGS WAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? YES 2 NO		
Ž	25. WAS CASE REFERRED TO MEDICAL				26. PI	ACE OF DEATH (Ch	eck only or	ne)				
Sic	Territor and the second	EXAMINER? HOSPITAL: OTHER:										
Ϋ́	27. MANNER OF DEATH	26a. DATE OF INJURY					28d. DESCRIBE HOW INJURY OCCURED					
84	Natural 5 Pending 2 Accident Investigation	(World, Day, rear)		M 1 YE								
	3 Suicide 6 Could not be 4 Homicide detarmined	/ — At home, crfy)	At home, farm, street, factory, offica			281. LOCATION (Street and Number or Rural Route Number, City or Town, State)				ute Number,		
COMPLETED	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated.											
BE C	$N \mid I \mid I \mid$						29c. LICENSE NUMBER 29d. DATE SIGNED					
2	1111/1km 6	mi)				1)3850	9		Non	emp	ser 25 149	
-	30. NAME AND ADDRESS OF PERSON WHO Nicholas Koufrely	COMPLETED CAUSE OF DE			14 P)	ruy (a)	lucho	binn				
	DEC V 5 1994 Jul	DEC V 5 1994 Julia Whereless Randell										

	an
020	physici
MARYLAND 21215-0020	or attending
7	9
QN	hospital
4	the
Z	8
MAR	retained
	2
MORE,	may
0	9
Σ	Page .
ALT	death
00	칕
ż	Dura
	_

Pages 1, 2, 3 should

permit.

burial-transit

be detached for

huneral director, page 5 should

COMPLETED

BE

2

3 Sulcida

Senn

4 Homicide

attending use as the

4	10.	-	ŭ,	暴
ш,	31	6	8	亩
	- 15	E	S	품
	5	£	2	ĕ
4		3	0	=
		促	8	2
•		音	題	Τ,
ó	•	复	B	Ħ
9	70	E	0	Ε
3	8	8	푠	
õ	8	8	温	ם
*	-	-	易	E
5	8	Cia	0	3
'n	ate	18	ā	-
-	2	ď	9	9
	erti	DO	E G	픙
3	0	ğ	£	6
ή.	att	tte	E	5
Ś	de	e)	E-	5
	the	=	2	E
×	at	5	and	>
\supset	£	pa	#	a
٥	es	9	63	20
L	Œ.	S	H	0
r	9	96	0	S
4	MP.	S	ept	2
⋖	9	ha	ā	-
_	F	ate	tate	e
7	3	fic	S	-
-	0	ert.	ŧ.	ō
≒	35	S	£	P
_	F	÷	₹	ž
Z	9	ē	ath	E.
\supset	ē	A	e	50
7	EN	ë.	le le	-
=	E	E	af	2
2	8	R	P S	E
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	0		P	H
	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and competitive in by the	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to hards, cremation, or removal	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical as
	J.	5	E	Ë
	ĕ	5	1 =	X
	ш	ш	p	E
	Ŧ	Ξ	file	2
	2	2	2	Ξ
		-	_	_

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH NOVEMBER 22, 1994 J0SEPH G **BOARMAN** 11:02 A. M 4 SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 6. BIRTHPLACE (State or Foreign JUNE" 19 . 101946 220-42-9317 48 HOURS 1 X M 2 7 F YRS. MARYLAND 9a. FACILITY NAME (If not institution, give street and number, 9b. CITY, TOWN OR LOCATION OF DEATH 9c COUNTY OF DEATH PRINCE GEORGES HOSPITAL CHEVERI Y PRINCE GEORGE DIRECTOR RESIDENCE OF DECEDENT 10b. COUNTY 10a. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? MARYLAND HOWARD LAUREL 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 8734 SUSINI DRIVE 20723 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES 1 Never Married 2 Married 2 NO If yes, specify Cuben, Maxican, Puarto Rican, atc.) 1 YES 2 NO В Specify: Specify: 3 Widowed 4 Divorced WHITE 16a. DECEDENT'S USUAL OCCUPATION COMPLETED 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Spe (Give kind of work done life. Do NOT use retired.) Elamentary/Secondary (0-12) College (1-4 or 5+) 12 **TEACHER** PG SCHOOL SYSTEM once. 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First Middle Maiden Surname) FRANCIS BOARMAN MARY DREMUCHA F BE notified 19a, INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 15904 SHERWOOD AVENUE, LAUREL, MARYLAND 20707 2 PAULETTE DUNCAN Pe 20a. METHOD OF DISPOSITION
1 ☑ Burial 2 ☐ Cremation 3 ☐ Removal from State 20b. PLACE AND DATE OF DISPOSITION / Name of 20c. LOCATION — City or Town, State must 1 N Burial 2 Cremation 3 L n 4 Donation 5 Other (Specify) HOLY TRINITY CEMETERY 11/28 ELKRIDGE, MARYLAND 21. SIGNATURE OF FUMERAL SERVICE LICENSEE examiner 22. NAME AND ADDRESS OF FACILITY FLECK FUN ERAL HOME. INC. 7601 SANDY SPRING ROAD, LAUREL, MARYLAND 20707 23. PART I. Enter the diseases, or on stee yo with. Do not sater the mode of dying, such as cardiac or respiratory arrast, shock, or heart failure List only one cause interval Between IMMEDIATE CAUSE (Final Onset and Dsath disease or condition Arteriosclerotic Cardiovascular Disease resulting in death) DUE TO (OR AS A CONSEQUENCE OF) CERTIFICATION Sequentially list conditions, if any, is ading to immediate DUE TO (OR AS A CONSEQUENCE DF) cause. Enter UNDERLYING CAUSE (Disesse or injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated avanta rasulting in dasth) LAST 0 PART ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? MEDICAL 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO shows any COMPLETION DF CAUSE DF DEATH? 1 X YES 2 | NO 1 YES 2 NO PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) Item XXYES 2 NO HOSPITAL OTHER: 1 Inpatient 2 X ER/Outpatient 3 I DOA 4 Nursing Home 5 Residence 6 Other (Specify) 0 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED marked, 1 X Natural 5 Pending 1 YES 2 NO ВY 2 Accident

29a. CERTIFIER (Check only	1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated.
one)	2 XXEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and the cause(s) and the cause(s) are cause(s) and cause(s) are cause(s) and cause(s) are cause(s) are cause(s) and cause(s) are cause(s)

28a. PLACE OF INJURY — At home, farm, street, factory, offica building, atc. (Specify)

and manner as stated 296 SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)

O.C.M.E

for Dr Korell 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Margarita Korell M.D. 111 Penn Street, Baltimore, Maryland 21201

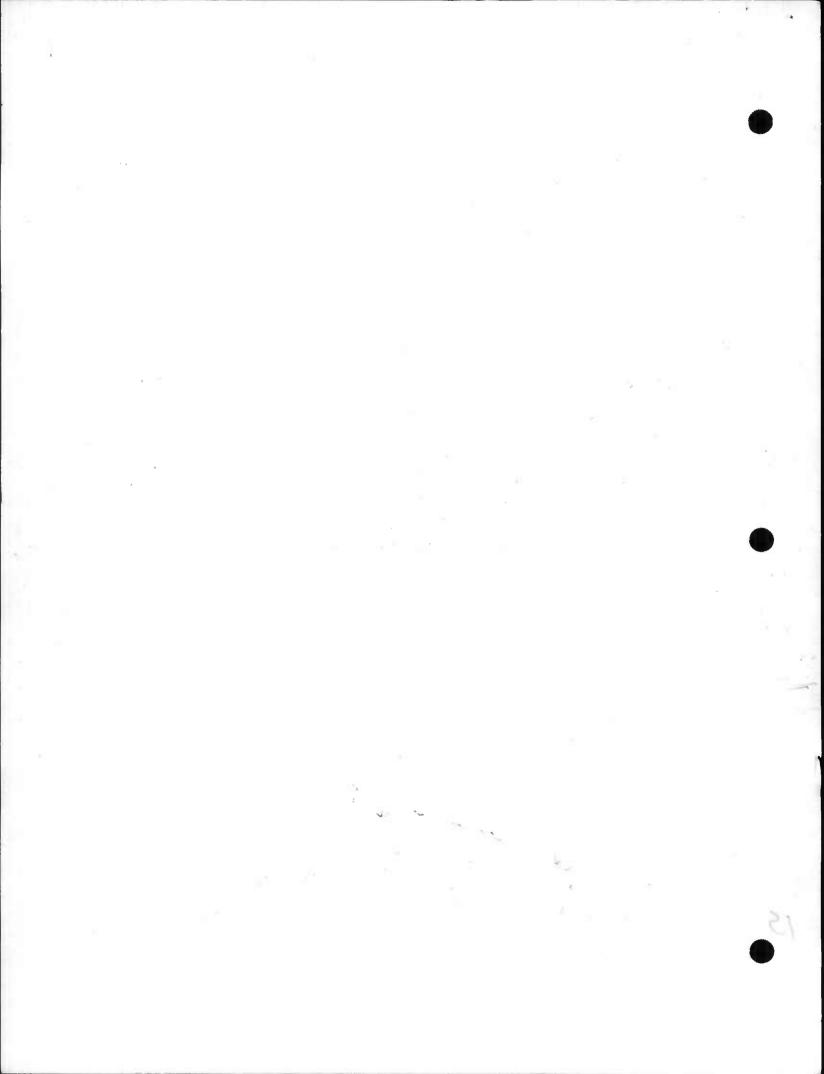
32 REGISTRAR'S DIGNATURE Objection Reveal

8 Could not be

& Chutems

▶NOV. 24,1994

281. LOCATION (Street and Number or Rural Route Number, City or Town, State)



1 - FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

		1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH									3. TIME OF DEATH				
		Steven Bernard Brown Nov. 26,1994									YEAR	6:10 A M			
		4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last)									7. DATE	OF BIRTH		8. BIRTHPI	LACE (State or Foreign
9		214-58-7496 TAVE 2 1 43 YRS.							HOURS	MIN.	06	th, Day, Year) -29-5	1	Country)	aryland
2, 3 should	_	9a. FACILITY NAME (If not in					9b. CITY	, TOWN	OR LOCATI	ON OF DE	ATH		9c. COUNT	Y OF DE	ATH
2, 3	RECTOR	2422 1/2 Pennsylvania Ave. Baltimore													
es 1,		10a. STATE	10b. COUNT	1		t0c. C	ITY, TOWN	OR LOCA	ATION						IOd. INSIDE CITY
2	뚭	Maryland					Bal	t in	nore						LIMITS?
permi		10e. STREET AND NUMBER						_	101. ZIP COD	E			10g. CITIZI		IAT COUNTRY?
2422 1/2 Pennsylvania Ave									U.S	S.A.					
or attending physician.	5	11. MARITAL STATUS 1X Never Merried 2		12. WAS DECEDEN	T EVER IN U	J.S. ARMED			ECENDENT C			N? (Specify Yes	or No- 1	4. RACE -	- American Indian, White, etc.
-0000 ling physion the buria	BY	3 Widowed 4 Divo		IF YES, GIVE V					S 2 NO			riicari, atc.,	- 1		Black
as th		15. DEC	EDENT'S EDU	CATION	1	6a. DECEDENT	S LIGHTAL O	CCUBAT	TION		140	b. KIND OF BUS	INTERCUNION	0700	
or at		(Specify online Elementary/Secondary (0	y highest grade	completed)		(Give kind o	f work done use retired.)	during IT	nost of working	ng	16	B. KIND OF BUS	INESS/INDU	SIRY	
Spital Ped In	COMPLETED	10th Gra		College (t-4 or 5		Bank	Mess	enc	rer						
he hordetach	8	17. FATHER'S NAME (First, M						011.0		HER'S NA	ME (First,	Middle, Maiden	Sumame)		
क के क	BE C	Steven Br	OWO						F	Lora	М.	Fort	ine		
retained 5 should notified	10 8	19a. INFORMANT'S NAME (7				196. MAILII	IG ADDRES	(Street						(ode)	
- 0 - 0	=		198. INFORMANT'S NAME (Typer/Print) Dorothy M. Hamilton 190. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2422 1/2 Pennsylvania Ave Balto., Md. 21217												
6 may ector, pag		20a. METHOD OF DISPOSIT t ☐ Burlel 2 (2) Cremetic	t Buriel 2 (Cremetton 3 Removed from State												n, State
- 0 0 -		4 Donation 5 Other	(Specify)		Metro Crematory Inc //-30 Baltimore										
death. Page 6 m funeral director,	Q 31	21. SIGNATURE OF FUNERA	LILLE LICE	ENGL			W	NAME 1	Liam	SS OF FA	Bro	wn Cor	nmun	ity	F/h
9 = 0		- (1)	1	Roww	95		1	206	W.	Nor	th	Ave.,	Balto	J.,	Md. 21217
nours after d in by the or removal		23. PART I. Enter tha di shock, or h	iseasea, or e	complications the	t caused to	he deeth. Do	not enter	the m	node of dy	Ing, sucl	h aa cer	diac or respli	atory arre	at,	Approximata
		IMMEDIATE CAUSE (Fir									E	tology	7		Onset and Death
_ > = =		diseese or condition resulting in death)	→	a Bila	tera	1 Dif	fuse	Pn	enmo	nia	<u>. 11</u>	nknow	γ 1		unknown
B 6 - 6		disease or condition resulting in death) Bilateral Diffuse Pnenmonia, unknown Due To (or AS A CONSEQUENCE OF): unkn													
e be executed within sician and completel rior to burial, crema traumatic event,	NO	Sequentially list conditi		b	(OR AS A C	ONSEQUENCE	OE:					-			
ysician prior te	Ä	If eny, leading to imme- cause. Enter UNDERLY	ING		(0111101101	0,1000001100	01).			2					
10 to 10 to	RTIFICATION	CAUSE (Disease or Inju thet initiated events		DUE TO	(OR AS A C	ONSEQUENCE	OF):								
th certif ending If Hygier	FF	reaulting in deeth) LAS	T L	d											
that the death hed by the atter the and Mental any injury, o	L CE	PART II. Other algolifica	nt condition	a contributing to	death but	not resulting	In the ur	derivir	no ceuse i	alven in	Part I	24a, WAS AN	MITTOPSY	245 V	VERE AUTOPSY FINDINGS
200 0	MEDICAL			Insuff						9		PERFOR	MED?	A	MAILABLE PRIOR TO
requires thate signed of Health a											_	1 🗆 YES 2	₩O.	٥	OF DEATH?
sh of	_	DID TOBACCO U	SE CONT	RIBLITE TO CA	USE OF	DEATH Y	/FS □	VO [7 UNC	FDTAIN	u I			'	YES 2 NO
he law has the e Dept	SICIAN:	25. WAS CASE REFERRED TO				PLACE OF DE				LKIAII	• -				
SICIAN: The faw requerificate has been the State Dept. of the County of	Sic	EXAMINER?		HOSPITAL: 1 Inpatient 2	ER/Outpetle	ent Z DOA	OTHEI		me 5 🗆 Re	esidenca	8 🗆 Oth	er (Specily)			
PHYSICIA this certif with the tked, or	РНҮ	27. MANNER OF DEATH		28a. DATE OF (Month, D			ME OF	28c. IN	JURY AT		28d. DE	SCRIBE HOW IN	JURY OCCU	RED	
DING PHYS After this death with	ВУ		Pending Investigation				M		YES 2	ON					
281. LOC City 3 Suicide 8 Could not be determined 3 Suicide 8 Could not be determined 282. PLACE OF INJUNY — At home, farm, street, factory, office bullding, etc. (Specify)								CATION (Street as or Town, State)	nd Number o	Rural Roc	ite Number,				
TAL DR /	MP	(4		CIAN: To the best of											
	é	one) 2 MEDI	CAL EXAMINE	R: On the basis of e	xamination e	nd/or investigs	ion, in my o	pinlon,	death occur	red at the	time, date	and place, end	due to the	ceuse(s) a	and manner as stated.
7 H	3	296. SIGNATURE AND TITLE	OF CERTIFIER	΄ Α	0				29c. LICE	ENSE NUM	IBER		29d. DATE	SIGNED (A	Aprith, Day, Year)
E E	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print)									94					
		Leonard						. 1	0		1		-		,
	Ì	31. DATE FILED (Month, Day,	Warl Gal	Lim, M			iryla	ind	Gen	era.	L Ho	ospita			
		DEC 0 5 19		hi devoles	Pal	11									
l l		7-0-010	7	and an unmarked	- LABOR										

physician. burial-transit permit, Pages 1, 2, 3 should BALTIMORE, MARYLAND 21215-0020

PIVISION OF VITAL RECORDS, P.O. BOX 68760 DING PHYSICIAN: The law requires that the death certi

TO THE COST ML OR AT MOING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending in	TO THE FIDE ALCOHOL After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
DING PHYSICIAN	After this certifi	death with the S	s marked, or
TEAL OF ATT	BAL DIPPOTOR	1 72 hours after	: If item 28 I
TO THE DOSP	TO THE SU	be filed within	IMPORTANT

	1 - STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.										
	1. DECEDENT'S NAME (First, Middle, Last)	B. BI	TKER			2. DATE OF DEATN	Yes YAG	SAB 3. TIME OF DEATH			
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (in yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	8.	BIRTHPLACE (State or Foreign			
	212-16-4460	1 □ M 2 🔯 F	85 YRS. M	ONTHS DAYS	HOURS MIN.	(Month, Day, Year) July 25,		Virginia			
_	9a. FACILITY NAME (If not institution, give s	treet and number)	9	DE. CITY, TOWN O	R LOCATION OF DE			OF DEATN			
DIRECTOR	Sinai Hospita	1		Ва	ltimore		Baltir	more City			
5	10a. STATE 10b. COUNTY	(10c. CITY,	TOWN OR LOCAT	ION			10d, INSIDE CITY			
	Maryland Balti	more City	Ba1	timore				1 X YES 2 NO			
FUNERAL	10e. STREET AND NUMBER			101	ZIP CODE		109. CITIZEI	OF WHAT COUNTRY?			
当	2503 Violet Ave		010S	21215			U.S.A.				
11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No- 14. RACE — Ame 15. Was DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No- 16. RACE — Ame 16. Black, White, 17. Never Married 18. Was DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No- 19. RACE — Ame 19. RACE —											
B	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DA	ATES	1 TYES	2 NO Specify	<i>i:</i>		Specify: Black			
E	15. DECEDENT'S EDUC (Specify only highest grade	CATION (COMPOSITED)	16a. DECEDENT'S US	SUAL OCCUPATIO		16b. KIND OF BU	ISINESS/INDUS				
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use	retired.)	si ur working						
₽	Unknown			Cook							
	17. FATHER'S NAME (First, Middle, Last)	D - 1				ME (First, Middle, Malder	-				
BE	Ernest 19a. INFORMANT'S NAME (Type/Print)	Baker	195 MAILING A	DDBESS /Stmat a		ry Route Number, City or Tov	Unkno	40			
2	Mr. Irving Sheele	r				Road Sab		21/00			
	20a. METHOD OF DISPOSITION	206	PLACE AND DATE OF	DISPOSITION (Na	me of			or Town, State			
	1 🔀 Burlel 2 🗆 Cremation 3 🗆 Remi 4 🗆 Donation 5 🗀 Other (Specify)	oval from State Cem	etery, crematory or other Colive Co	emetery		12/2 Ra	indalls	town, Maryland			
	21. SIGNATURE OF FUNERAL SERVICE LIC		<i>V</i> .	22. NAME AN	D ADDRESS OF FA	CILITY					
	Stephen	_ M Jan	King			Funeral D: Randalls					
	23. PART i. Enter the diseases, or o	omplications that caused	the death. Do not	t enter the mo	de of dying, suci	h as cardiac or reap	elratory arrest	t, Approximate			
	IMMEDIATE CAUSE (Final	List only one cause on e						Onset and Death			
	disease or condition resulting in death) - Conserting Industry										
	Sequentially list conditions, if any, leading to immediate Onset and Death Onset and Death Onset and Death Office Coulting Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death										
NO N	Sequentially list conditions, Due TO (OR AS A CONSEQUENCE OF):										
ÄŢ	if any, leading to immediate cause. Enter UNDERLYING	Cerron	LLAW AN	Len	NixxI.A	8		0			
틸	CAUSE (Disease or injury that initiated eventa	DUE TO (OR AS A	CONSEQUENCE OF):	, any	917000						
CERTIFICATION	resulting in death) LAST	d									
	PART ii. Other significant condition	s contributing to death b	ut not resulting in	the underlying	cause given in	Part i. 24a. WAS AF	AUTOPSY	24b. WERE AUTOPSY FINDINGS			
CAL	Renge Ins	44. 5		,,,,,	,	PERFO	RMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE			
EDI		60				1 _ YES	Z MO	OF DEATH?			
Ä	DID TOBACCO USE C	CONTRIBUTE TO	CAUSE OF I	DEATH Y	ES IT NO			1 123 2 2010			
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PL	ACE OF DEATH (Ch	-					
YSI	1 TES 2 NO	1 Inpetient 2 ER/Outp		OTHER: Nursing Home	5 🗆 Residence	6 Other (Specify)					
표	27. MANNER OF DEATH 1 Natural 5 Pending	26a. DATE OF INJURY (Month, Day, Year)	28b. TIME (WO!	RK?	26d. DEŞCRIBE HOW	INJURY OCCUP	RED			
B	2 Accident Investigation	28- PLACE OF MURRING	40.000		ES 2 NO						
	3 Suicide 6 Could not be 4 Homicide determined	26e. PLACE OF INJURY building, atc. (Spec	— At nome, term, atte ify)	eet, factory, office		28f. LOCATION (Street City or Town, State		Rural Route Number,			
	29a. CERTIFIER			Market San			M. Tallia				
COMPLET	292. CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and menner as stated.										
	IGNATURE AND TITLE OF CERTIFIER										
86	Anna Chair	m			29c. LICENSE NUN	94	Z9d. DATE S	IGNED (Month, Day, Year)			
5	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type, P	rint)	P14	17		170194			
1	Junes Cit	LES MA	Since H	Ospitul	of Ball	honore					
	* 015 1994 de	A STEER LEAR FEBR	起基		0						
1	DEC - 0 100 1							I			

31. DATE FILED (Month, Day, Year)
DEC V 5 1994

	FOR 1 - STATE REGISTRAR		STATE OF I	MARYLAN				EALTH AND I	MEN	TAL HYGIENI REG. NO.	E		
	1. DECEDENT'S NAME (First,	Middle, Last)			0				2. D	ATE OF DEATH			3. TIME OF DEATH
	Valentyna		H.		Brzost	ek			November 30, 1			994	7:30 A M
	4. SOCIAL SECURITY NUMB	ER	5. SEX		yrs. last birthday	_	1 YEAR	IF UNDER 24 HRS.	7. D.	ATE OF BIRTN	1	S. BIRTH	IPLACE (State or Foreign
	213-14-0376		1 [] M 2\[] F		83 YRS.	MONTHS	DAYS	HOURS MIN.		Vonth, Day, Year) 2/14/191	1.1	Counti	oland
	90. FACILITY NAME (If not in	stitution, give str	reet and number)			9b. CIT	r, TOWN (OR LOCATION OF DE		2/11/13		NTY OF D	
ž	109 S. Che	ster S	treet			R:	lti	nore					
MECTOR	RESIDENCE OF DEC		OICCU			1 100	TUTI	liore					
#	10e. STATE	10b. COUNTY			10c. C	TY, TOWN	OR LOCAT	TION					10d. INSIDE CITY LIMITS?
5	Md. Baltimore								1 VES 2 NO				
FUNERAL	10e. STREET AND NUMBER						10	. ZIP CODE			10g. CIT	IZEN OF Y	WHAT COUNTRY?
5	109 S. Che	ster S	treet					212	231			Ţ	JS:A
5	11. MARITAL STATUS		12. WAS DECEDED			13.		ENDENT OF HISPAN			or No-		E — American Indian, k, White, atc.
2	1 Never Married 2 3 Nicolar Married 2 Divo	The second secon	IF YES, GIVE					2 ND Specifi		nto mean, acc.,		Spec	tty:
									_				White
COMPLETED	(Specify only	EDENT'S EDUC y highest grade o	ATION completed)	'	6a. DECEDENT (Give kind o life. Do NOT	f work done	during mo	ON est of working		16b. KIND OF BUS	INESS/IN	DUSTRY	
ן ב	Elementary/Secondary (0)-12)	College (1-4 or 5	+)									
Ž	6 17. FATHER'S NAME (First, M	tiririla i aati			Clid	rwoma	111	18 MOTHER'S NA	ME /E	irst, Middle, Meiden	Sumamal	-	
		round, carety		Criss	dowski					rst, Middle, Melderi		T Too 1	
H H	Benjamin	Vne/Print)		GIIIdZ	_	IG ADDRES	S /Street	Heller	_	Number City or Town			nown)
2			leå.										11001
- 1	Robert Gniazdowski 109 S. Chester Street Baltimore, Md. 21231 200. METHOD-OF DISPOSITION (Name DATE of DISPOSITION (NAME DATE of DISPOSITION (NAME DATE of DISPOSITION (NAME DATE of DISPOSITION (NAME DATE of DISPOSITION (NAME DATE of DISPOSITION (NAME DATE of DISPOSITION (NAME DATE of DISPOSITION (NAME DATE of DISPOSITION (NAME DATE of DISPOSITION (NAME DATE of DISPOSITION (NAME DATE of DISPOSITION (NAME DATE of DISPOSITION (NAME												
-1	1 Burlet 2 X Cremetton 3 Removal from State 4 Donatton 5 Other (Specify)												
21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY									110.				
	Val	11.) /1/	1.1		Da	avid	J. Webei	r F	uneral F	Tome		
	KILL	Meds	1/1/2	ILU		40	oi š	Chester	S	treet Ba	iltin	ore	Md. 21231
	23. PART I. Enter the d stock, or h IMMEDIATE (AUSE (Fir disease or condition resulting in death)	aart failure. L	List only one ca	use on aec	h lina.			nda of dying, suc			Carlo-		Approximate Interval Batween Onset and Death
-	, , , , , , , , , , , , , , , , , , , ,		DUE TO	O (OR AS A C	CONSEDUENCE	OF):			6				
2	Sequentielly list condit	ions,)	0.000.00.00	ONSEDUENCE	00.							
HTIFICATION	if any, leading to imme cause. Enter UNDERLY		OUE II	א פא חטן ט	CONSEDUENCE	OF):							
	CAUSE (Disease or inju- that initiated events		DUE TO	O (OR AS A C	CONSEDUENCE	OF):							+
	resulting in death) LAS	т											
3		-	1										
A	PART II. Other significa	ent condition	a contributing t	o death but	t not resultin	g in the u	nderiyin	g cause given in	Part	I. 24a. WAS AN PERFOR		24	b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
MEDIC										1 TYES 2	DNO		COMPLETION OF CAUSE OF DEATH?
W													1 TES 2 NO
N N	25. WAS CASE REFERRED T	O MEDICAL	LI CODITAL	_		7		LACE OF DEATH (C	heck o	nly one)			
PHYSICIAN:	1 TYES 2 NO		HOSPITAL:	☐ ER/Outpet	tient 3 🗆 DOA	4 A Nu		ne 5 B Residence	8 🗆	Other (Specify)			
27. MANNER OF DEATH 26a. DATE OF INJURY (Month, Day, 16ar) 27. MANNER OF DEATH 28a. DATE OF INJURY WORK? 28d. DESCRIBE HOW INJURY OCCURED INJURY													
10	1 Natural 5 2 Accident	Pending Investigation		,		М		YES 2 NO					
- 1	3 Suicide 6	Could not be	28e. PLACE building	OF INJURY -	At home, farm	, street, fo	ctory, offi	DB	28f.	LOCATION (Street - City or Town, State)	and Numbe	er or Rural	Route Number,
	4 Homicide	determined											
	29a. CERTIFIER 1 CER	TIFYING PHYSIC	CIAN: To the best	of my knowle	dge, death occ	irred at the	time, dat	and place, and du	e to th	e cause(s) and ma	nner as st	nted.	
COMPLETED	Amel .	DICAL EXAMINE	R: Dn the basia of	examination	and/or investiga	tion, in my	opinion,	death occured at the	e time,	, data and place, er	nd due to 1	the cause	(a) and manner so stated.
	296 SIGNATURE AND TITLE	E OF CERTIFIER	1 /		1 ^			29c. LICENSE NU	MBER		29d. DA	TE SIGNE	D (Month, Day, Year)
BE	tarra	Wa	tube	rs.	04.D.				5	0		12/	1/94
2	30. NAME AND ADDRESS O	F PERSON WHI										- 1	1
	Larry Water	chury	Mn A	940 F	astern	AVA	Ra	Itimore,	MI	21224			



DIVISION OF VITAL RECORDS, P.O. BOX 68760,

RAL DIRECTOR AT The Property To The Property To The Property To The Property To The The The The The The The The The The	TENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	ge 5 should be detached for use as	72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	28 is marked or item 23 shows any injury or other traumatic event the medical avantages must be notified at cases
RAL 72	DR ATTEN	DIRECTOR:	hours after	item 28 is
THE P	PHIAL	ERAL	22	25 11

	FOR STATE REGISTRAR	STATE OF MARYLAND		NT OF HEALTH AND TE OF DEATH	MENTAL HYGIENE REG. NO.						
	1. DECEDENT'S NAME (First, Middle, Last) EVELYN L. Brans 4. SOCIAL SECURITY NUMBER 5				DATE OF DEATH WONTH DAY DOOM be/ 3.	YEAR 3. TIME OF DEATH					
1	215 12 2101	0-10-3/8/ 1 M 2 XF 82 YRS. MONTHS DAYS HOURS MINY. (MORTH, Day, Year) Coun									
OR	9. FACILITY NAME (If not institution, give stree 9 Margate Rd.	otton, give street and number) 8 d. 8 altimore 8 alti									
DIRECTOR	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY A A R. A A	10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION									
	Md. Balt 10. STREET AND NUMBER 9 Margate Rd.	STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF									
Y FUNERAL	11. MARITAL STATUS 12 1 Never Merried 2 Married	2. WAS DECEDENT EVER IN U.S. AI FORCES? 1 YES 2 1 IF YES, GIVE WAR OR DATES	RMED NO	2/093 13. WAS DECENDENT OF HISPA It yes, specify Cuben, Mexic 1 YES 2/3/NO Speci		Black, White, etc.					
TED BY	3 Wildowed 4 Divorced 15. DECEDENT'S EDUCAT (Specify only highest grade cor		ECEDENT'S USUAL		16b. KIND OF BUSINESS	White					
COMPLETED		College (1-4 or 5+)	memake	t .	Home						
8	17. FATHER'S NAME (First, Middle, Lust) Harold Bowers			1	AME (First, Middle, Maiden Sumam	10)					
) BE	19a. INFORMANT'S NAME (Type/Print)			ESS (Street end Number or Rural	e GroLock Route Number, City or Town, State						
٩	Mrs. Elaine C.	Burke	9 Mangate Rd. Balto., Md. 21093								
4	20c. METHOD OF DISPOSITION 1 M Buriel 2 Cremetton 3 Removal trom State 4 Donetton 8 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of campetery, crematory or other place) More Land Mem. Cem. 12/6 Balto., Md.										
	Hartley Miller Funeral Home 7527 Harlord Rd. Balto. Md. 21234										
CERTIFICATION	23. PART I. Enter the diseases, or complicatione that ceused the deeth. Do not enter the mode of dying, such as cerdiec or respiratory arrest, ehock, or heart feliure. List only one ceuse on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):										
CERTIF	that initieted events resulting in deeth) LAST	DUE TO (OR AS A CONSE									
MEDICAL	PART II. Other eignificent conditions of				PERFORMED?	AVAILABLE PRIOR TO					
PHYSICIAN:	DID TOBACCO USE CONTRIE 25. WAS CASE REFERRED TO MEDICAL		CE OF DEATH (Che		NЦ						
Sic		OSPITAL:	ОТН		8 ☐ Other (Specify)						
높	27. MANNER OF DEATH	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	28c. INJURY AT WORK?	28d. DESCRIBE HOW INJURY	OCCURED					
BY	1 Netural 5 Pending 2 Accident Investigation		M	1 YES 2 NO							
ETED	3 Suicide 8 Could not be 4 Homicide determined	28a. PLACE OF INJURY — At he building, etc. (Specify)	ome, tarm, street,	actory, offica	28t, LOCATION (Street and Nun City or Town, Stelle)	nber or Rural Route Number,					
COMPLETE		N: To the best of my knowledge, de On the basis of examination and/or				stated. to the couse(a) and menner es stated.					
BE	296. SIGNATURE AND TITLE OF CENTRIES	Donne	elu	298 NICENSE NU 0-09	MBER 29d. 1	DATE SIGNED (Month, Day, Year)					
2	30 NAME AND ADDRESS OF PERSON WHO CO	OMPLETED CAUSE OF DEATH (NE	M 27) (Type, Print)	Harfer Hou	==-11/2	tryre 1/2/2/2/2/2/					
	31. DATE FILED (Month, Day, Year) LLC U 5 1994 July	32. REGISTRAR'S SIGNAPORE	- 17			2.1811110					

d by the hospital or attending physician. Id be detached for use as the burial-transit permit, Pages 1, 2, 3 should BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	TO THE HOSPITAL ATTENDANCE HISICIAN: The law requires that the death certificate be executed within Z4 hours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIFFERENCE TO THE CATALOGUE HAS been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached within 73 hours after death with the Charles of Annual Hasing Annual Hasing programmed and the companies of companies.	De mou mont it nous are used man use state copt. Or regular and mental hybers prior to build, definition, or remained as some 28 is marked, or flem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once,	l
1	D A	De e	34	
	ained b	phould	Hiffed	l
	ref	S	10	ı
	ay be	page	l be	1
	E 9	ector,	EUM.	l
	Page	al din	ner	l
	death.	funer	жаш	١
	after	by the	cale	ŀ
	DOUTS	d in b	medi	
	1 54 1	y fille	the	l
	withir	plete	rent,	l
	urted	TOO E	2	l
	exec	in and	Tage E	l
	ate be	ASicia	T T	ĺ
	ertific	ng pt	othe	ĺ
	th C	endi	6	l
	he dear	TO THE FUNERAL DIRECTION of the certificate has been signed by the attending physician and completely filled in by the tenth and Mental Haritan prior to haird.	njury,	
	that t	d by	my i	
	Dires	Signe	WS 3	
	v requ	been	sho	
	he lav	has	n 23	ı
	AN: T	ificate	ie ie	
	SICI	Cert	0	l
	Š	A Marie	arke	
	ĕ	١	1 E	ĺ
7	Ē	1	200	
,	è	Die S	item	
	TAL	A R	= 5	
	40SP	UNE	ANT	
	里	出	ORT	
	5	2	IMP	

FOR STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

_	REGISTRAR		CI	ERTIF	CATE	OF D	DEATH		REG. NO			
	Onner DAY YEAR							3. TIME OF DEATN				
								Nove	nber	29.1	994	10:02 P M
	4. SOCIAL SECURITY NUMBER		6. AGE (In yrs. las		MONTHS 0		IF UNDER 24 HRS.	7. DATE OF (Month, E	BIRTH by, Ybar)		Countr	IPLACE (State or Foreign
- 1	212-05-1950	1 □ M 2 🙀 F	84	YRS.				July	12,	L910	Mar	yland
~	9a. FACILITY NAME (If not institution, give s						LOCATION OF	DEATN			INTY OF O	
0	Franklin Square H	ospital			Balt	ımoı	re			Ва	ltim	ore County
DIRECTOR	10a. STATE 10b. COUNT	r -		10c. CIT	, TOWN OR	LOCATIO	N					10d, INSIDE CITY
E	Maryland Balti	more Cour	ntv	Ra	ltimo	re						LIMITS?
	10e. STREET AND NUMBER		.01	200			IP CODE			10a, CIT	ZEN OF V	WHAT COUNTRY?
FUNERAL	116 Manor Avenue					2]	L206				J.S.A	
3	11. MARITAL STATUS	12. WAS DECEDENT			13, WA	S DECEN	IDENT OF HISP	ANIC ORIGIN?	Specify Yes			- American Indian,
	1 Never Married 2 Merried	FORCES? 1	YES 2 1	10	If y	es, speci	Ify Cuben, Maxie	en, Puerto Rici			Black Speci	c, White, etc.
) BY	3 🔀 Widowed 4 🗌 Divorced					1 00	42				Whit	ě
COMPLETED	15. DECEOENT'S EDU (Specify only highest grade	CATION completed)	/G	ive kind of v	USUAL OCCI	ing most	of working	16b. KI	ND OF BU	SINESS/IN	DUSTRY	
Ë	Elementary/Secondary (0-12)	College (1-4 or 5+)	Ass	sista	nt Ch	ief						
M	11th Grade		l Obe	erato	r				lepho		compa	ny
8	James Edward Ku	î di					6. MOTHER'S N	AME (First, Mide Unkno				
BE	19e. INFORMANT'S NAME (Type/Print)	a i T										
2	Charisse Force Da	vis					Number or Rura 1e, Bal					20.6
	20e. METNOD OF DISPOSITION							_		_		
	20e. METNOD OF DISPOSITION 120 Burlai 2 Cremetion 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of Cametery, Cremetion, Or other, Classe) Loudon Park Cemetery 12/2/94 Baltimore, Maryl											
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY								aryrand			
	1 × 11/	h. he	1.		Joh	n C.	Mille	r, Inc	•			
_	Jachter	M. Mr	you	/								yland 21206
	23. PART I. Enter the diseases, or a shock, or heart failure.	complications that List only ons caus	caused the de te on each line	ath. Do n	ot entar th	a moda	of dying, au	ch aa cardla	or reapl	ratory ar	reat,	Approximata interval Between
	IMMEDIATE CAUSE (Final disease or condition	Acres										Onaat and Daath
	resulting in death) a. House My Ocas Of the INFALCTION											
_	DUE TO (OR AS A CONSEQUENCE OF): HYPELTONSIUG CARDWASCULLAR DISCASE											
ō	pequantially list conditions, DUE TO (OR AS A CONSEQUENCE OF):											
PA	cause. Enter UNDERLYING	HYPG	ccnoch	STEK	oren	LA						İ
Ē	that initiated eventa		OR AS A CONSEC									
	resulting in death) LAST	d										
EDICAL CERTIFICATION	PART II. Other algnificant condition	a contribution to	inath but not r	anulting i	n the unde	ء حجاريات	seems where to	Deat L			I	
₹	Tract in Other arguments condition	e contributing to t	addit but not r	aauiting i	n the unde	riying c	ause givan ii	1 Part I. 24	e. WAS AN PERFOR		246.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
								1	YES 2	I MO		OF DEATH?
Σ	DID TODACCO LICE CONT	NOUTE TO CAL	ICE OF DEAL			n day						1 TYES 2 NO
AN	DID TOBACCO USE CONTI	KIBUIE 10 CAL		_	N (Check only		UNCERTA					
ত ত	EXAMINER?	HOSPITAL:			OTHER:		_/					
PHYSICIAN:	27. MANNER OF DEATH	1 Inpatiant 2 28a. OATE OF I		28b. TIME	_	Nome	5 (Rasidence	6 Other (S		H III III OO	CUBED	
NII.	1 Natural 5 Pending	(Month, Day		INJ	JRY	WORK	(?	Zed. DESCH	BE NOW II	NJUNT OC	CORED	
- 10	2 Accident Investigation 3 Suicida 8 Could not be 269. PLACE OF INJURY — At home, farm, atreat, factory, office 281. LOCATION (Street and Number or Rural Route Number of Rural Route Number or Rural								loute Number			
Ä	S Suicida 6 Could not be detarmined building, atc. (Specify)											
Significant States and Number of Hurst Houte Number. City or Town, State) 2et. CCRTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the ceuse(a) end menner es state.												
(Check only one) 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the ceuse(a) and menner se stated.) and manner as stated				
	290. SIGNATURE AND TITUE OF CERTIFIES								p			Contract Contract Contract
8	Starley	K. Dro	end			2	9c. LICENSE NU			29d. OAT	12	(Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO	- /		4 27) /Tone	Print)		V life.	600				10
				=-, (<i>i</i> ype,								
	31. DATE FILED (MPPIN DON MAT)	32 JASE 48	प्रदूष्ट्राम् वर्षा.									
	31. DAT DEC 0 51994	and in made										1

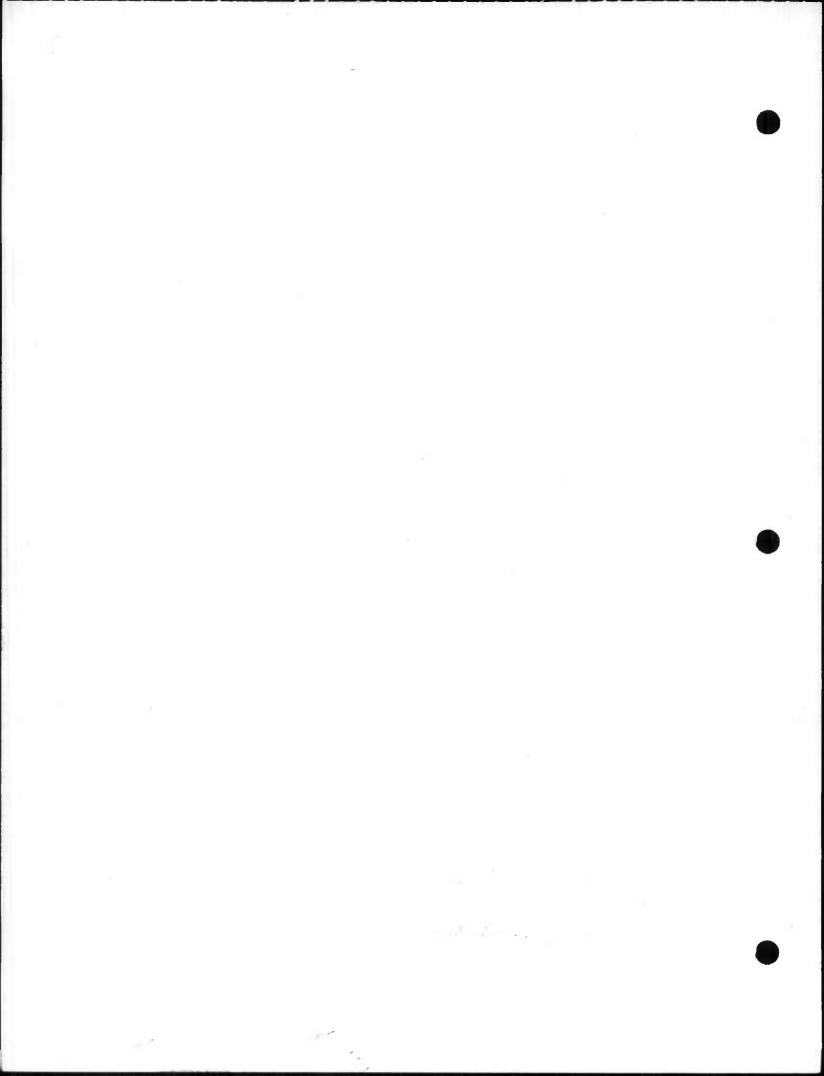
3, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

MOING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlal-transit permit. Pages 1, 2, 3 should ment the State Debt of Health and Merial Horiene noin to burlal, cremation, or ennows.

1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

- 1	_	REGISTRAR		CERTIF	ICATE OF	DEALL	REG. NO).			
- 1		1. DECEDENT'S NAME (First, Middle, Last)	4 / /				2. DATE OF DEATH		3. TIME OF DEATH		
	1	111: lie /	hambe	15			MONTH	70 94	1800 24		
- 1		4. SOCIAL SECURITY NUMBER		(In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	70	RTHPLACE (State or Foreign		
		19 38-10646	1 🛛 M 2 🗆 F	7/0 YRS.	MONTHS DAYS	HOURS MIN.	(Month Day Your)		ountry)		
		d/1-0 4+73		/ G THS.			6-24-19	18	J.C.		
		9a. FACILITY NAME (If not institution, give str	eet and number)		96. CITY, TOWN	OR LOCATION OF D	EATH	9c. COUNTY O	F DEATH		
	DIRECTOR	University	Hospital		Balto						
	5	RESIDENCE OF DECEDENT									
	#	10a. STATE 10b. COUNTY			Y, TOWN OR LOCA	TION			10d. INSIDE CITY LIMITS?		
	ੵ	Pla			Salto				1 YES 2 NO		
	A	10e. STREET AND NUMBER	0	•	10	1. ZIP COOE		10g. CITIZEN C	OF WHAT COUNTRY?		
	FUNERAL	6715 Qua	d St			7173	7	/	1. CA		
	Z	11. MARITAL STATUS	12. WAS DECEOENT EVER IN	NIIS ADMED	12 WES OF	CHIDENT OF HIGH	/ NIC ORIGIN? (Specify Ye		7 0 .//		
- 1	百	1 Never Married 2 Married	FORCES? 1 YES	2 X NO	If yes, sp	ecify Cuban, Maxic	an, Puarto Rican, atc.)	14. H	ACE — American Indian, liack, Whita, atc.		
- 1	B	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DA	ATES/	1 TYES	NO Specif	fy:	s	pecity: Black		
	9	15. OECEDENT'S EDUC	ATION	44. DECEDENTIA					place		
	E	(Specify only highest grade of	completed)	16s. DECEDENT'S (Give kind of w	vork done during mo	ON ost of working	16b. KIND OF BU	SINESS/INDUSTR	3		
- 1	۳ ا	Elementary/Secondary (0-12)	College (1-4 or 5+)	iile. Do NOT us	e retired.)		MOUIS	0. 6	ras Mun		
eš .	₽	9					Co,	· noer			
at once	COMPL	17. FATHER'S NAME (First, Middle, Last)	1			18. MOTHER'S NA	ME (First, Middle, Maide	Sumame)			
	ш	Kobert (hambers			Mar	110. h1	ol. sun			
notified	0	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street I	and Number or Rural	Boute Number, City or Tox	vn, State, Zip Code)		
100	2	Margaret M.	Kene	25	45 (PP:1 1	100 Bs	14 11	71718		
pe		20a. METHOD OF DISPOSITION	CINEIL	100	/5	MI M	ve su	NO MEG	400		
ts n		1 Buriel 2 Cremation 3 Remo		D. PLACE AND DATE Of inflegy, drematory or other		ame of	12/5/ 20c. LI	CATION - City	r Town, State		
틘		4 Donation 5 Other (Specify)			on C	enetery	194	unsdo	WIRE		
i i		21. SIGNATURE OF FUNERAL SURVICE LICE	INSEE	1	22, NAME A	ND ADDRESS OF FA	CILITY				
хап		Vali	7N	. /	Mari	TO F. H	·	1.0	24. 121215		
8		/ nara	114	NA	4	300 C	Vacash	me,	Dalle, Mg		
gic		23. PAHT L'Enter the diseases, or compilicatione that caused the deeth. Do not enter the mode of dying, such as cerdiac or reepiretory arrest, shock, or heart feliure. List only one cause on each line.									
Ē		IMMEDIATE CAUSE (Finel									
5		disease pr condition / (To condition /)									
E E	1	resulting in death) a	DUE TO (OR AS A	CONSEQUENCE OF	7:	emo;	rage		13 /		
£ .			LL.	10							
ag .											
: E	8	Sequentielly list conditions, b.	DUE TO JOB AS A	CONSEQUENCE OF)						
2 50 1	ATION	If sny, lesding to immediate	OUP TO (OR AS A	CONSEQUENCE OF	7):						
er tre	ICATION	If sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury									
other tra	TIFICATION	If sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events		CONSEQUENCE OF							
or other traumatic event, the medical examiner must	ERTIFICATION	If sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury									
ury, or other tra	빙	If sny, lesding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in desth) LAST	DUE TO (OR AS A	CONSEQUENCE DF):						
/ Injury, or other tra	빙	If sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OR AS A	CONSEQUENCE DF):	g ceuse given in	Part I. 24a. WAS AI		24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO		
any Injury,	빙	If sny, lesding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in desth) LAST	DUE TO (OR AS A	CONSEQUENCE DF):	g ceuse given in	Part I. 24a. WAS AI PERFO	RMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE		
any Injury,	EDICAL CE	If sny, lesding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in desth) LAST	DUE TO (OR AS A	CONSEQUENCE DF):	g ceuse given in	PERFO	RMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
shows any injury,	: MEDICAL CE	If sny, lesding to immediate cause. Enter UNDERLYING CAUSE (Disease or liqury that initiated events resulting in desth) LAST PART II. Other eignificant conditions Aunal	DUE TO (OR AS A	a CONSEQUENCE DF	n the underlyin		PERFO	RMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE		
23 shows any Injury,	: MEDICAL CE	If smy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in desth) LAST PART II. Other eignificant conditions DID TOBACCO USE CONTR	contributing to deeth by Facure IBUTE TO CAUSE O	out not resulting li	n the underlyin		PERFO	RMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
23 shows any Injury,	: MEDICAL CE	If smy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in desth) LAST PART II. Other eignificant conditions DID TOBACCO USE CONTR 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	DUE TO (OR AS A contributing to deeth be Facure IBUTE TO CAUSE O	out not resulting in the property of DEATH YE	n the underlyin S NO L H (Check only one) OTHER:	UNCERTAI	PERFO	RMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
23 shows any injury,	SICIAN: MEDICAL CE	If smy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in desth) LAST PART II. Other eignificant conditione DID TOBACCO USE CONTR 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	DUE TO (OR AS A contributing to deeth be Facure BUTE TO CAUSE O	OF DEATH YE 28. PLACE OF DEAT	S NO L H (Check only one) OTHER: 4 Nursing Hom	UNCERTAI	PERFO 1 YES	RMED? 2 X NO	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 N NO		
or item 23 shows any injury,	SICIAN: MEDICAL CE	If smy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in desth) LAST PART II. Other eignificant conditione DID TOBACCO USE CONTR 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	DUE TO (OR AS A contributing to deeth be Facure IBUTE TO CAUSE O	out not resulting in the property of DEATH YE	The underlying NO Land H (Check only one) OTHER: 4 \(\text{Number Number of } \text{28c. INJ} \)	UNCERTAI	PERFO	RMED? 2 X NO	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 N NO		
or item 23 shows any injury,	PHYSICIAN: MEDICAL CE	If smy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in desth) LAST PART II. Other eignificant conditions DID TOBACCO USE CONTR 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending	DUE TO (OR AS A contributing to deeth by Factor & BUTE TO CAUSE O	out not resulting leading to the property of t	n the underlyin S NO H (Check only one) OTHER: 4 Nursing Hore E OF 286. INJURY	UNCERTAI	PERFO 1 YES	RMED? 2 X NO	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 N NO		
or item 23 shows any injury,	BY PHYSICIAN: MEDICAL CE	If smy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in desth) LAST PART II. Other eignificant conditions DID TOBACCO USE CONTR 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending investigation	DUE TO (OR AS A contributing to deeth by C	DEPT DEATH YE 28. PLACE OF DEAT Detient 3 DOA 28b. TIME INJI At home, farm, s	S NO L H (Check only one) OTHER: 4 Nursing Hom B OF 28c. INJ URY M 1	UNCERTAI	PERFO 1 YES 6 Other (Specify) 28d. DESCRIBE HOW 281. LOCATION (Street	INJURY OCCUREE	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 N NO		
item 23 shows any injury,	ED BY PHYSICIAN: MEDICAL CE	If smy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in desth) LAST PART II. Other eignificant conditions DID TOBACCO USE CONTR 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending investigation	DUE TO (OR AS A contributing to deeth by FALL: 1 Vinpetlant 2 = ER/Outp 28a. DATE OF INJURY (Month, Day, Year)	DEPT DEATH YE 28. PLACE OF DEAT Detient 3 DOA 28b. TIME INJI At home, farm, s	S NO L H (Check only one) OTHER: 4 Nursing Hom B OF 28c. INJ URY M 1	UNCERTAI	PERFO 1 YES N YES 6 Other (Specify) 28d. DESCRIBE HOW	INJURY OCCUREE	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 N NO		
28 is marked, or item 23 shows any injury,	ETED BY PHYSICIAN: MEDICAL CE	If smy, leading to immediate cause. Enter UNDERLYING CAUSE. (Disease or Injury that Initiated events resulting in desth) LAST PART II. Other eignificant conditione DID TOBACCO USE CONTR 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending investigation 3 Suicide 8 Could not be determined	DUE TO (OR AS A contributing to deeth by Partial: 1 Minpettant 2 ER/Outp 28a. DATE OF INJURY (Month, Day, Year) 28e. PLACE OF INJURY building, atc. (Spec	DEFINITION OF DEATH YE 28. PLACE OF DEAT 28b. TIME INJU At home, farm, st	S NO CHER: 4 Nursing Home OTHER: WIND LINE OF	UNCERTAI 10 5 Realdence 10 PK AT 10 PK 7 10	PERFO 1 YES 6 Other (Specify) 28d. DESCRIBE HOW 281. LOCATION (Street City or Town, State	INJURY OCCURED	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 N NO		
I men 28 is marked, or item 23 shows any Injury,	ETED BY PHYSICIAN: MEDICAL CE	If smy, leading to immediate cause. Enter UNDERLYING CAUSE. (Disease or Injury that Initiated events resulting in desth) LAST PART II. Other eignificant conditione DID TOBACCO USE CONTR 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	DUE TO (OR AS A contributing to deeth by Contributing to deeth by Contributing to deeth by BUTE TO CAUSE O HOSPITAL: 1 Vingetlant 2 ER/Outp 28a. DATE OF INJURY (Month, Day, Year) 28a. PLACE OF INJURY building, atc. (Spec	DEF DEATH YE 28. PLACE OF DEAT Detiant 3 DOA 28b. TIME INJU At home, farm, st	The underlyin S NO H (Check only one) OTHER: 4 Nursing Hom E OF 28c. IN.) WY M 1 T treet, fectory, officed	UNCERTAL 10 5 Realdence 10 PK? 17 PK? 18 2 NO	PERFO 1 YES 6 Other (Specify) 28d. DESCRIBE HOW 28f. LOCATION (Street City or Town, State	INJURY OCCURED and Number or Rui	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 N NO		
Them 28 is marked, or item 23 shows any Injury,	ETED BY PHYSICIAN: MEDICAL CE	If smy, leading to immediate cause. Enter UNDERLYING CAUSE. (Disease or Injury that Initiated events resulting in desth) LAST PART II. Other eignificant conditione DID TOBACCO USE CONTR 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	DUE TO (OR AS A contributing to deeth by C	DEF DEATH YE 28. PLACE OF DEAT Detiant 3 DOA 28b. TIME INJU At home, farm, st	The underlyin S NO H (Check only one) OTHER: 4 Nursing Hom E OF 28c. IN.) WY M 1 T treet, fectory, officed	UNCERTAL 10 5 Realdence 10 PK? 17 PK? 18 2 NO	PERFO 1 YES 6 Other (Specify) 28d. DESCRIBE HOW 28f. LOCATION (Street City or Town, State	INJURY OCCURED and Number or Rui	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 N NO		
I men 28 is marked, or item 23 shows any Injury,	COMPLETED BY PHYSICIAN: MEDICAL CE	If smy, leading to immediate cause. Enter UNDERLYING CAUSE. (Disease or Injury that Initiated events resulting in desth) LAST PART II. Other eignificant conditione DID TOBACCO USE CONTR 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	DUE TO (OR AS A contributing to deeth by Contributing to deeth by Contributing to deeth by BUTE TO CAUSE O HOSPITAL: 1 Vingetlant 2 ER/Outp 28a. DATE OF INJURY (Month, Day, Year) 28a. PLACE OF INJURY building, atc. (Spec	DEF DEATH YE 28. PLACE OF DEAT Detiant 3 DOA 28b. TIME INJU At home, farm, st	The underlyin S NO H (Check only one) OTHER: 4 Nursing Hom E OF 28c. IN.) WY M 1 T treet, fectory, officed	UNCERTAL 10 5 Realdence 10 PK? 17 PK? 18 2 NO	6 Other (Specify) 28d. DESCRIBE HOW 281. LOCATION (Street City or Town, State	INJURY OCCURED and Number or Ru	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 N NO		
I men 28 is marked, or item 23 shows any Injury,	BE COMPLETED BY PHYSICIAN: MEDICAL CE	If smy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other eignificant conditions DID TOBACCO USE CONTR 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending investigation 3 Suicide 8 Could not be determined 29s. CERTIFIER (Check only one) 2 MEDICAL EXAMINER	DUE TO (OR AS A contributing to deeth by Contributing to deeth by Contributing to deeth by BUTE TO CAUSE O HOSPITAL: 1 Vingetlant 2 ER/Outp 28a. DATE OF INJURY (Month, Day, Year) 28a. PLACE OF INJURY building, atc. (Spec	DEF DEATH YE 28. PLACE OF DEAT Detiant 3 DOA 28b. TIME INJU At home, farm, st	The underlyin S NO H (Check only one) OTHER: 4 Nursing Hom E OF 28c. IN.) WY M 1 T treet, fectory, officed	UNCERTAI THE 5 Residence TURY AT PRES 2 NO THE STATE OF THE STATE O	6 Other (Specify) 28d. DESCRIBE HOW 281. LOCATION (Street City or Town, State	INJURY OCCURED and Number or Ru	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 N NO ral Route Number,		
PORTANT I THE 28 is marked, or item 23 shows any injury,	COMPLETED BY PHYSICIAN: MEDICAL CE	If smy, leading to immediate cause. Enter UNDERLYING CAUSE. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in desth) LAST PART II. Other eignificant conditions DID TOBACCO USE CONTR 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation of be determined 29a. CETTIFIER (Check only One) 2 MEDICAL EXAMINER 29b. SIGNATURE AND TITLE OF CERTIFIER	DUE TO (OR AS A DO CONTributing to deeth by Factore BUTE TO CAUSE O HOSPITAL: 1) Vinpetlant 2 = ER/Outp 28a. DATE OF INJURY (Month, Day, Year) 28a. PLACE OF INJURY building, atc. (Special Special H YE 28. PLACE OF DEAT PATHORN, serin, si ledge, death occurre an and/or investigation	The underlyin S NO H (Check only one) OTHER: 4 Nursing Hom E OF 28c. IN.) WY M 1 T treet, fectory, officed	UNCERTAI THE 5 Residence TURY AT PRES 2 NO THE STATE OF THE STATE O	6 Other (Specify) 28d. DESCRIBE HOW 281. LOCATION (Street City or Town, State	INJURY OCCURED and Number or Ru	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 N NO ral Route Number,			
I men 28 is marked, or item 23 shows any Injury,	BE COMPLETED BY PHYSICIAN: MEDICAL CE	If smy, leading to immediate cause. Enter UNDERLYING CAUSE. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in desth) LAST PART II. Other eignificant conditions DID TOBACCO USE CONTR 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation of be determined 29a. CETTIFIER (Check only One) 2 MEDICAL EXAMINER 29b. SIGNATURE AND TITLE OF CERTIFIER	DUE TO (OR AS A contributing to deeth by C	DEPT DEATH YE 28. PLACE OF DEAT Detiant 3 DOA 28b. TIME INJI At home, farm, si and/or investigation ATH (ITEM 27) Type.	The underlying the un	UNCERTAI THE 5 Residence UNRY AT YES 2 NO THE STATE OF THE STATE O	8 Other (Specify) 28d. DESCRIBE HOW 28f. LOCATION (Street City or Town, State 1 to the cause(a) end ma	INJURY OCCURED and Number or Ru riner as stated. and dua to the ceur	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 N NO ral Route Number,		
I men 28 is marked, or item 23 shows any Injury,	BE COMPLETED BY PHYSICIAN: MEDICAL CE	If smy, leading to immediate cause. Enter UNDERLYING CAUSE. (Disease or injury that initiated events resulting in desth) LAST PART II. Other eignificant conditions DID TOBACCO USE CONTR 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending investigation 2 Accident 3 Suicide 8 Could not be determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER 29b. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHO	DUE TO (OR AS A DO CONTributing to deeth by Factore BUTE TO CAUSE O HOSPITAL: 1) Vinpetlant 2 = ER/Outp 28a. DATE OF INJURY (Month, Day, Year) 28a. PLACE OF INJURY building, atc. (Special Special DEATH YE 28. PLACE OF DEAT Detiant 3 DOA 28b. TIME INJI At home, farm, si and/or investigation ATH (ITEM 27) Type.	The underlying the un	UNCERTAL The 5 Rasidence SHRY AT YES 2 NO The stand place, and due The stand place, and due The stand place at the stand place. LICENSE NUI SHRY AT SHRY AT SHRY AT	6 Other (Specify) 28d. DESCRIBE HOW 281. LOCATION (Street City or Town, State	INJURY OCCURED and Number or Ru riner as stated. and dua to the ceur	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 N NO ral Route Number,			
Them 28 is marked, or item 23 shows any Injury,	BE COMPLETED BY PHYSICIAN: MEDICAL CE	If smy, leading to immediate cause. Enter UNDERLYING CAUSE. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in desth) LAST PART II. Other eignificant conditions DID TOBACCO USE CONTR 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation of be determined 29a. CETTIFIER (Check only One) 2 MEDICAL EXAMINER 29b. SIGNATURE AND TITLE OF CERTIFIER	DUE TO (OR AS A contributing to deeth by C	DEPT DEATH YE 28. PLACE OF DEAT Detiant 3 DOA 28b. TIME INJI At home, farm, si and/or investigation ATH (ITEM 27) Type.	The underlying the un	UNCERTAI THE 5 Residence UNRY AT YES 2 NO THE STATE OF THE STATE O	8 Other (Specify) 28d. DESCRIBE HOW 28f. LOCATION (Street City or Town, State 1 to the cause(a) end ma	INJURY OCCURED and Number or Ru riner as stated. and dua to the ceur	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 N NO ral Route Number,		



VSICIAN: The Jaw requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	s certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1.2. 3 should	cremation, or removal.	d, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
'HE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be exec	HE PERMINE, DIRECTOR: After this certificate has been signed by the attending physician and	ed with the bours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	DRIALL I Item 28 is marked, or Item 23 shows any Injury, or other traumal

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIF	FICATE OF	- DEATH	RE	a. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)		***			2. DATE OF DE	ATH		3. TIME OF DEATH	
	Mamia Sto	Cand			MONTH	DAY	YEAR			
	Mamie Ste		Cand:			11	28	94	12:30 p	
			E (In yrs. last birthday)	IF UNDER 1 YEAR		7. DATE OF BIR (Month, Day,	TH (bar)	8. BIRTH Count	HPLACE (State or Foreign	
	230-03-6728 1 M 2X F 92 YRS. WATER DATE NOW NO. 07-25-1902								Va.	
	9a. FACILITY NAME (If not institution, give street	and number)		9b. CITY, TOWN	OR LOCATION OF DE			NTY OF D		
œ										
임	331 Kearney Drive Baltimore Balt									
DIRECTOR	10e, STATE 10b, COUNTY		10c CT	TY, TOWN OR LOC	ATION					
₾		umberlan							10d. INSIDE CITY LIMITS?	
		moerran	a	Call	Lao				1 TYES 2 NO	
¥.	10e. STREET AND NUMBER			1	Of. ZIP CODE		10g. CIT	IZEN OF	WHAT COUNTRY?	
E 1	P.O. Box 444				22435		т	J.S.	λ	
FUNERAL		. WAS DECEDENT EVE	RINIIS ARMED	12 WAS D	CENDENT OF HISPAN	NIC ODICINA (C-			E — American Indian,	
	1 Never Married 2 Married	FORCES? 1 YE	S 2 2 NO	If yes, s	specify_Cuban, Maxica	n, Puarto Rican, e	ic.)	Blac	k, White, atc.	
B	3∕CXWidowed 4 □ Divorced	IF YES, GIVE WAR OR	DATES	1 🗆 YE	S 2 NO Specify	y:	1	Spec	fy:	
ED				1					Black	
回	15. DECEDENT'S EDUCATION (Specify only highest grade com	ON pleted)	16a. DECEDENT'S	Work done during raise retired.)	TON nost of working	16b. KIND	OF BUSINESS/INC	DUSTRY		
ΨĮ	Elamentary/Secondary (0-12) Co	ollege (1-4 or 5+)	life. Do NOT L	use retired.)		- 1				
9	10th Grade		Domes	stic		- 1				
COMPLET	17. FATHER'S NAME (First, Middle, Last)		Domes	3616	18. MOTHER'S NA	ME (First Middle	Maidan Cumama)			
Ö	77.6									
BE	Alfred Stewart					Maith				
2	19a. INFORMANT'S NAME (Type/Print)		19b. MAILIN	G ADDRESS (Street	and Number or Rural i	Route Number, City	or Town, State, Zig	Code)	-	
-	Muriel S. Whitt	-	331 1	Kearney	Dr., Ow	ings M	ill, M	1d.,	21117	
ľ	20s. METHOD OF DISPOSITION		Ob. PLACE AND DATE				0c. LOCATION -			
	1X Burlei 2 Cremetion 3 Removal		emetery, cremetory or	other place)		1				
	4 Donation 5 Other (Specify)	20	Lively	Hope I	3/C	12/3	Calla	10,	Va.	
	21. SIGNATURE OF FUNERAL RERVICE LICENS	9/		22. NAME .	AND ADDRESS OF FA	CILITY	ommun i	+ 17	교/비	
	// / T T T T T T T T T T T T T T T T T	ollen-								
_				17506) W.NOT	n Ave.	, Balt	.0.,	Md. 2121	
	23. PART : Entar tha diseasea, or companies ahock, or heart fallure. List	only one cause on	aach lina.	not anter the m	ode of dying, suc	n ss cardiac of	reapiratory sn	rest,	Approximats Interval Batween	
	IMMEDIATE CAUSE (Final disease or condition resulting in death) Oue TO (OR AS A CONSEQUENCE OF) OUE TO (OR AS A CONSEQUENCE OF) OUE TO (OR AS A CONSEQUENCE OF)									
	disease or condition	METASTA	110	quimi	rus Ctil	- CHA	תונוניטוג	7 0	FT	
	resulting in death) a	OUE TO (OR A	S A CONSEQUENCE O	JOWN	FRIM	ARY				
		(. ,.	1 100	. , . ,				
S	Sequentially list conditions, b.									
ĔI	If any, leading to immediate	DUE TO (OR A	A CONSEQUENCE O	NF):						
2	CAUSE (Disesse or Injury									
<u> </u>	that initiated events	DUE TO (OR AS	A CONSEQUENCE C	OF):						
E	resulting in death) LAST									
CERTIFICATION										
	PART II. Other significant conditions co	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS								
		minouting to death	DOL HOL I BEGINNING	in the underlyi	ng cauae givan in			24b	. WERE AUTOPSY FINDINGS	
2	Anenna	ontinuoung to death	but not resulting	in the underlyi	ng cauae givan in	Р	ERFORMED?	24b	AVAILABLE PRIOR TO	
EDICAL	-Anemia	online and to death	out not idealting	in the underlyi	ng cause givan in	Р		24b		
MEDICA		181				Р	ERFORMED?	24b	AVAILABLE PRIOR TO COMPLETION OF CAUSE	
ME	DID TOBACCO USE CONTRIB	181				1 P	ERFORMED?	24b	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
ME	DID TOBACCO USE CONTRIBI 25. WAS CASE REFERRED TO MEDICAL	181		ES 🗆 NO [UNCERTAIN	1 P	ERFORMED?	24b	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
ME	DID TOBACCO USE CONTRIBL 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	UTE TO CAUSE	OF DEATH Y	ES NO [UNCERTAIN	1 P	ERFORMED?	24b	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
ME	DID TOBACCO USE CONTRIBLE 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 10 1 1	UTE TO CAUSE DSPITAL: Inpetlent 2 = ER/O	OF DEATH Y 28. PLACE OF DEA	ES NO [NTH (Check only one OTHER: 4 Nursing Ho	UNCERTAIN	8 Other (Speci	PERFORMED? YES 2 NO NO NO NO NO NO NO NO NO NO		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
PHYSICIAN: MEDICA	DID TOBACCO USE CONTRIBI 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1. ANNIER OF DEATH	UTE TO CAUSE	OF DEATH Y 28. PLACE OF DEA utpatient 3 □ DOA Y 28b. Till	ES NO [NTH (Check only one OTHER: 4 Nursing Ho AE OF 28c. IP	UNCERTAIN	8 Other (Speci	ERFORMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
PHYSICIAN: ME	DID TOBACCO USE CONTRIBLE 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 10 1 1	UTE TO CAUSE DSPITAL: Inpetlant 2 ER/O. 28e. DATE OF INJUR	OF DEATH Y 28. PLACE OF DEA utpatient 3 □ DOA Y 28b. Till	ES NO INTH (Check only one OTHER: 4 Nursing Ho AE OF 28c. IF	UNCERTAIN Divine 5 Presidence	8 Other (Speci	PERFORMED? YES 2 NO NO NO NO NO NO NO NO NO NO		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
BY PHYSICIAN: ME	DID TOBACCO USE CONTRIBI 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	UTE TO CAUSE DSPITAL: Inputlant 2 = ER/O 28a. DATE OF INJUR (Month, Day, Year) 28a. PLACE OF INJUR	OF DEATH Y 28. PLACE OF DEA utpetient 3 □ DOA Y 28b. Till RY — At home, term,	ES NO [ITH (Check only one OTHER: 4 Nursing Ho MAE OF 28c. IN M 1	UNCERTAIN Discontinuo 5 Presidence NURY AT ONK? YES 2 NO	8 Other (Special 28d. DESCRIBE 28t. LOCATION (ERFORMED? YES 2 NO NO NO NO NO NO NO NO NO NO	CURED	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
BY PHYSICIAN: ME	DID TOBACCO USE CONTRIBUTION 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	UTE TO CAUSE DSPITAL: Inpetient 2 = ERVO 28e. DATE OF INJUR (Month, Day, Year	OF DEATH Y 28. PLACE OF DEA utpetient 3 □ DOA Y 28b. Till RY — At home, term,	ES NO [ITH (Check only one OTHER: 4 Nursing Ho MAE OF 28c. IN M 1	UNCERTAIN Discontinuo 5 Presidence NURY AT ONK? YES 2 NO	8 Other (Speci	ERFORMED? YES 2 NO NO NO NO NO NO NO NO NO NO	CURED	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
BY PHYSICIAN: ME	DID TOBACCO USE CONTRIBUTION 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined	UTE TO CAUSE OSPITAL: Inpatient 2 ER/O 28a. DATE OF INJU Month, Day, Year 28a. PLACE OF INJU building, stc. (S)	OF DEATH Y 28. PLACE OF DEA utpatient 3 DOA Y 28b. Till IN RY — At home, term,	ES NO [NTH (Check only one OTHER: 4 Nursing Ho BURY M 1 street, tactory, off	UNCERTAIN Divine 5 Feeldence JURY AT ORK? YES 2 NO	8 Other (Special Section of Special Section of Special City or Town	ERFORMED? YES 2 NO NO NO NO NO NO NO NO NO NO	CURED or Rural F	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
BY PHYSICIAN: ME	DID TOBACCO USE CONTRIBUTION 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined 29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN (Check only 1 CERTIFYING PHYSICIAN (Check only 1 CERTIFYING PHYSICIAN (Check only 1 CERTIFYING PHYSICIAN (Check only 1 CERTIFYING PHYSICIAN (Check only 1 CERTIFYING PHYSICIAN (Check only 1 CERTIFYING PHYSICIAN (CHECK Only 1 CERTIFYING PHYSICIAN (CHECK Only 1 CERTIFYING PHYSICIAN (CHECK Only 1 CERTIFYING PHYSICIAN (CHECK Only 1 CERTIFYING PHYSICIAN (CHECK ONL) (UTE TO CAUSE OSPITAL: Inpatient 2 ER/O 28a. DATE OF INJU Month, Day, Year 28a. PLACE OF INJU building, stc. (S)	OF DEATH Y 28. PLACE OF DEA utpatient 3 DOA Y 28b. Till IN RY — At home, term,	ES NO [NTH (Check only one OTHER: 4 Nursing Ho BURY M 1 street, tactory, off	UNCERTAIN Divine 5 Feeldence JURY AT ORK? YES 2 NO	8 Other (Special Section of Special Section of Special City or Town	ERFORMED? YES 2 NO NO NO NO NO NO NO NO NO NO	CURED or Rural F	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
PHYSICIAN: ME	DID TOBACCO USE CONTRIBUTION 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined	UTE TO CAUSE DSPITAL: Inpetiant 2 = ER/Or 28a. DATE OF INJU building, atc. (S)	OF DEATH Y. 28. PLACE OF DEA utpatient 3 DOA Y 28b. Till IN RY — At home, term, overly)	ES NO [NTH (Check only one OTHER: 4 Nursing Ho AE OF 28c. If URY M 1 street, tectory, off	UNCERTAIN Divine 5 Feeldence SURY AT ORK? YES 2 NO	8 Other (Special Section 1) 1	PARTIES 2 NO NO NO NO NO NO NO NO NO NO	or Rural F	AWALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
MPLETED BY PHYSICIAN: ME	DID TOBACCO USE CONTRIBUTION 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	UTE TO CAUSE DSPITAL: Inpetiant 2 = ER/Or 28a. DATE OF INJU building, atc. (S)	OF DEATH Y. 28. PLACE OF DEA utpatient 3 DOA Y 28b. Till IN RY — At home, term, overly)	ES NO [NTH (Check only one OTHER: 4 Nursing Ho AE OF 28c. If URY M 1 street, tectory, off	UNCERTAIN The superior of the	8 Other (Special 28d. DESCRIBE 28t. LOCATION (City or Rown to the cause(s) a time, data and pi	ERFORMED? VES 2 NO NO NO Street and Number State) and menner as state acca, and due to the	or Rural P	AWALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Route Number,	
MPLETED BY PHYSICIAN: ME	DID TOBACCO USE CONTRIBUTION 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 27. MANNER OF DEATH 1 Neturel 5 Pending Investigation 3 Suicide 8 Could not be determined 29e. CERTIFIER (Check only) 1 CERTIFYING PHYSICIAN	UTE TO CAUSE DSPITAL: Inpetiant 2 = ER/Or 28a. DATE OF INJU building, atc. (S)	OF DEATH Y. 28. PLACE OF DEA utpatient 3 DOA Y 28b. Till IN RY — At home, term, overly)	ES NO [NTH (Check only one OTHER: 4 Nursing Ho AE OF 28c. If URY M 1 street, tectory, off	UNCERTAIN Divine 5 Feeldence SURY AT ORK? YES 2 NO	8 Other (Special 28d. DESCRIBE 28t. LOCATION (City or Rown to the cause(s) a time, data and pi	ERFORMED? VES 2 NO NO NO Street and Number State) and menner as state acca, and due to the	or Rural P	AWALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
BY PHYSICIAN: ME	DID TOBACCO USE CONTRIBI 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 2 Accident Investigation 3 Suicide 8 Could not be datermined 29e. CETTIFIER (Check only one) 2 MEDICAL EXAMINER: One	UTE TO CAUSE DSPITAL: Inpetiant 2 = ER/Or 28a. DATE OF INJU building, atc. (S)	OF DEATH Y. 28. PLACE OF DEA utpatient 3 DOA Y 28b. Till IN RY — At home, term, overly)	ES NO [NTH (Check only one OTHER: 4 Nursing Ho AE OF 28c. If URY M 1 street, tectory, off	UNCERTAIN The superior of the	8 Other (Special 28d. DESCRIBE 28t. LOCATION (City or Rown to the cause(s) a time, data and pi	ERFORMED? VES 2 NO NO NO Street and Number State) and menner as state acca, and due to the	or Rural P	AWALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Route Number,	
MPLETED BY PHYSICIAN: ME	DID TOBACCO USE CONTRIBUTION 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	UTE TO CAUSE DSPITAL: Inpetiant 2 = ER/Or 28a. DATE OF INJU building, atc. (S)	OF DEATH Y. 28. PLACE OF DEA utpatient 3 DOA Y) 28b. Till IN RY — At home, term, pocify) owiedge, death occur ition and/or investigati	ES NO [ITH (Check only one OTHER: 4 Nursing Ho AE OF 28c. If JURY M 1 street, tactory, off red at the time, day on, in my opinion,	UNCERTAIN The superior of the	8 Other (Special 28d. DESCRIBE 28t. LOCATION (City or Rown to the cause(s) a time, data and pi	ERFORMED? VES 2 NO NO NO Street and Number State) and menner as state acca, and due to the	or Rural P	AWALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Route Number,	
MPLETED BY PHYSICIAN: ME	DID TOBACCO USE CONTRIBUTION 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	UTE TO CAUSE DSPITAL: Inpatiant 2 = ER/Or 28a. DATE OF INJUB 28a. PLACE OF INJUB building, atc. (S) 1: To the best of my known the basis of examination	OF DEATH Y. 28. PLACE OF DEA utpatient 3 DOA Y) 28b. Till IN RY — At home, term, pocify) owiedge, death occur ition and/or investigati	ES NO [ITH (Check only one OTHER: 4 Nursing Ho AE OF 28c. If JURY M 1 street, tactory, off red at the time, day on, in my opinion,	UNCERTAIN The superior of the	8 Other (Special 28d. DESCRIBE 28t. LOCATION (City or Rown to the cause(s) a time, data and pi	ERFORMED? VES 2 NO NO NO Street and Number State) and menner as state acca, and due to the	or Rural P	AWALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Route Number,	
MPLETED BY PHYSICIAN: ME	DID TOBACCO USE CONTRIBUTION 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	UTE TO CAUSE DSPITAL: Inpatiant 2 = ER/Or 28a. DATE OF INJUB 28a. PLACE OF INJUB building, atc. (S) 1: To the best of my known the basis of examination	OF DEATH Y 28. PLACE OF DEA The substitute of the second	ES NO [ITH (Check only one OTHER: 4 Nursing Ho AE OF 28c. If JURY M 1 street, tactory, off red at the time, day on, in my opinion,	UNCERTAIN The superior of the	8 Other (Special 28d. DESCRIBE 28t. LOCATION (City or Rown to the cause(s) a time, data and pi	ERFORMED? VES 2 NO NO NO Street and Number State) and menner as state acca, and due to the	or Rural P	AWALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Route Number,	

	,
0	
(0	
68760	
12	
∞	
10	
v	
BOX	
ᆽ	
v	
m	
_	
0	
u	
-	
Λ.	
In.	
10	
4	
CORDS,	
-	
œ	
=	
$^{\circ}$	
\sim	
r s	
_	
ш	
-	
щ	
Ä	
_	
q.	
_	
_	
\rightarrow	
11	
-	
0	
~	
-	
Z	
=	
=	
10	
w)	
_	d
>/	۴
_/	١,
~8	
4	
٦.	
٠,	
-1.7	V.

		1 - FOR STATE REGISTRAR	STATE OF MARYL				IEALTH AN	D MENT	AL HYGIEN				
	1	1. DECEDENT'S NAME (First, Middle, Last)							TE OF DEATH			3. TIME OF DE	ATH
		Pearl	E11a		CRUM	_		Nov	vember	28 19	994	4:45	ам
		4. SOCIAL SECURITY NUMBER		(In yrs. last birth		R 1 YEAR	IF UNDER 24 HR		E OF BIRTH		8. BIRTH	IPLACE (State or	Foreign
P		335-18-9903	1 □ M 2 💢 F	78 Y	RS. MONTHS	DAYS	HOURE MIN	0	4-03-	15	Coom	Miss.	
3 should	œ	9e. FACILITY NAME (If not institution, give s			9b. CIT		OR LOCATION OF			9c. COU	NTY OF D	EATH	
6,	DIRECTOR	FRANKLIN SQUAF	E HOSPITAL	1		BAL	TIMOR	E		Ba:	ltime	ore	
iges 1	REC	10e. STATE 10b. COUNT	4	100	. CITY, TOWN	OR LOCAT	TION					10d. INSIDE CI	TY
permit. Pages 1,		Maryland			Balt	imor	e					LIMITS?	XNO
	FUNERAL	10e. STREET AND NUMBER				101	. ZIP CODE			10g. CIT	IZEN OF V	WHAT COUNTRY	7
020 physician. burial-transit	Ä	1606 W. Fayett					2122				U.S.	Α.	
20 hysici urial-i	5	11. MARITAL STATUS 1 Never Married 2 Merried	12. WAS DECEDENT EVER IN FORCES? 1 YES	2/L NO	13		ENDENT OF HIS ecify Cuban, Ma			s or No—	14. RACI Black	E — American In k, White, etc.	dien,
the b	B	3 Widowed 4 Divorced	IF YES, GIVE WAR OR D	ATES		1 TES	2 NO Sp	ecify:			Spec	"y: Blac	k
AND 21215-0020 The hospital or attending physician, detached for use as the burial-trar once.	B	15. DECEDENT'S EDU (Specify only highest grade	CATION		NT'S USUAL			1	6b. KIND OF BU	JSINESS/INC	USTRY		
21 al or for us		Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do N	d of work done IOT use retired.	auring mo	ist of working						
LAND 2 the hospital detached fo	COMP	8th grade		Ηοι	sewi:	fe							
/LAN by the hos be detach at once.		17. FATHER'S NAME (First, Middle, Last)						,	t, Middle, Maider	,			
RYL ed by ed at	BE	Daniel Avers 190. INFORMANT'S NAME (Type/Print)		1					ankli				-
BALTIMORE, MARYLAND 21215-0020 er death. Page 6 may be retained by the hospital or attending physic the funeral director, page 5 should be detached for use as the burial val.	2						and Number or Ru					W 3 2	1 2 2 2
ay be		JOWOL Crum-Free 200. METHOD OF DISPOSITION	206	. PLACE AND D						CATION -		o.Md 2	1223
e 6 maj ector, p		1 St Buriel 2 Cremetion 3 Rem 4 Donation 5 Other (Specify)	oval from State cerr	netery, cremetor	y or other place)		1				1.0000	
ALTIMOR leath. Page 6 m funeral director, xaminer must	Ì	21. SIGNATURE OF FUNERAL SERVICE LIC	ENGEE /	sare	Mem	NAME 4	l Cem	FACILITY	L_Si	alisi	oury	Md.	
BALTIMORE, after death. Page 6 may be moval. eat examiner must be in		10/2/- 1	1/5		1 '	1 2 0 6 M T T T	.lam C	· BI	own Co	ommui	nity	Md. 2	1 2 1 7
BA nours after of d in by the or removal.	\dashv	23. PART I. Enter the diseesea, or	complications that cause	d the death									
	1	anock, or heart fellure.	List only one ceuse on e	ach line.								Approxi	Between
within Z4 ho pletely filled cremation, or rent, the m	- 1	IMMEDIATE CAUSE (Final disease or condition	Al	There So	lente	1. (ar dio	Vanc	war	1)16	ane	- Unset e	nd Deeth
760, ad withir ompletel I. crema event,	ı	resulting in death)	DUE TO (OR AS A	CONSEQUEN	CE OF):							 	
	Z	Saguestially list and dalars	DUE TO (OR AS A	ESEL	iliay	1 0	ugras	Cers	in	~			
BOX 68 cate be execute thysician and co prior to buria or traumatic	RTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A	CONSEQUEN	CE OF):		()						
m = 5 a : 1	S	CAUSE (Diseese or injury	c. DUE TO (OR AS A	CONSEQUEN	CE OFF							-	
, P.O. E eath certifica attending phy tal Hygiene y, or other	Ē	that initieted eventa resulting in death) LAST		CONSCOULA	DE OF J.							İ	
death death atte	핑		J										
- >5	ÄL	PART II. Other algnificant condition	e contributing to deeth b	out not result	ing in the u	nderlying	g cause given	in Part I.	24a. WAS AN PERFO		24b	WERE AUTOPSY AVAILABLE PRIO	
COR luires that signed by Health an	MEDIC	90	CUH						1 TYES	2 X NO		COMPLETION OF OF DEATH?	CAUSE
w requires that been signed bot. of Health ar												1 TYES 2] NO
law las b Pept	PHYSICIAN:	DID TOBACCO USE CONT					UNCERT	AIN 🗌					
- F as a -	Sic	EXAMINER?	HOSPITAL:	26. PLACE OF	OTHE	R:							
Sicia certification of	H	27. MANNER OF DEATH	f [*] Inpatient 2 ☐ ER/Outp 28e. DATE OF INJURY		TIME OF	raing Hom 28c. INJ	e 5 Realden		her (Specify) ESCRIBE HOW	IN ILIEN OC	CLIBED		
	1	1 Netural 5 Pending	(Month, Day, Year)		INJURY	WO	RK?	204. D	ESCRIBE HOW	INSURT OC	CORED		
NONG P NONG P C Atter c death is man	3 87	2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE OF INJURY	— At home, fo	erm, atreet, fac				CATION (Street		or Rural F	loute Number,	
2	TED	4 Homicide determined	building, etc. (Spec	cny)				Cit	ly or Town, State)			
Month of the	COMPLET	29a. CERTIFIER Check only	CIAN: To the best of my knowl	ledge, death o	curred at the	time, date	end place, end	due to the c	ause(a) end ma	nner as stel	ted.		
V	OM		R: On the basis of examination) and menner as	stated.
E HUY d w MTR	111	29b. SIGNATURE AND TITLE OF CERTIFIES	'n				29c. LICENSE	NUMBER		29d. DAT	E SIGNED	(Month, Day, Year	r)
TO THE Post of the post of the	O BE	23	, lun				7230	64-1		•	11	29/91	1
	٤	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF DE	ATH (ITEM 27)	(Type, Print)		5			1 ~	o L	Pu	
		KAMEH SA	BAPATHII	ソリン	Suit	e 30	08 8	2/1	1-800	an	3/	DUSIN	M
		31. DATE FILED (Month, Day, Year)	321 BEGISTRAR'S OGN	TUBE							M	12121	11

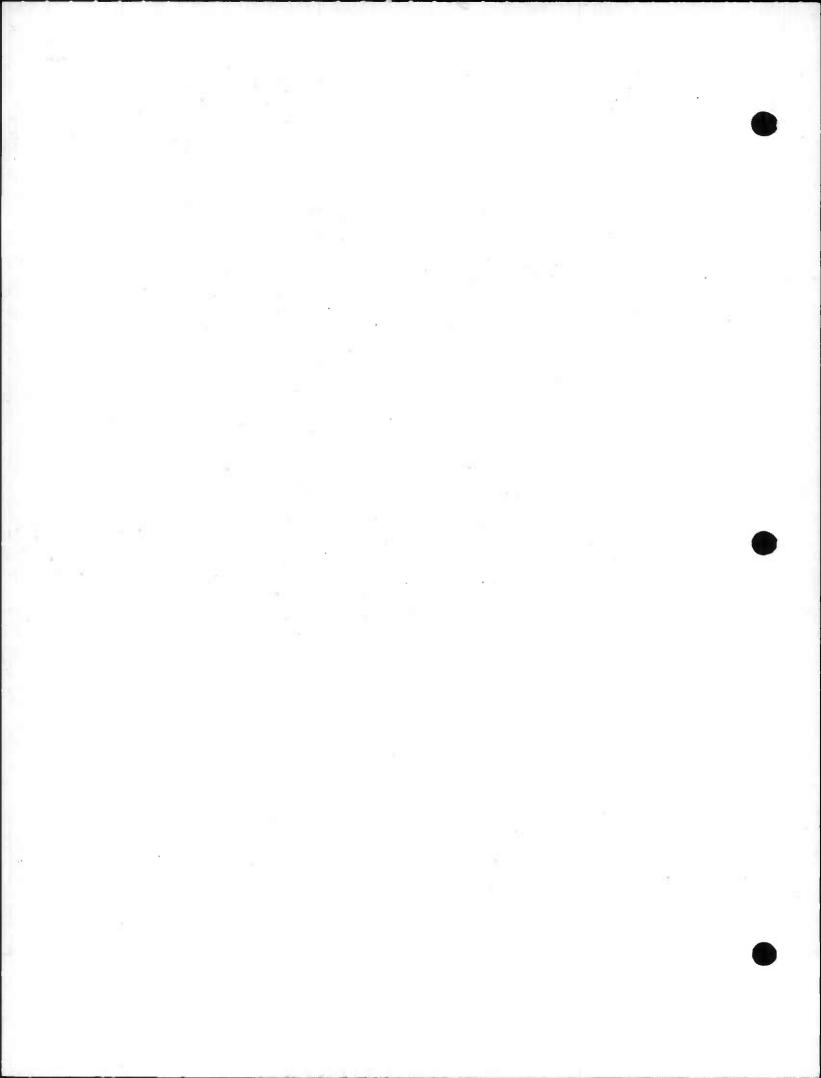
Ų.

9	ing
5	pue
2	att
7	9
0	2
7	osb
4	9
	£
>	6
E	Pe
7	123
-	9
щî	ith. Page 6 may be retained
α	E
0	9
$\mathbf{\Sigma}$	300
E	0.
BALTIMORE, MARYLAND 21215-0	eath
MA W	0
ш	afte
	53
	90
0	N.
76	2
ω	D)
9	X
8	8
9	93
	JEC.
0	Sert
ο.	nat the death certif
10	dea
õ	2
æ	at t
0	#
C	Tes
Ш	nba nba
1	*
7	60
	Ĕ
=	3
-	3
O	XS.
=	4
S	NG.
\subseteq	2
S	1
>	D
	000
DIVISION OF VITAL RECORDS, P.O. BOX 68760	OR

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with nouns after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlat-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

FOR 1 - STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

_	REGISTRAR	CERTIF	CALE	FUEATH	REG. NO				
	t. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH MONTH DA	AY YEAR	3. TIME OF DEATH		
	Bernice Cohen					5 94	4:15 PM		
		rs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	8. BIRTI	HPLACE (State or Foreign		
	212 58 2345 1□ M 2 K F	74 YRS.	MONTHS DAYS	HOURS MIN.	3-11-191	5 Nev	York		
	9a. FACILITY NAME (If not institution, give street and number)		9b. CITY, TOW	N OR LOCATION OF DI		9c. COUNTY OF			
Œ	Monidian The Dines					Talbot			
유	Meridian - The Pines		E	aston		<u>lai</u>	J00		
DIRECTOR	10a. STATE 10b. COUNTY	10c. CIT	, TOWN OR LO	CATION			10d. INSIDE CITY		
5	Maryland Talbot Co	0:	cford				LIMITS?		
7	10e. STREET AND NUMBER			tor, ZIP CODE		10g. CITIZEN OF			
FUNERAL	800 S. Morris Street		T	216.	5 /4		USA		
Z	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.	S ARMED	13 WAS F		NIC ORIGIN? (Specify Yes	Or No. 14 BAC	E — American Indian,		
	t Never Married 2 Married FORCES? 1 YES 1	2 NO	If yes,	specify Cuban, Maxica	in, Puerto Rican, etc.)	Blac	k, White, atc.		
B	3 Wildowed 4 Divorced	5	י ויי	ES 2 NO Specif	y:	Spec	White		
	ts. DECEDENT'S EDUCATION 16	a. DECEDENT'S	USUAL OCCUPA	TION	16b. KIND OF BU	SINESS/INDUSTRY	WHI CC		
15	(Specify only highest grade completed) Elementary/Secondary (0-12) College (t-4 or 5 +)	(Give kind of vi life. Do NOT us	rork done during e retired.)	most of working	300000000000000000000000000000000000000				
	12+ 4		Homema	ıker					
once. COMPLETED	17. FATHER'S NAME (First, Middle, Last)			18 MOTHER'S NA	ME (First, Middle, Maiden	Sumama)			
5 S	Hilary O. Brashear			1501 /00/50					
BE	19a. INFORMANT'S NAME (Type/Print)	105 MAN INC	Anness (Steel		Jeanette Route Number, City or Tow		son		
夏 6	Gerlad Cohen				Oxford, M				
e e									
nst	20s. METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of cemetery, crematory or other place)								
- L	4 Donation 5 Other (Specify) The Biomardine OF F) Neral Service Licenses on ald Wade, Dir 22. NAME AND ADDRESS OF FACILITY State Anatomy Boa								
E	Manual State State Was	de,Dir							
exa	Jumes 1/1/are		65	5W.Balti	imore St,	Balto, M	ID21201		
dical	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory arrest, Approximate								
Ë	shock, or heart failure. List only one cause on each IMMEDIATE CAUSE (Final	ina.					Interval Between Onset and Death		
the	disease or condition						/ J		
ent,	reaulting in death) DUE TO (OR AS A CO	ONSEQUENCE OF	n:				100		
any injury, or other traumatic event, the medical examiner must be notified at once. TO BE COM	- M4.1-40	tic		c. Dr			40		
or other traumatic	Sequentially list conditions, DUE TO (OR AS A CO	INSEQUENCE OF):	· ·	sum		1.50		
AT AT	If any, laading to immediata cause. Enter UNDERLYING	M	1-8				1.01.		
를 H	CAUSE (Disease or injury that initiated events DUE TO (OR AS A CO	INSEQUENCE OF):				+ Orby		
5 E	resulting in death) LAST								
2 8									
M ing	PART II. Other significant conditions contributing to death but	not resulting I	n tha underly	ing cause givan in	Part I. 24a. WAS AN PERFOR		. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO		
SC ST	H. Fib.				1 _ YES 2		COMPLETION OF CAUSE OF DEATH?		
S m							1 YES 2 NO		
S sho		•			_				
SICIAN:	25. WAS CASE REFERRED TO MEDICAL		28.	PLACE OF DEATH (Ch	eck only one)				
or item 23 YSICIAN	EXAMINER? 1 YES 2 NO 1 Inpetiant 2 ER/Outpetie	int 3 DOA	OTNER:	ome 5 🗆 Residence	6 Other (Specify)				
7 6	27. MANNER OF DEATH 28s. DATE OF INJURY	28b. TIM		NJURY AT	28d. DESCRIBE HOW I	NJURY OCCURED			
	1 Netural 5 Pending (Month, Day, Year)	INJ		WORK?					
BY	2 Accident Investigation 3 Suicide 6 Could get be 28s. PLACE OF INJURY —	At home form a			281. LOCATION (Street	and Mumber or Duni	Bouts Number		
28 is TED	4 Homicide 8 Could not be building, atc. (Specify)	ris morne, territ, a	most, factory, o	nea	City or Town, Stata)	and Namiber of Hurar	noute Number,		
ET ET	M. CERTIFIED & A				L				
틝릴릴	29e. CERTIFIER (Check only one) CERTIFYING PHYSICIAN: To the best of my knowledge one)								
ANT: If ite	One) 2 MEDICAL EXAMINER: On the basis of examination an	nd/or Investigation	n, in my opinior	, death occured at the	time, data and place, ar	nd dua to the cause(s) and manner as stated.		
E C	290. SIGNATURE AND TITLE OF CERTIFIER			29c. LICENSE NUI	мвея	29d. DATE SIGNED	(Month, Day, Year)		
2 0	16 de homena	m	0			11/2	(194		
≧ ၉	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH					-	-/ -/		
	R.A. Burgonne MO 60			Lone	Enston	mo	2160/		
	31. DATE FILED (Month, Day (Year) 32. REGISTRAR'S SIGNATU					, ,			
	DEC 0 5 1994 Julio Sandem-Ro	whath	1						



3. TIME OF DEATH

2. DATE OF DEATH

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

Ć.
9
7
00
6876
5
BOX
0
m
-
$\dot{\circ}$
9
P.0
_
'n
ö
0
O
RECORDS,
2
4
_
ITAL
-
_
OF VI
LL.
$\overline{}$
0
7
<u></u>
\succeq
S
==
>
=

8:00 5. SEX 8. AGE (In yrs. last birthday) 7. DATE OF BIRTH IF UNDER 1 YEAR 8. BIRTHPLACE (State or Foreign (Morth, Day, Your) 906, 14, 1908 use as the burial-transit permit. Pages 1, 2, 3 should 9c. COUNTY OF DEATH BALTIMORE DIRECTOR 10c. CITY, TOWN DR LOCATION 10d. INSIDE CITY BALTIMORE YES 2 NO FUNERAL 10f. ZIP CODE 10g. CITIZEN OF BOND 21231 57. retained by the hospital or attending physician. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or NoIf yea, specify Cuban, Maxican, Puerto Rican, etc.)
 U YES 2 NO Specify: 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 WHO 1 Never Married 2 Married IF YES, GIVE WAR OR DATES BY 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) (Specify only highest grade compi ğ Elementary/Secondary (0-12) College (1-4 or 5+) 4th Supervisor page 5 should be detached Laundry notified at once. 17. FATHER'S NAME (First, Middle, Lest) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Howard C. Crovo Henrietta F. Ray 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Flural Route Number, City or Town, State, Zip Code) 2 Terry Crovo 1519 Weyburn Rd. Baltimore, Maryland 21237 24 hours after death. Page 6 may be pe 20a. METHOD OF DISPOSITION
1 ☑ Burlel 2 ☐ Cremation 3 ☐ Rem
4 ☐ Donation 5 ☐ Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State must director, HC·1y Redeemer Cemetery 12/7 Baltimore, Maryland medical examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY the funeral David J. Weber Funeral Home 401 S. Chester St. Baltimore, Md. 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. Vist only one cause on each line. nding physician and completely filled in by Hygiene prior to burial, cremation, or remo Approximate **IMMEDIATE CAUSE (Final** Onset and Death or other traumatic event, the disease or condition executed within resulting in death) DUE TO (DR AS A CONSEQUENCE OF))iabetes TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the attending physician and it is the thing the standing physician and it is that this certificate has been signed by the attending physician and it is that the same begind the stand Mental Hydrene prior to built maken in the same begind it is the same that the same same injury, or other traumatic in them. 28 is marked, or item 23 shows any injury, or other traumatic Sequentially list conditions, DUE TO (OR AS A CONSEDUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury Hypertension
DUE TO (OR AS A CONSEDUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part i. MEDICAL 24s. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE t YES 2 NO OF DEATH? 1 TES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 TES 2 NO me 5 - Residence 6 - Other (Specify) RETIREMENT HOME 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28d. DESCRIBE HOW INJURY OCCURED 28c. INJURY AT 1 Natural 5 Pending Investige t YES 2 NO ВУ 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 281, LOCATION (Street and Number or Rural Route Number, City or Town, State) 5 Could not be COMPLETED 4 Homicide 29a. CERTIFIER

Thank and

The CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and menner as stated. MOOUPE 280 EXCHATUME AND TITLE OF CERTIFIER OBADINA 29c. LICENSE NUMBER BE 29d. DATE SIGNED (Month, Day, Year) padina D4315 M 0 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Church Home Hospital Modure OBADIMA 101 H. bond Street 32 REGISTRAR'S SIGNATURE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	,
-	
68760	
9	
00	
~	
2	
9 X O	
P.O. BOX	
	,
0	1
O	
Α'	
ш.	1
S, P	
ഗ	
\cap	
~	
ш.	
0	
OF VITAL RECORDS,	
0	١,
ш	
OC.	
_	
-4	
d	
_	i
=	
>	1
	i
ш	3
\circ	1
-	ı
7	
~	Ġ
U	i
70	1
(1)	i
$\overline{}$	į
_	1
DIVISION	the same of the same of the same of
	ì

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 54 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunal. cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

							9	4 35	5692
Ι	tem	# 4,16,19 Film # G 718	12-05-94 N	.A. Per Fur	neral home				
_	_	1 - STATE REGISTRAR	STATE OF MARY		MENT OF HEALTH A CATE OF DEATI		REG. NO.		
	*	1. DECEDENT'S NAME (First, Middle, Last)	CLEC	96		2. DATE (OF DEATH	OF/ 3.	TIME OF DEATH
		4. SOCIAL SECURITY NUMBER 2415-14-07-10	5. SEX 8. AGE		F UNDER 1 YEAR	HRS. 7. DATE C	OF BIRTH Day, Year)	8. BIRTHPL Country	ACE (State or Foreign
	1	90. FACILITY NAME (If not institution, give stre	7.3		b. CITY, TOWN OR LOCATION	OF DEATH	9c. co	UNTY OF DEAT	$\mathcal{D}\mathcal{H}$
	TOR	SINAL HOSPI	TAL		BALTIN	IORE	B	ALTI	MORE
	DIRECTOR	10e. STATE 10b. COUNTY			TOWN OR LOCATION			1	d. INSIDE CITY LIMITS?
		Maryland 104. STREET AND NUMBER		Bal	ltimore 101. ZIP CODE		10g. CI	TIZEN OF WHA	YES 2 NO
	FUNERAL	4409 Elderon A			212	15		USA	
- 1	BY FU	11. MARITAL STATUS 1	12. WAS DECEDENT EVER FORCES? 1 X YES IF YES, GIVE WAR OR	IN U.S. ARMED S 2 NO DATES	13. WAS DECENOENT OF If yes, specify Cuben, 1 YES 2 NO	Mexican, Puerto R	(Specify Yee or No—ican, etc.)	14. RACE — Black, W Specify	American Indian, hite, etc.
		15. DECEOENT'S EDUCA (Specify only highest grade of	ATION completed)	16a. DECEDENT'S US	BUAL OCCUPATION k done during most of working	16b.	KIND OF BUSINESS/IN	DUSTRY	Black
	COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	Ille. Do NOT use r	ims Examin		ogial Cog		A circuit co
OHCC.	O	17. FATHER'S NAME (First, Middle, Last)		<u> </u>			ocial Sec		Admin,
6	BE (Thomas Cleqq				nnie Sc			
	၉	190. INFORMANT'S NAME (Type/Print) Louise G Louis	e Clegg		corress (Street and Number of Elderon Av		er, City or Yown, State, 2 Baltimor		21215
121 120		20e. METHOD OF DISPOSITION 1 X Burlel 2 Cremellon 3 Remove	2	Ob. PLACE AND DATE OF	DISPOSITION (Name of	Dec	20c. LOCATION -		
		4 ☐ Donation 5 ☐ Other (Specify)		rbutus Mem	Porial Park 22. NAME AND ADDRESS 2501 CYRESPO	7	- L Baltim	ore Co	unty, MD
a cyallin		>			Baltimore,	Marylan	d 21216		mes, Inc
		23. PART I. Enter the diseases, or co shock, or heart fellure. Li	omplicatione that caus ist only ona cause on	ed tha daeth. Do not eech line.	antar the mode of dying	, such ss cardi	ac or reapiratory a	rreat,	Approximata interval Between
1, 116	}	iMMEDIATE CAUSE (Final disease or condition reaulting in death)	CEREBI	OVASCI	ULAR H	ccid	ent		Onset and Death
200	_ 1		DUE TO (OR AS	A CONSEQUENCE OF):	A /				ZAVO
	CATION	Sequantially list conditions, if any, leading to immediate	DUI TO (OR AS	A CONSEQUENCE OF):	V				DYKO
101	FICA FICA	CAUSE (Disease or Injury	DUE TO (OR AS	A CONSEQUENCE OF):	62				
	CERTIFI	that initiated eventa resulting in dasth) LAST							
11	- 11			but not requising in			24a. WAS AN AUTOPSY	7 24b. WE	RE AUTOPSY FINDINGS
9		PART II. Other significent conditions	contributing to death	nor nor reeniting in	the Undarlying causa giv	an in Part I.	DEDECOMINED O	20.00	
9	20	PART II. Other significent conditions	contributing to death	but not resulting in	the Undarlying cauea giv	an in Part I.	PERFORMED?	CD	ALABLE PRIOR TO MPLETION OF CAUSE DEATH?
nime amb min	I: MEDICAL						. /	CD OF	MPLETION OF CAUSE
nime amb min	CIAN: MEDICA	DID TOBACCO USE CO	ONTRIBUTE TO	CAUSE OF I	DEATH YES	NO X	1 TYES 2 NO	CD OF	MPLETION OF CAUSE DEATH?
nime amb min	HYSICIAN: MEDICA	DID TOBACCO USE CO	ONTRIBUTE TO	CAUSE OF I	DEATH YES	NO TH (Check only one	1 U YES 2 NO	CD OF 1 (MPLETION OF CAUSE DEATH?
Acu, or near to shows any mig	PHYSICIAN:	DID TOBACCO USE CO	ONTRIBUTE TO	CAUSE OF I	DEATH YES	NO TH (Check only one lence 6 Other 28d. DESC	1 U YES 2 NO	CD OF 1 (MPLETION OF CAUSE DEATH?
e is merce, or nem ac shows any mis	ED BY PHYSICIAN:	DID TOBACCO USE CO	ONTRIBUTE TO MOSPITAL: 1 Inpatient 2 = ER/Ou 28e. DATE OF INJURY (Month, Day, Year)	CAUSE OF I	26. PLACE OF DEADTHER: Nursing Home 5 Reel- OFF 26c. INJURY AT WORK? M 1 YES 2	NO MITH (Check only one tence 6 Other 28d, DES)	1 U YES 2 NO	CD OF	MPLETION OF CAUSE DEATH? YES 2 NO
e is merce, or nem ac shows any mis	ED BY PHYSICIAN:	DID TOBACCO USE CO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending investigation 2 Accident investigation 3 Suicide 6 Could not be determined 29e. CERTIFIER (Check only) 1 CERTIFYING PHYSICI	ONTRIBUTE TO HOSPITAL: 1 Inpatient 2 ER/Out 28e. DATE OF INJUR 28e. PLACE OF INJUR building, etc. (Sp	CAUSE OF I	26. PLACE OF DEADTHER: Nursing Home 5 Reel- OFF 26c. INJURY AT WORK? M 1 YES 2	NO Stence 6 Other 28d. DESC	1 YES 2 NO (Specify) CRIBE HOW INJURY OF TOWN, State)	CCURED	MPLETION OF CAUSE DEATH? YES 2 NO
e is merce, or nem ac shows any mis	ED BY PHYSICIAN:	DID TOBACCO USE CO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	ONTRIBUTE TO NOSPITAL: 1 Inpatient 2 ER/Ou 28e. DATE OF INJUR 28e. PLACE OF INJUR 28e. PLACE OF INJUR building, etc. (Sp	CAUSE OF I	DEATH YES	NO STH (Check only one tence 6 Other 28d. DES)	1 YES 2 NO (Specify) CRIBE HOW INJURY OF Town, State)	CCURED CCURED are or Rural Route	MPLETION OF CAUSE DEATH? YES 2 NO
MINNEL II INCIII 20 13 IIIGHAGU, OI IIGH 20 SHOWS GILL III	BY PHYSICIAN:	DID TOBACCO USE CO 25. WAS CASE REFERRED TO MEDICAL EXAMMER? 1	ONTRIBUTE TO NOSPITAL: 1 Inpatient 2 ER/Ou 28e. DATE OF INJUR 28e. PLACE OF INJUR 28e. PLACE OF INJUR building, etc. (Sp	CAUSE OF I	DEATH YES	NO STH (Check only one tence 6 Other 28d. DES)	1 YES 2 NO (Specify) CRIBE HOW INJURY OF TOWN, State) TION (Street and Number Town, State)	CCURED CCURED are or Rural Route	MPLETION OF CAUSE DEATH? YES 2 NO Number, d menner ee stated.

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print)

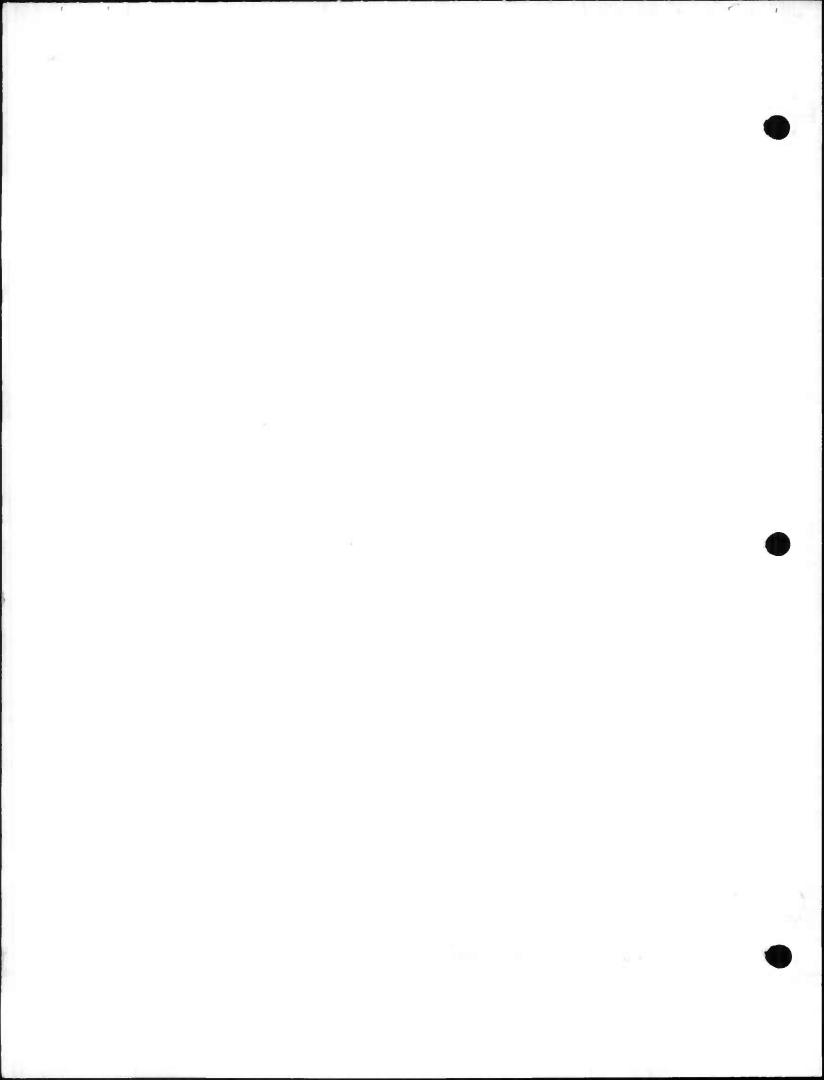
DEC U 5 1994 32 HEGISTRAR'S HENAUM

DHMH-16 Rev 1/89

No. 10 to the second Ave 11

00	after
	24 HOURS
30,	within
(6876	executed
$\hat{\circ}$	2
.O. BC	certificate
ώ.	death
Ö	all l
<u>m</u>	hat
RECO	requires t
	WE
\mathbf{z}	The
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after
ISION	ATTENDING
	BR/
	PERMIT!

			CATE OF		D MENTAL HY RE 2. DATE OF DE	G. NO.	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In 1975. In	rT	PY		NOV	巧	94 308
	220-14-5979 10M2XF 7		MONTHS DAYS	HOURS MI	April	26,191	6. BIRTHPLACE (State or Form Country) 9 New Jers
H.	9a. FACILITY NAME (If not institution, give street and number) Mercy Hospital		% CITY, TOWN Balti	OR LOCATION O			NTY OF DEATH
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY	10c, CITY.	TOWN OR LOCA				10d, INSIDE CITY
	Maryland		timor				LIMITS?
FUNERAL	100.STREET AND NUMBER 2402 Reisterstown Road			21217		10g. CIT	USA
BY	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. A FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	RMED NO	If yes, s	pecify Cuben, Me	PANIC ORIGIN? (Spe xican, Puerto Rican, ecity:	cify Yea or No-	14. RACE — American Indian Black, White, etc. Specify Black
COMPLETED	(specny only highest grade completed) (till Elementary/Secondary (0-12) College (1-4 or 5+)	Give kind of wo le. Do NOT use	SUAL OCCUPAT: ork done during m retired.)	ost of working		OF BUSINESS/INC	
BE COM	17. FATHER'S NAME (First, Middle, Last) Isaiah B. Turner		nstru	18. MOTHER'S Mari	NAME (First, Middle, e Patte	rson	
10	190. INFORMANT'S NAME (Type/Print) Vonetta Talbert	96. MAILING A 2034	Bradd.	and Number or Au ish Av	enue, B	or Town, State, Zip alt. M	d. 21216
	20a. METHOD OF DISPOSITION 1 M Burlal 2 Cremetion 3 Removal from State 4 Donation 5 Other (Specify)	AND DATE OF	DISPOSITION (N	lame of			City or Town, State Aills, Md.
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE Jenny Farker	SOIT TO	22. NAME A		FACILITY NUT	er Fune	eral Home Inc nore, Md. 212
ERTIFICATION	23. PART I. Enter the diseases, or complications thet caused the dishock, or heart feilure. List only one cause on each line immediate cause or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSE of the cause).	COUENCE OF:	nton	1+ Hy	PORCH Mia	na	Interval Bet Onset and 2 D
N: MEDICAL C	PART II. Other significent conditions confiduating to death but not	resulting in	the underlying	g cause diven	nd - P	VAS AN AUTOPSY PERFORMEO? YES 2 ANO	24b. WERE AUTOPSY FINE AWAR ABLE PRIOR TO COMPLETION OF CAI OF DEATH? 1 YES 2 NO
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 OO HOPPITAL: MosPITAL: ER/Outpetient 3		OTHER:	LACE OF DEATH			
ву РНҮ	27. MANNER OF DEATH 26a. DATE OF INJURY (Month, Day, Year) 2 Accident investigation	28b. TIME INJUR	OF 28c, IN. RY W	JURY AT DRK? YES 2 NO	28d. DESCRIBE	HOW INJURY OCI	CURED
ETED	3 Suicide 6 Could not be determined 28e. PLACE OF INJURY — All ht building, etc. (Specify)	ome, larm, str	eet, lactory, offic	ce	261, LOCATION (City or Town	Street and Number , State)	or Rural Route Number,
MPLE	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of axamination end/or						
1R	29b. SIGNATURE AND TITLE OF CERTIFIER			29c, LICENSE 1	VIMBER	29d DATE	E SIGNEO (Month, Day, Year)



BALTIMORE, MARYLAND 21215-0020

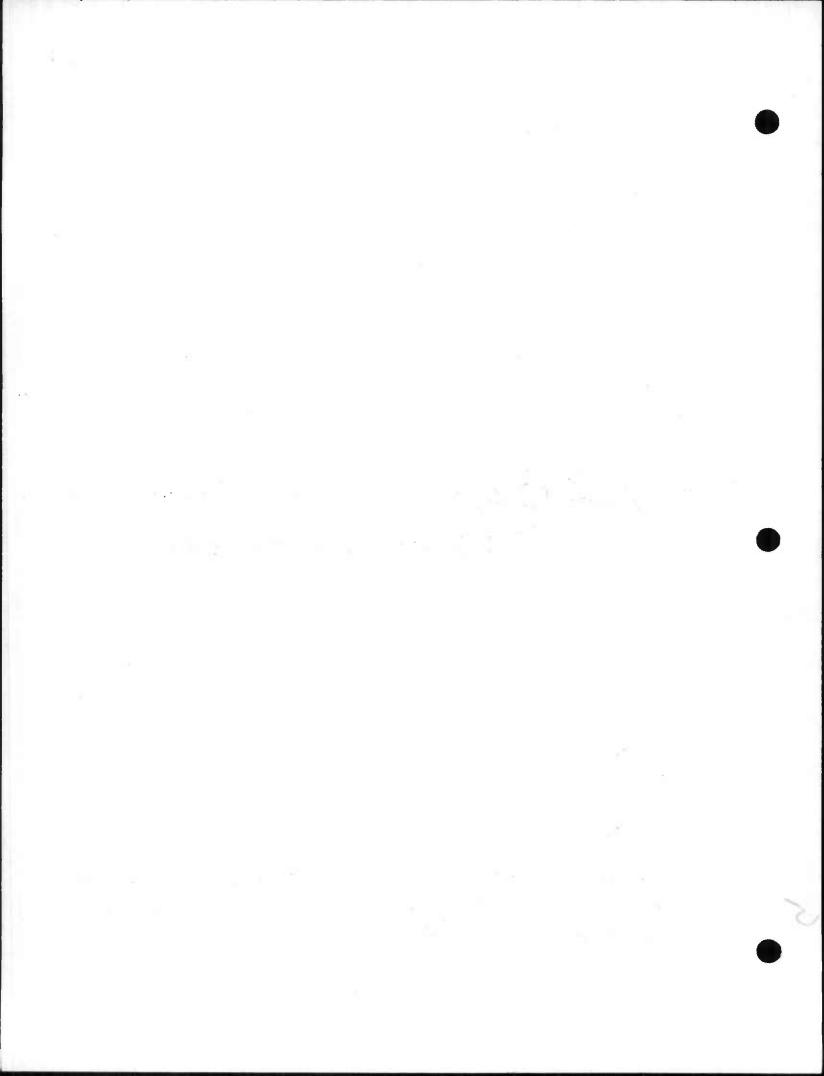
DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within an order of the death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.											
	1. OECEOENT'S NAME (First, Middle, Last)		2. OATE OF OEATH 3, TIME OF OEATH									
	Eva Agnes Daver		Decemb	2:15 A M								
	4. SOCIAL SECURITY NUMBER	5. SEX 8. AGE	(In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. OATE OF		8.	BIRTHE	PLACE (State or Foreign		
	212-16-6920	1 🗆 M 2 💢 F	84 YRS.	MONTHS DAYS	HOURS MIN.	3-28-		North Carolina				
	9a. FACILITY NAME (If not institution, give str			96. CITY, TOWN	OR LOCATION OF C	DEATH		9c. COUNTY	OF OE	ATH		
OR	8151 Brock Bridge Road	1		Laurel				Anne Arundel				
2	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY		too CITY	TOWN OR LOCA	TION							
DIRECTOR	Maryland Anne	IION					10d. INSIDE CITY LIMITS?					
	10e. STREET AND NUMBER	el I	f. ZIP COOE			40- CITIZEI		1 YES 2 XX NO				
BA	8151 Brock Bridge Road	1			20724		USA					
FUNERAL	11. MARITAL STATUS	12. WAS OECEOENT EVER II	N U.S. ARMEO	13, WAS OF	CENOENT OF HISPA	NIC ORIGIN?	(Specify Yee		BACE	- American Indian,		
	1 Never Married 2 Merried	FORCES? 1 YES	2 X NO	It yee, s	ecify Cuben, Mexic	en, Puerlo Ric	en, etc.)		Black, Specify	White, etc.		
ВУ	3 X Widowed 4 Divorced					.,.			Whi			
COMPLETED	15. OECEOENT'S EOUC (Specify only highest grade of	ATION completed)	18e. DECEOENT'S U	ork done during m		16b. K	INO OF BUS	INESS/INDUS	TRY			
191	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use	retired.)								
M	17. FATHER'S NAME (First, Middle, Last)	0	Clerk					ernment				
	Walter Hollowell				18. MOTHER'S NA Eva Gibs			Sumeme)				
B	19e. INFORMANT'S NAME (Type/Print)		195 MAILING	A CODESC /Crms/	and Number or Rural			O-1-7-0-	-1-1			
임	Lewis G. Davenport				Road Lau				ide)			
	20+. METHOD OF DISPOSITION	200	PLACE ANODATE O	FOISPOSITION (A	ame of	DATE		CATION City	or Tow	m State		
	1 X Burlel 2 Cremetion 3 Remo	val from State cen	netery, crematory or oth adowridge N	erplace) Memorial	Park	12-6-94		sey, Ma				
	21. SIGNATURE OF FUNERAL SERVICE LICE		1	22. NAME A	NO AGORESS OF FA	ACILITY		30), 110	,,,,	il d		
-	1 Dane	5 Charle	,		Funeral Ho			1 M		1 00707		
- 3	23. PART L'Enter the disesses, or co	Omplications that cause	Whe deeth Do no		andy Sprin			el, Mar				
	23. PART / Enter the disesses, or complications the cause the deeth. Do not enter the mode of dying, such as cerdiac or reapiratory arrest, abock, or heart fellure. Liet only one seals of each line. Approximate interval Between Onest seal Deeth.											
	IMMEDIATE CAUSE (Finel disease or condition											
	reaulting in death)	disease or condition resulting in death) a. New Indian lever Melastatic Due to (or as a consequence of):										
z												
[음	Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):											
2	cause. Enter UNDERLYING CAUSE (Disease or injury											
E	that initiated events resulting in deeth) LAST	OUE TO (OR AS A	CONSEQUENCE OF	1								
CERTIFICATION	d											
A P	PART II. Other eignificant conditions contributing to death but not resulting in the underlying ceuse given in Pert I. 24s. WAS AN AUTOPSY PINDINGS PERFORMED? ANALABLE PRIOR TO											
							YES 2			AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
W									1	1 TES 2 NO		
PHYSICIAN: MEDIC												
S	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. P	LACE OF OEATH (C	heck only one)						
YSI	1 TYES 2 NO	t 🗆 Inpetient 2 🗆 ER/Outp			ne 5 🗆 Residence	6 🗆 Other (Specify)					
	27. MANNER OF DEATH 1 Netural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME	RY W	JURY AT ORK?	28d. OEŞCI	RIBE HOW IN	JURY OCCUP	RED			
BY	2 Accident Investigation	28e. PLACE OF INJURY	At home term of		YES 2 NO	201 1 2 2 2 2	1011 (0)					
	3 Suicide S Could not be 4 Homicide determined	building, etc. (Spec	city)	reer, tectory, one		City or	Town, Stete)	nd Number or	Hunei Ho	oute Number,		
COMPLETED	29e. CERTIFIER	1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	200000000000000000000000000000000000000	102 0 22								
MP	(Check only	EIAN: To the best of my know R: On the basis of examination										
8		. On the base of examination	il wito/or ilivealigation	, at my opinion,			na piece, enc			27 Petit 2019/2019		
H	29b. SIGNATURE AND TITLE OF CERTIFIER	lust			29c. LICENSE NU			29d. OATE S	1 P	Month, Dey, Year)		
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF CE	ATH (ITEM 27) (Type,	Print	0367			- /	1	117		
	ANONEW KUN	DRAT 8317	CHELI	LY CA	NE, CA	WATL,	MO	207	07			
	31. OATE FUE (COTO 5 1994	J. T. MESTERALISMON	THE LEE			 -						



BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with hours after death. Page 6 may be retained by the hospital or attending physician.

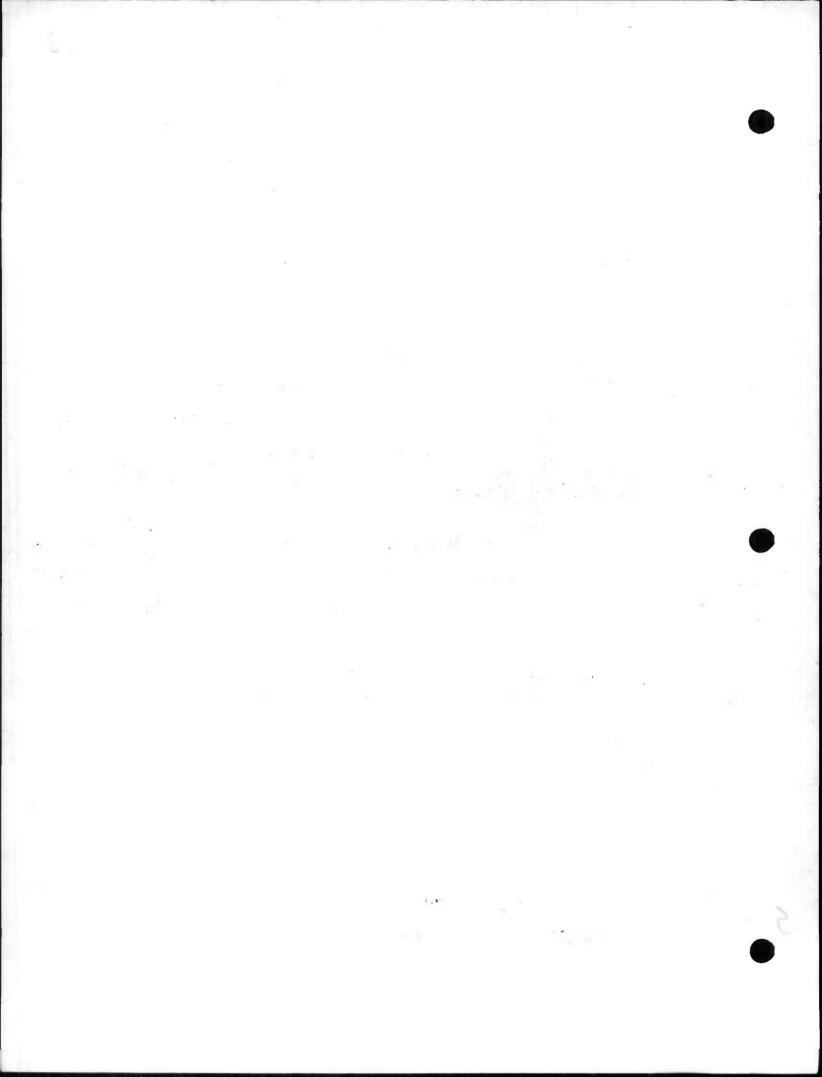
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buriat-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Heatth and Mental Hygiene prior to buriat, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

BEG NO.

_	REGISTRAN		Ų.		CAIL	OI.	ULA	11	REG. NO				
	1. DECEDENT'S NAME (First, Middle, Lest) 2. DATE OF DEATH MONTH DAY YEAR 3. TIME OF DEATH												
	SHIRLEY G. DOBBIN								NOVEMBER 29, 1994			6:40 A. M	
	4. SOCIAL SECURITY NUMBER 475-03-2214	5. SEX 6	i. AGE (In yrs. las 76				IF UNDER	HOURS MIN. 7. DATE OF BIRTH (Month, Day, Year FEB. 24, 1		Country)		LACE (State or Foreign	
	Se. FACILITY NAME (If not Institution, give s		9b. CITY, T	TOWN C	R LOCATIO	ON OF DEA			JNTY OF DEA	ATH			
E I	PRINCE GEORGES HOSP			CHEVE	ERLY		PRINCE GEORGE						
5	RESIDENCE OF DECEDENT												
DIRECTOR	MARYLAND 10b. COUNT	10c. CITY	TOWN OR		ION NBELT				tod, inside city Limits? 1 [X] yes 2 [] NO				
7	10e. STREET AND NUMBER					101	ZIP CODE	E		AT COUNTRY?			
FUNERAL	10-T SOUTHWAY ROAD			20770									
3	11. MARITAL STATUS	12. WAS DECEDENT	EVER IN U.S. AR	RMED	13. W	AS OEC	ENDENT O	F HISPANI	C ORIGIN? (Specify Yes	or No-	14. RACE -	- American Indien.	
	1 Never Merried 2 Merried	FORCES? 1 [NO	H y	yee, spe	cify Cube	n, Mexicen, Specify:	Puerto Rican, etc.)		Black,	While, etc.	
B	3 Widowed 4 Divorced	Tres, GIVE WAY	ON DATES		1 "	1E3	2 NO	зресну:			- Ѕреспу:	WHITE	
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade		16e. DE	CEDENT'S U	JSUAL OCC	CUPATIO	N st of workin	10	16b. KINO OF BU	SINESS/IN	DUSTRY		
9	Elementery/Secondary (0-12)	College (t-4 or 5+)	life	. Do NOT use	retired.)								
₹	12	1		SECR	ETARY	_					DUCATIO	N	
	17. FATHER'S NAME (First, Middle, Last) VICTOR WARDROPE								E (First, Middle, Malden	Surneme)			
H	19a. INFORMANT'S NAME (Type/Print)		1						ITZMAN				
2	The second secon								oute Number, City or Tow				
	WILLIAM DOBBIN, SR.							KEEND	ELT, MARYLAN				
	1 🗆 Burial 2 💢 Cremetion 3 🗆 Rem	F DISPOSITI				1		City or Town					
- 4	4 Donation 5 Other (Specify) BALTIMORE WASHINGTON CREMATORY 12/5 LAUREL, MARYLAND									D			
-	. 1/1	0 /	0								L HOME, INC.		
	* / Calabe	Julyon	6,		/6	501	SANDY	SPRIN	G ROAD, LAUF	REL, N	MARYLAN	D 20707	
	23. PART Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiec or respiretory errest, Approximate interval Between												
	IMMEDIATE CAUSE (Final	Variable									Onsat and Death		
	disease or condition resulting in death)	· Caz	allo reguratry arrest								30 min		
- [DUE TO JOH AS A CONSEQUENCE OF) Septer and clery chation											
N	Sequentially list conditions,	· Sepon	o and	A CONSEQUENCE OF):								48 hs	
ATI	if any, leading to immediate cause. Enter UNDERLYING	H AS A CUNSE									=48hs		
5	CAUSE (Disease or Injury thet initiated events	c. Mod	R AS A CONSE	OUENCE OF	7.1	V X 1	-						
CERTIFICATION	reaulting in death) LAST		sible		olan	ni.	fiel					3-4dags	
CE		· · · · · · · · · · · · · · · · · · ·			0)						+ 0	
AL.	PART II. Other aignificant condition	a contributing to de	aath but not i	rasulting in	the und	arlying	cauae g	given in P	art I. 24s. WAS AN PERFOR			WERE AUTOPSY FINDINGS	
EDICAL	SIP CVA,	chronic			100		タカな	L, AS	CVD 1 TES 2	NO		COMPLETION OF CAUSE OF DEATH?	
ME	MI, Pacen	valler m	~, H	TN,	Di	abe	teo	_			1 TES 2 NO		
				,	,								
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:					ACE OF D	EATH (Chec	k only one)				
YS!	1 TYES 2 1 NO	1/1 Inputient 2 DE	R/Outpetient 3		OTHER:		• 5 □ Re	aldence 6	☐ Other (Specify)				
PHYSICIAN:	27. MANNER OF DEATH	28e. DATE OF IN (Month, Day,		28b. TIME INJU		8c. INJ	URY AT RK?		28d. DESCRIBE HOW I	NJURY OC	CURED		
BY	1 Netural 5 Pending 2 Accident Investigation				M		ES 2	NO					
	3 Suicide 8 Could not be	28e. PLACE OF building, at	INJURY — At ho c. (Specify)	me, farm, st	reat, factor	y, office			281. LOCATION (Street of City or Town, State)		er or Aural Ro	ute Number,	
COMPLETED	4 Homicide determined												
7		CIAN: To the best of m	y knowladge, de	eth occurre	d at the tim	in, date	end place.	end dua t	o the cause(s) end mer	nner sa ate	rted.		
O	one) 2 MEDICAL EXAMINE	R: On the basis of axe	mination end/or	investigation	, In my opi	nlon, d	eath occur	ed at the ti	me, data and placa, en	d dua to t	he cause(s) :	and menner es stated.	
	296. SIGNATURE AND TITLE OF CERTIFIE							NSE NUME				Month, Day, Yeer)	
BE C	Llus hounds	M.D.					13.	305	73	12	2.2.	94	
오	30. NAME AND ADDRESS OF PERSON WHILE ELA KRISHNA	O COMPLETED CAUSE MURTHY,	OF DEATH (ITE	M 27) (Type,	Print)	7			BEZT ME				
	DEC 0 5 1994	2. REGISTRAR	S SIGNATURE	lell								5	



=	
۹	
BAI	
_	
_	
	١
ą.	_
0	
<u>~</u>	
\sim	
~	
2	
Ψ	
-	
\circ	
m	
ш	
	ľ
\circ	
٣.	
<u>a</u> .	
_	
ທົ	
27	
\Box	
~	
=	
0	
1	
_	
ш	
\sim	
_	
_	
ď	
=	
_	
1	ľ
_	
U	
_	1
~	1
\leq	1
0	
00	ĺ
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	
_	
5	i
_	

FOR STATE REGISTRAR CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH YEAR Blanche V. Doyle 4, Dec 1994 7:07 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) 5. SEX 7. DATE OF BIRTH (Month, Day, Year IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 212-03-6443 DAYS 1 M 2 StF 93 June 3. Md Pages 1, 2, 3 should 9a. FACILITY NAME (if not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH St. Elizabeth Home Baltimore DIRECTOR RESIDENCE OF DECEDENT 10a STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Baltimore 1 YES 2 NO permit. 10e. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? the burial-transit 123 Oakdale Avenue 21228 USA Page 6 may be retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-if yes, specify Cuban, Maxican, Puerto Rican, atc.) 14. RACE — American Indian, Black, White, alc. FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES 1 Never Married 2 Married BY 1 YES ZX NO Specify: Specify: 3XXWidowed 4 Divorced white SP 입 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY use (Specify only high 10¢ Elementary/Secondery (0-12) College (1-4 or 5+) Instructor COMPL Telephone Company funeral director, page 5 should be detached 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Sumame) Ħ Louis O. Murphy Sarah E. Sweet notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Edna Murphy 123 Oakdale Avenue, Baltimore, Md. 21228 pe 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, Slate DATE must 4 Donation 5 Other (Specify) Baltimore National Cem. 12/7 Baltimore, Md. 21228 examiner 21. SIGNATURE OF FUNERAL SERVICE NICEN 22. NAME AND ADDRESS OF FACILITY Sterling Ashton Funeral Home 736 Edmondson Avenue, Balto, Md. 1000 I 21228 the after medicai 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, filled in by Approximate shock, or heart feilure. List only one cause on each line. intervsi Between 0 **IMMEDIATE CAUSE (Final** Onset end Death the disease or condition and completely fi o burial, cremation resulting in death) Pneumonia event, DUE TO (OR AS A CONSEQUENCE OF): Aspiration traumatic CERTIFICATION Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF): 0 If any, laading to immediate cause. Enter UNDERLYING physician prior Multi-stroke a rteriosclerotic cerebral disease CAUSE (Disease or Injury the attending phy d Mental Hygiene DUE TO (OR AS A CONSEQUENCE OF): thet initiated events resulting in deeth) LAST 70 PART II. Other significent conditions contributing to deeth but not reaulting in the underlying ceuse given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL signed by the AVAILABLE PRIOR TO any Multristroke dementia COMPLETION OF CAUSE 1 YES 2 NO Shows 2 1 YES 2 NO Deen 6 has be Dept. (DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO 12 UNCERTAIN . PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) Hem certificate h **EXAMINER?** HOSPITAL: 1 YES 2 NO □ Inpatient 2 □ ER/Outpatient 3 □ DOA ng Home 5 🗆 Residence 6 🗆 Other (Specify) ö 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 26d. DESCRIBE HOW INJURY OCCURED this c marked, INJURY 5 Pending 1 YES 2 NO ΒY After 2 Accident Investigation 28a. PLACE OF INJURY — Al home, ferm, street, factory, office building, atc. (Specify) 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Sulcide 69 ETED. 6 Could not be DIRECTOR: after 4 Homicide 28 determined item hours 29a, CERTIFIER MP 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner es atated. P == 2 __ MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data end place, and due to the cause(s) and menner as stated. TO THE HOSPI TO THE FUNER Se filed width MANURE AND TITLE OF CERTIFI 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE D 01.786 Napon 1.2/5/94 36. NAME AND ADDRESS OF PERSON WHO COME CAUSE OF DEATH VIEW 27) Laurence R. Gallager, 3455 Wilkens Avenue Baltimore, Md. 21229 31. DATE FILED (Month, Day, Year)

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

DEC 0 5 1994

0	
CA	
0	
0	
. 1	
S	
-	
N	
$\overline{}$	
N	
_	
Z	
A	
V	
_	
\succ	
α	
4	
4	
È	
_	
116	
ш	
Œ	
0	
$\underline{\smile}$	
≥	
=	
⊢.	
=	
4	
$\mathbf{\omega}$	

_	
0	
9	
2	
6876	
∞	
9	
_	
BOX	
=	
$^{\circ}$	
=	
(21)	
0	
0	
α.	
S	
-	
\Box	
_	
ш.	
RECORDS,	
\circ	
1	
$\overline{}$	
ш	
ш.	
_	
-	
ITAL	
]	
-	
-	
Contract of the Contract of th	
OF VI	
Ö	
\circ	
_	
-	
۷,	
\circ	
$\mathbf{\mathcal{O}}$	
-	
ഗ	
_	
\rightarrow	
DIVISIO	
_	
_	

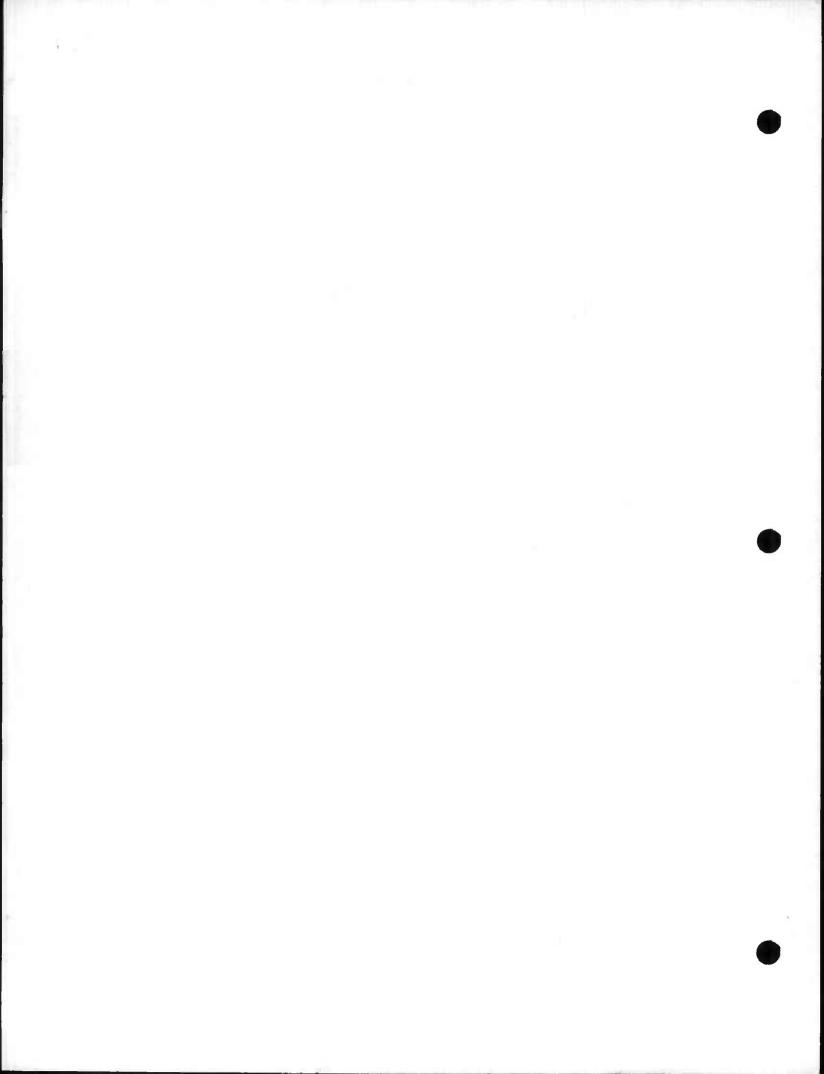
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 55 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH														
	HELIA MARGARET FALTYNSKI NOVEMBER 23, 1994 5:55 A. M											5:55 A. M			
	4. SOCIAL SECURITY NUMBER 5. SEX 6.			6. AGE (In yrs	. AGE (In yrs. lest birthday) IF UNI			IF UNDER	7. DATE OF BIRTH			8. BIRTI	8. BIRTHPLACE (State or Foreign		
	382-26-9974		1 🗆 M 2 💢 F		67 YRS.		DAYS	HOURS	MIN.	JAN.		Country)		CHIGAN	
	9a. FACILITY NAME (If not in	l		9b. CITY	r, TOWN	OR LOCATI	ON OF OR			9c. COUNTY OF OEATH					
<u>ب</u>	923 MONTROSE		LAU	REL							CE GEORGE				
F I	RESIDENCE OF DEC									L		OL GLONGE			
DIRECTOR	10a. STATE 10b. COUNTY				10c. CIT	Y, TOWN								10d. INSIDE CITY LIMITS?	
<u>=</u>	MARYLAND PRINCE GEORGE LAUREL													1 YES 2 - NO	
A												IZEN OF	WHAT COUNTRY?		
FUNERAL	923 MONTROSE	AVENUE						207	07				US	A	
3	11. MARITAL STATUS	T EVER IN U.S.	VER IN U.S. ARMED					IIC ORIGIN? (S		or No-	14. RAC	E — American Indian,			
BYF	1 Never Married 2			MAR OR DATES	YES 2 NO OR DATES			pecify Cube S 2X NO		n, Puerto Rica /:	n, atc.)			ok, White, atc.	
	3 Widowed 4 Divo	rced													
		EOENT'S EDUC y highest grade		16a.	. OECEDENT'S (Give kind of	work done	during m		ng	16b. KIP	O OF BUS	INESS/IN	OUSTRY		
COMPLET	Elementary/Secondary (0	1-12)	College (1-4 or 5	+)	life. Do NOT u	se retired.)									
₹	12		Ø		HOME	MAKER					HOM				
8	17. FATHER'S NAME (First, M									ME (First, Midd	le, Maiden	Surname)			
BE	NICHOLAS WILL		:					1	NA LA	HTI					
0	190. INFORMANT'S NAME (7. JAMES FALTYNS									Route Number,			p Code)		
					923 MU	NTRUS	E AV	ENUE,	LAURE	L, MARY	_				
	20a. METHOD OF OISPOSITI		oval from Stata		CE AND DATE					DATE			-	own, State	
1	4 Donation 5 Other			BALTI	MORE WA					12/5	LAU	REL, N	1ARYL	AND	
-	21. SIGNATURE OF FUNERA	L SERVICE LA	ENSER	/)	22.	NAME A	NO ADDRE	SS OF FA	CILITY FLE	CK FUI	NERAL	HOME	, INC.	
	100	Wal	Dill	Da Oss	20		7601	SANDY	SPRI	NG RUAD	, LAUI	KEL, N	1ARYL	ÁND 20707	
CERTIFICATION	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentielty list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST CAUSE (Finel disease or condition and consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of):														
	PART II. Other significe	nt condition	s contributing to	deeth but n	ot resulting	In the u	nderlyli	ng ceuse	given in	Part I. 24	. WAS AN		24	b. WERE AUTOPSY FINDINGS	
EDICAL										1 YES 2			COMPLETION		
밀										T YES 2 NO				OF DEATH?	
Σ:	DID TOBACCO	O USE C	ONTRIBUTE	TO CA	USE OF	DEAT	TH Y	res 🖂	NO	ixi					
A	25. WAS CASE REFERRED TO									eck only one)					
SIC	EXAMINER? 1 YES 2 NO		HOSPITAL:	☐ ER/Outpatian	nt 3 🗆 DOA	OTHE 4 Nu		me 5 MB	esidence	6 Other (S)	nec(f\x)				
PHYSICIAN:	27. MANNER OF OEATH		28a. DATE O	FINJURY	28b. TII	AE OF	28c. IN	JURY AT		26d. DESCRI		NJURY OC	CURED		
ВУР		Pending Investigation	(MORIII, I	Day, Ybar)	IN IN	JURY M		YES 2	□ NO						
	2 Accident 3 Suicide 8	Could not be	28e. PLACE (OF INJURY — A	t home, ferm,	street, fac	tory, offi	Ica		281. LOCATIO	ON (Street	and Numbe	r or Rural	Route Number,	
里		datarmined	building	, atc. (Specify)						City Of It	own, State)				
COMPLETED	29a. CERTIFIER (Check only	TIFYING PHYSI	CIAN: To the best o	f my knowledge	, death occur	red at the	time, dat	ta end place	a, and due	to the cause(e) end mer	ner ea sta	rted.		
Ž	anal													(s) and manner as stated,	
	296. SIGNATURE AND TITLE	OF CERTIFIE	1			_		29c. LIC	ENSE NUI	WBER		29d. DA	TE SIGNE	D (Month, Day, Year)	
TO BE	Maria 30. NAME AND ADDRESS OF	Se S	chmit	MD	ATEM OD /I-	- Delet		01	4 3	35-0	6-04	32/	VOU	23 1994	
	Mary	To Sch	hmitz	8901	Wisco	msi	n A	ve B	rethe	sda N	10	200	189	-5000	
	31. DATE FILED (MOOTE DE	1994	Jeva a av	AR'S SIGNATUR	2.14										



1		ì	
	0		
	6876		
	BOX		
	P.O.		
	RECORDS.		
	OF VITAL		
	DIVISION		
٨	-	a	ø

IR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 25 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should ours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.										
- THE PERSON	1. DECEDENT'S NAME (First, Middle, Last)	A. FI	GINSK	E		МО	TE OF OEATH	+ 1991	EAR	TIME OF DEATH	
R	4. SOCIAL SECURITY NUMBER 216-34-7211	5. SEX 6. AG	E (In yrs. lest birthday) 57 YRS.	MONTHS DAYS		7. OA (Mc	TE OF BIRTH onth, Day, Year) V a 20,1	937	Country)	CE (State or Foreign	
	9a. FACILITY NAME (It not institution, give street and number) Franklin Square Hospital Rossville Balto. C										
5	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION										
DIRECTOR	Maryland E	Baltimore		nkton	ATION			d. INSIDE CITY LIMITS? YES 2 2. NO			
FUNERAL	100. STREET AND NUMBER 16251 Falls Roa	ıd			21111			S A	T COUNTRY?		
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Olvorced	12. WAS DECEDENT EVER FORCES? 1 X YE IF YES, GIVE WAR OR APTIL	S 2 NO	If yes,	ECENDENT OF HISPA apacify Cuban, Maxic ES 2 NO Spec	an, Puar	GIN? (Specify Yas to Rican, atc.)	or No — 14.	or No- 14. RACE — American Indian, Black, Whita, atc. Spacify; White		
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade	completed)	18a. DECEDENT'S (Give kind of tife. Do NOT us	work done during	TION most of working		6b. KIND OF BUS	SINESS/INDUS	TRY		
PLE	Elementary/Secondary (0-12)	College (1-4 or 5+)	Self-E		l		Sale	S			
SON	17. FATHER'S NAME (First, Middle, Last)						t, Middle, Maiden	Surname)			
BE (Walter A. Fig	inski					Pajtis				
2	19a. INFORMANT'S NAME (TyperPrint) Carol A. Figinski 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 16251 Falls Road, Monkton, Md. 21111										
	20a. METHOD OF DISPOSITION 1 M Burlai 2 Cremation 3 Ramoval from Stata 2 Ob. PLACE AND DATE OF DISPOSITION (Name of commetery, erganatory or other place) 2 Table 2 Cremation 2 Date 2 Oc. LOCATION — City or Town, Stata 2 Cametery, erganatory or other place) 2 Table 2 Cremation 2 Date 2 Oc. LOCATION — City or Town, Stata 2 Cametery, erganatory or other place) 2 Table 2 Cremation 3 Date 2 Oc. LOCATION — City or Town, Stata 2 Cametery, erganatory or other place) 2 Table 3 Cametery 12/7/94 Balto. Md.										
	21. SIGNATURE OF FUNERAL SERVICE LINGUISTANCE A. Web	censee Crainer & Sons	Inc.		and address of Forge A. S. Ann					31	
CERTIFICATION	23. PART i. Entar tha diseases, or complications that caused the death. Do not entar tha mode of dying, such as cardiac or raspiratory arrest, abock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury CAUSE (Disease or injury).										
	that initiated events resulting in death) LAST										
MEDICAL	Thyrong Compa									ALLABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO	
PHYSICIAN:	DID TOBACCO USE CONT 25. WAS CASE REFERRED TO MEDICAL	RIBUTEAU CAUSE	26. PLACE OF DEA								
SIC	EXAMPLER?	HOSPITAL:	utpatient 3 DOA	OTHER: 4 Nursing H	ome 5 🗆 Rasidenca	8 🗆 0	ther (Specify)				
F	27. MANNED OF DEATH 1 Natural 5 Pending	28a. DATE OF INJUR (Month, Day, Year	Y 28b. TIM		NJURY AT VORK?	28d, 0	ESCRIBE HOW II	NJURY OCCUR	ED		
BY	2 Accident Investigation	26a PLACE OF INJUL	RY — At home, farm,		YES 2 NO	204 1	28f. LOCATION (Street and Number or Rural Route Number,				
ETED	3 Suicide 6 Could not be 4 Homicide datarmined	building, atc. (So	pecify)	streat, factory, or			ity or Town, State)	ind Number of	nurair rioute	e reamber,	
COMPLETED	000)	ICIAN: To the best of my kno ER: On the basis of examinat							ause(s) an	d manner as stated,	
BE C	29b. SIGNATURE AND TITLE OF CERTIFIE	R	\cap	. /	29c. LICENSE NU	MBER		29d. DATE S	IGNED (Mo	onth, Day, Year)	
5	30. NAME AND ADDRESS OF ERSON WH	HO CO LETE CAUSE OF	DEATH (ITEM 27) (Type	Frint)	Dor	म्ह		Decem	0	4,1994	
	STON 2. Fel 3 31. DATE FILED (Month, Day, Year)	on box No	IE	. Chan	206	2_)	,	
	DEC 0 5 1994 9	32 Algistrar's sy	weath								

ATTEMPT OF THE SANT a I'm a' a' 1. . : 1971

EBL DECIDE: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should the constant with the State Dept. of Realth and Mental Hygiene prior to burial, cremation, or removal. ENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020 PIVISION OF VITAL RECORDS, P.O. BOX 68760

IMPORTANT. If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO THE HOSPITA TO THE NATHURA De filed within

FOR

	1 - STATE REGISTRAR	STATE UP I	MAKYLANU / CE				DEAT		MENTAL	REG. NO.	E		
100	1. DECEOENT'S NAME (First, Middle, Last) ROSE GASIOR								2. DATE N OVE	mber "	80, 1	994	3. TIME OF DEATH 9:00 A. M
	4. SOCIAL SECURITY NUMBER 212-09-4829	5. SEX 1 M 2 X F	8. AGE (In yrs. last	birthday) YRS.	IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS. MIN.	7. DATE (OF BIRTH	8. BIR		PLACE (State or Foreign
OB	96. FACILITY NAME (If not institution, give street and number) Meridian Nursing Center 96. CITY, TOWN OR LOCATION OF DEATH TOWSON 96. CITY, TOWN OR LOCATION OF DEATH Baltimore										eath re		
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT	R LOCAT	TION						10d. INSIDE CITY				
	Maryland -	Bal	timo	re					LIMITS?				
FUNERAL	630 S. Decker Ave		101. ZIP CODE, 21224								A.	YHAT COUNTRY?	
BY	11. MARITAL STATUS 1. Never Married 2 Married 3. Wildowed 4 Divorced	TEVER IN U.S. ARM YES 2 PAR MAR OR OATES	O II yes, specify Cuban, Maxican, Puerto Rican, etc.) Black, Wi						American Indian, t, Whita, stc.				
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 8th Housewife 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) Housewife												
BE COM	17. FATHER'S NAME (First, Middle, Last) Michael Wieruszewski 18. MOTHER'S NAME (First, Middle, Meiden Surname) Frances Adamski												
TO B	19a. INFORMANT'S NAME (Type/Print) Kenneth M. Gasior 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 1104 Stromko Drive, Fallston, Md. 21047												
	20s. METHOD OF DISPOSITION 1 © Burlel 2 Cremation 3 Removal from State 4 Donetion 8 Other (Specify)									wn, State			
21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Matthews Funeral Home 3021 Eastern Avenue, Baltimore,								Md 21224					
	23. PART I. Enter the disesses, or shock, or heert fallure.	complications the	it caused the dea	th. Do i									Approximate
	IMMEDIATE CAUSE (Final disease or condition resulting in deeth)	. Be	SALLEY OR AS A CONSECU	Ca JENCE O	ru.	non	na						Interval Between Onset and Desth
ATION	Sequentielly list conditions, If any, leading to immediate cause. Enter UNDERLYING												
CERTIFICATION	CAUSE (Disesse or Injury that initiated eventa resulting in death) LAST	c. OUE TO	(OR AS A CONSEO	JENCE O	F):								
CAL C	PART ii. Other eignificant condition	s contributing to	deeth but not re	sulting	in the un	derlying	g csuse g	iven In	Part I.	24a. WAS AN		24b.	WERE AUTOPSY FINDINGS
PHYSICIAN: MEDIC									-	PERFOR			AMAILABLE PRIOR TO COMPLETION DF CAUSE DF DEATH?
N.	DID TOBACCO USE CONT	RIBUTE TO CA	USE OF DEAT	H YE	S 🔲 I	10 L	UNC	ERTAIN	۷ 🗆				
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 AND	HOSPITAL:	28. PLACE		OTHER	R:							
HYS	27. MANNER OF DEATH	28a. DATE OF	INJURY 3	28b. TIM	E OF	28c. INJ		sidencs		(Specify) CRIBE HOW IF	JURY OC	CURED	
ВУ Р	1 Natural 5 Pending 2 Accident Investigation	(Month, D	lay, Year)	INJ	M		RK? 'ES 2	NO					
	3 Suicide 8 Could not be 4 Homicide determined	28s. PLACE O building,	F INJURY — At hometc. (Specify)	e, ferm, :	street, fact	ory, office			281. LOCA City o	ATION (Street a or Town, State)	nd <i>Number</i>	r or Rural R	oute Number,
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSI One) 2 MEDICAL EXAMINE												and manner as stated.
BE C	296. SIGNATURE AND TITLE OF CERTIFIE						29c. LICE	NSE NUM	IBER				(Month, Day, Year)
10 B		lusti					00	210	122		> /	2-1	-94
	30. NAME AND ADDRESS OF PERSON WHE M. KOWALEW	214 86	04 HAI	27) (Type,		K	el	SA	cro.	MD.	212	234	
	DEC 0 5 1994		wolser hard	all									

n A

Pages 1, 2, 3 should permit. should be detached for use as the bunial-transit the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020 retained death. Page 6 may be funeral director, the ours after filled in 0 and completely for bunal completely for the complete of the co BOX 68760. 2 prior ental Hygiene DIVISION OF VITAL RECORDS, P.O. the atten signed by the HOSPITAL OF ATTENDING PHYSICIAN: The law requires that been of of has be Dept. certificate h the this c After

31. DATE FILED (Month, Day, Year)

DEC 0 5 1994

32. REGISTRAR'S SIGNATURE Divoler Radall

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 2. DATE OF DEATH 3. TIME OF DEATH DECEMBER T, 1994 RUTH 7. DATE OF BIRTH MAY 19,1923 5. SEX A. BIRTHPLACE (State or Foreign 6. AGE /In yes, last birt 408-44-7037 71 1 M 2 KW GEORGIA Se. FACILITY NAME // net institution, give 96. CITY, TOWN OR LOCATION OF DEATH Sc. COUNTY OF DEATH HOME HOSPITAL BALTIMORE CITY DIRECTOR CHURCH n/a RESIDENCE OF DECEDENT 10a, STATE 10d. INSIDE CITY n/a BALTIMORE MARYLAND YES 2 NO 10s. STREET AND NUME FUNERAL 101. ZIP CODE 10s. CITIZEN OF WHAT COUNTRY? STATES 247 DOUGLAS COURT 21231 UNITED 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yes or No—If yes, specify Cuben, Mexicen, Puerto Rican, etc.)
1 YES 2 NO Specify: 14. RACE — American Indien, Black, White, etc. FORCES? 1 YES 2 NO 1 Never Married 2 Merried Specify: BLACK BY 3 Widowed 4 Divo 16a. DECEDENT'S USUAL OCCUPATION COMPLETED 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade completed) (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12)
7 TH College (1-4 or 5+) LABORER RESTAURANT 17. FATNER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Melden Surne LELIA MAE FORTU FORTUNE CHARLIE SCOTT BE notified 19e. INFORMANT'S NAME (Type/Print) ROAD, BALTIMORE, MD 2 STONEWOOD CHARLIE MAE JONES 1404 a 29a. METHOD OF DISPOSITION
11 Burlel 2 Cremetton 3 Re
4 Donation 5 Other (Specify) 20c. LOCATION — City or Town, State 20b. PLACE AND DATE OF DISPOSITION (Name of must BALTIMORE, MARYLAND "VUSHELL" "MEMORIAL GARDENS 12-7 examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY WM. C. MARCH FH.-1101 E. NORTH medicai 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory streat, shock, or heart failure. List only one cause on each line. Approximata interval Batween IMMEDIATE CAUSE (Final Onset and Death Respirato disease or condition resulting in death) event. DUE TO (OR AS A CONSEQUENCE OF): traumatic CERTIFICATION Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING other t **CAUSE** (Disease or injury DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in death) LAST 6 PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE any 1 YES 2 NO OF DEATH? Shows 1 TYES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATN (Check only one) **EXAMINER?** HOSPITAL: OTHER 1 YES 2 NO 1 Inputient 2 ER/Outputient 3 DOA ome 5 🗌 Reeldenca 8 🗎 Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED is marked, 1 Netural 5 Pending investigation 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, ferm, street, tectory, office building, etc. (Specify) 3 Suicide 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be COMPLETED 4 Homicide 29e. CERTIFIER (Check only t CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end menner as stated. TO THE HOSPITAL
TO THE FUNERAL
Be filed within 72
IMPORTANT: II 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, date end place, and due to the cause(s) and menner ea stated. 29b. SIGNATURE AND TITLE OF/GERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Ybar) BE 1-11194 Dhy o lun. D 28 76 30. NAME AND ADDRESS OF PERSON, WHO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print) AHUJA SUNIL 21231 BALTIMORE, und MD MUSPITAL CHURCH

BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760

NDING	TO THE FUNKER/ALD INSECTION After this certificate has been signed by the attending physician and oppositely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 shows find the following the state of the s	the willing it into the cast will the state begin to result and well and well and well and well and well and well and well and the control of refliction.	IMPURIANT IT IOM 28 IS MARKED, OF IOM 25 SHOWS ANY INJURY, OF OTHER TRAUMATIC EVENT, THE MEDICAL EXAMINER MUST BE NOTIFIED AT DATE.
-------	--	---	---

p

DIRECTOR

FUNERAL

В

COMPLETED

BE

5

PHYSICIAN: MEDICAL CERTIFICATION

ВУ

COMPLETED

BE 2 25. WAS CASE REFERRED TO MEDICAL EXAMINER?

DEC U 5 1994

1 TES 2 NO

27. MANNER OF DEATH

Natural.

3 Suicide

4 Homicide 29e. CERTIFIER

Accident

Item# 19b film # G 718 12-05-94 N.A. Per funeral home FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Las 2. DATE OF DEATH 3. TIME OF DEATH .0415 YEAR Dec 994 4. SOCIAL SECURITY NUMBER 7. DATE OF BIRTH (Mooth, Day Year) IF UNDER 1 YEAR 6. BIRTHPLACE (State or Foreign 250-40-162 DAYS HOURS , C FACILITY NAME (If not institution, gir 96. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH RESIDENCE OF DECEDENT 10e STATE 10b. COUNT 10c. CITY, TOWH OR LOCATION 10d. INSIDE CITY LIMITS? 1 YES 2 NO 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 503 21215 5.A WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS RACE — American Indien, Black, Whita, etc. 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No 1 Never Married 2 Married 1 TES 2 NO Specify ON Black 3 Widowed 4 Divorced 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most life. Do NOT use retired.) 15. DECEDENT'S EDUCATION Elementery/Secondary/(0-12) College (1-4 or 5 +) 17. FATHER'S NAME (First, Middle, Last. vn, State, Zip Code Balto. METHOD OF DISPOSITION Jonquil LOCATION - City or Town, State 20b. PEACE AND DATE OF DISPOSITION (Name of DATE 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22 NAME AND ADDRESS OF FACILITY 2/2/5 F, H Balto, MI 23. PART i. Enter the diseases, or complicatione that ceused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, **Approximate** shock, or heart feilure. List only one ceuse on each line. Interval Between **IMMEDIATE CAUSE (Fine) Onset and Death** diseese or condition CUTE THUMONARY resulting in death) DUE TO (OR AS A CONSEQUENCE OF) Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) If any, leading to immediate cause. Enter UNDERLYING CAUSE (Diseese or Injury DUE TO (OR AS A CONSEQUENCE OF) thet initieted eventa reaulting in deeth) LAST PART II. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Part i. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS

UNGESTIVE HEART FAILURE 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES $\simp {f Z}$ NO $\simp {f \Box}$ UNCERTAIN NI 26. PLACE OF DEATH (Check only one OTHER: 1 Inpatient 2 ER/Outpatient 3 - 004 ne 5 🗆 Reeldence 6 🗆 Other (Specify) 26e. DATE OF INJURY (Month, Day, Year) 26c. INJURY AT A WORK? 286. TIME OF 26d. DESCRIBE HOW INJURY OCCURED T YES 2 NO N N Investigation 28e. PLACE OF INJURY - At home. 281. LOCATION (Street end Number City or Town, State) Rural Route Number, 6 Could not be N best of my knowledge, death occurred at the time, data and place, and due to the cause(e) and manner 2 MEDICAL EXAMINER: On ation end/or investigation, in my opinion, death occured at the time, date and place, 296 SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, 29c. LICENSE NUMBER 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 82 FOISTMAS SOUTE

AVAILABLE PRIOR TO COMPLETION OF CAUSE

OF DEATH?

1 TES 2 NO

ours after death. Page 6 may be retained by the hospital or attending physician.

d in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should or removal. BALTIMORE, MARYLAND 21215-0020 nedical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 68760

ĕ	8	0	
147	1	DOU	the
within	pleteh	сгета	rent,
HOSPITAL OR ATTENDING PHYSICIAN: The faw requires that the death certificate be executed within 24 ho	PATECTOR: After this certificate has been signed by the attending physician and completely filled	ourial,	TANT: Untern 28 is marked, or item 23 shows any injury, or other traumatic event, the n
9	an ai	10	E
e e	Sick	prior	ta
ifica	phy	ene	her
Cer	ding	Hygir	10
eath	after	ntai	y, 0
hed	the	Me	를
hatt	5	and	ny.i
es t	gne	eaith	60
inba.	en s	of H	how
WE	s be	ept.	23 8
The	e ha	te D	E
Š	fical	Sta	r ite
SICI	Cen	h the	9,0
풒	this	W	rke
<u>S</u>	After	death	Ē
ENC	O.B.	fter	8 8
* AT	RECT.	ITS a	E 2
2	-	•	4
E	P		7
HOSP	t	ğ	TAMT

	1 - FOR STATE REGISTRAR	STATE OF MAR	YLAND / CE	DEPAR	ICATE	OF H	EALTH DE AT	AND !	MENTA	REG. NO.	E		
	1. DECEDENT'S NAME (First, Middle, Last)	Λ /								OF DEATN			3. TIME OF DEATH
	times	Mary	Mary	E.	Hines				MONT 12			Q4	2:30 A M
	4. SOCIAL SECURITY NUMBER	5. SEX 6. A	GE (In yrs. last	birthday)	IF UNDER		IF UNDER		7. DATE	OF BIRTH		8. BIRTN	PLACE (State or Foreign
	214-20-8747	1 🗆 M 2 🗹 F	97	YRS.	MONTHS	DAYS	HOURS	MIN.		h, Day, Year) 2 – 189	7	Md	
1	9e. FACILITY NAME (If not institution, give s	treet and number)			9b. CITY	TOWN O	R LOCATIO	ON OF DE		2 105		NTY OF DI	
S.	Johns Hopkins	Bayview			Ва	lti	more	Ci	ty				
5	RESIDENCE OF DECEDENT 10e, STATE 10b, COUNT												
DIRECTOR	Md .	,			Y, TOWN C			h					10d. INSIDE CITY LIMITS?
	10e, STREET AND NUMBER			Вс	lti								1 X YES 2 NO
FUNERAL	611 Umbra St.					101.	212						HAT COUNTRY?
Ä	11. MARITAL STATUS	12. WAS DECEDENT EV	FD 141 11 6 4 70	450	100							JSA	
	1 Never Married 2 Married	FORCES? 1 1	ES 2X N	O MED	1 3	f yes, spe	cify Cuba	n, Mexica	n, Puerto	1? (Specify Yes Rican, etc.)	or No-	Black	— Americen Indian, White, etc.
В	3 🔀 Widowed 4 🗌 Divorced	IF YES, GIVE WAR O	PR DATES		'	YES	2 XNO	Specify	y:-			Specif	White
ED	15. DECEDENT'S EDU		16a. DEC	EDENT'S	USUAL O	CUPATIO	N .		168	. KIND OF BUS	INESS/INI	DUSTRY	
ET	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	life.	Do NOT u	work done o se retired.)	during mos	st of workin	g					
4PL	5		Но	use	wife								
COMPLETED	17. FATNER'S NAME (First, Middle, Last)						18. MOTH	IER'S NAI	ME (First.	Middle, Maiden	Sumama)		
ш	Lewis Cline						Ma	ay S	Spri	nger			
TO B	t9a. INFORMANT'S NAME (Type/Print)		19b	MAILING	ADDRESS	(Street a	nd Number	or Rural F	Route Num	ber, City or Town	n, State, Zij	o Code)	
-	Roger E. Hine	es		611	Umb	ra	St.	Bā	alti	more,	Md	. 21	224
	20a. METHOD OF DISPOSITION 1 X Burial 2 ☐ Cremation 3 ☐ Rem	oval from State	20b. PLACE A	ND DATE	OF DISPOS	TION (Ne	me of		DAT			City or Ton	C. Control
	4 Donetton 5 Other (Specify)		Boon	esb						7 Bc	one	sbor	o, Md
	21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE	2	0 /			P 1 1 v			al Ho	me	of D	undalk
	Inthony	- Colt (onn	ell						t Rd.		1222	
	23. PART i. Enter the diseeses or ahock, or heart failure.	complications that car	sed the dec	th. Do	enter	the mod	de of dyi	ng, suct	h ss car	diec or respin	ratory er	rest,	Approximate
	iMMEDIATE CAUSE (Fine)				/								interval Between Onset and Deeth
	disesse or condition resulting in deeth)	Cavel,	o Voise	VIAV	0	c (: 2	den-	+					36 hrs
			AS A CONSEQ										
Z	Sequentisily list conditions,	b											
Ĕ	if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR A	AS A CONSEQ	UENCE O	F):								
[일	CAUSE (Disease or injury	C. DUE TO (OR	AS A CONSEQ	UENOE O									_
∄	that initieted events resulting in death) LAST	DUE TO (ON)	AS A CONSEC	DENCE O	r):								
CERTIFICATION		d											
CAL	PART ii. Other aignificent condition	e contributing to dear	th but not re	suiting	in the un	derlying	ceuse g	iven in	Pert i.	24a. WAS AN		24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
										1 TES 2			COMPLETION OF CAUSE OF DEATH?
W													1 YES 2 NO
PHYSICIAN: MEDI	DID TOBACCO USE CONTI	RIBUTE TO CAUSE	OF DEAT	TH YE	S 🗆 1	10 D	UNC	ERTAIN	V 🔯				
S	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	28. PLACE	OF DEA	TN (Check o								
YSI	1 YES 2 NO	1 Inpetient 2 ERA	Outpatient 3	□ DOA	OTHER		5 🗆 Re	eldence	6 🗆 Othe	r (Specify)			
포	27. MANNER OF DEATN 1 Natural 5 Pending	28a. DATE OF INJU (Month, Day, Ye		28b. TIM	E OF JURY	28c. INJU			28d. DE	CRIBE NOW IN	JURY OC	CURED	
					М		ES 2	NO					
	2 Accident Investigation		IIRV - At hon	ne, ferm, :	street, facto	ory, office	•		2at. LOC City	ATION (Street a or Town, State)	nd Numbe	or Rural A	oute Number,
ВУ	3 Suicide a Could not be	28e. PLACE OF INJ building, atc. (Specify)										
ВУ	3 Suicide a Could not be determined	28e. PLACE OF INJ building, atc. (Specify)		_								
ВУ	3 Suicide 4 Homicide a Could not be determined 29a. CERTIFIER (Check only)	CIAN: To the best of my k	nowledge, das										
ВУ	3 Suicide a Could not be 4 Homicide determined	CIAN: To the best of my k	nowledge, das										and menner as stated.
E COMPLETED BY	3 Suicide 4 Homicide a Could not be determined 29a. CERTIFIER (Check only)	CIAN: To the best of my k	nowledge, das					ed at the	time, date		d due to th	ne cause(a)	and menner as stated. (Month, Day, Year)
BE COMPLETED BY	3 Suicide 4 Homicide a Could not be determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINE 29b. SIGNATURE AND TITLE OF CERTIFIER	CIAN: To the best of my k	nowledge, des	nvestigatio	en, in my o	pinion, de	eth occur	NSE NUM	time, date	and place, and	due to the	ne cause(a)	(Month, Day, Year)
E COMPLETED BY	3 Suicide 4 Homicide a Could not be determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINE 29b. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WIN	CIAN: To the best of my k R: On the bests of examin	Specify) nowledge, des	27) (Type	en, In my o	pinion, de	29c. LICE	NSE NUM	Ilme, date	and place, and	29d. DAT	E SIGNED	(Month, Day, Year)
BE COMPLETED BY	3 Suicide 4 Homicide a Could not be 4 Homicide a Could not be 4 Homicide a Certifier 29a. CERTIFIER (Check only 000) 2 MEDICAL EXAMINE 29b. SIGNATURE AND TITLE OF CERTIFIER 10 MAME AND ADDRESS OF PERSON WN 10 SPLN (2)	CIAN: To the best of my k R: On the bests of examin	Specify) nowledge, des	27) (Type	en, In my o	pinion, de	29c. LICE	NSE NUM	Ilme, date	and place, and	29d. DAT	E SIGNED	(Month, Day, Year)
BE COMPLETED BY	3 Suicide 4 Homicide a Could not be determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINE 29b. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WIN	CIAN: To the best of my k R: On the bests of examin	nowledge, des	27) (Type	en, In my o	pinion, de	29c. LICE	NSE NUM	Ilme, date	and place, and	29d. DAT	E SIGNED	(Month, Day, Year)

BALTIMORE, MARYLAND 21215-0020

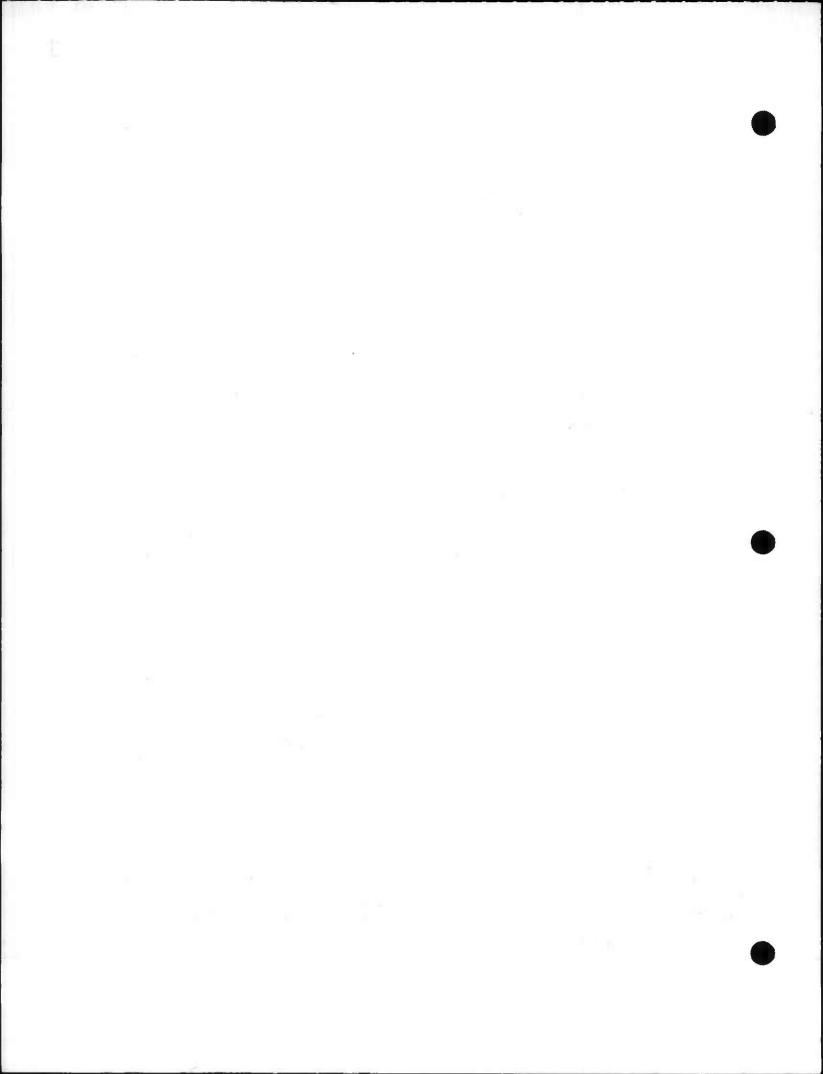
DIVISION OF VITAL RECORDS, P.O. BOX 687604

COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

THE FAME TALL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. ours after death. Page 6 may be retained by the hospital or attending physician. ITANT. If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with

TO BE COMPLETED BY FUNERAL DIRECTOR

1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFICA			MENTAL HYGIEN		
1. OECEDENT'S NAME (First, Middle, Last)	Joseph J	ones			2. DATE OF DEATH	AY	YEAR 3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER			UNDER 1 YEAR	IF UNDER 24 HRS.	NOV 28	199	BIRTHPLACE (State or Foreign
213-28-2643	1)(C)(M 2 □ F 7	2 YRS. MON	THS DAYS	HOURS MIN.	July 4,	1922	S.C.
9e. FACILITY NAME (If not institution, give st	reet and number)	9b.	CITY, TOWN O	R LOCATION OF DE	ATH	9c. COUNT	Y OF DEATH
2830 Rona Road			Balto				-
10e. STATE 10b. COUNTY		10c. CITY, TO	WN OR LOCAT	ION			10d. INSIDE CITY
Md		В	Balto				1 X YES 2 NO
10e. STREET AND NUMBER				ZIP CODE			N OF WHAT COUNTRY?
2830 Rona Road				21207		l U	S A
11. MARITAL STATUS 1 Never Married 2 Merried	12. WAS DECEDENT EVER II FORCES? 1 YES				IC ORIGIN? (Specify Yes	or No- 1	4. RACE — American Indian, Black, White, atc.
3 Widowed 4 Divorced	IF YES, GIVE WAR OR D.			2 NO Specify			Specify: Black
15. DECEDENT'S EDUC	ATION	18e. DECEDENT'S USU	AL OCCUPATIO	N .	16b, KIND OF BUS	SINESS/INDUS	
(Specify only highest grade Elementary/Secondary (0-12)	completed) College (1-4 or 5+)	(Give kind of work of life. Do NOT use retained to the life.)	done durina mos		Inland Le	eidy	
4th	0011090 (1-4 0) 0 +)	Truck Dr	iver		Chemica	al Co	mpany
17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NAI	ME (First, Middle, Maiden	Surname)	
Willie Jones				Anne B	loyd		
19e. INFORMANT'S NAME (Type/Print)		19b. MAILING ADD	RESS (Street at	nd Number or Rural F	loute Number, City or Tow	n, State, Zip C	ode)
Almeta Jones		2830 R	lona Ro	ad Balt	o, Md 212	07	
20e. METHOD OF DISPOSITION 1 \(\int \) Burlel 2 \(\text{Cremation} \) 3 \(\text{Remo} \) Remote 4 \(\text{Donation} \) Donation 5 \(\text{Dotation} \) Other (Specify)	oval from State Con	PLACE AND DATE OF DI	SPOSITION (Nat	nie of			ly or Town, State
		Wood awn		-		lto, M	ld
21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	. /	Marc	h F/H We	st		
23. PART I. Enter the diseases, pr c	1/00	h	4300	Wabash	Avenue B	alto,	Md 21215
ahock, or haart fallure.	List Dnly Dna causa Dn a	ach lina.	entar tha mod	de of dying, such	n as cardiac or reapi	ratory arres	Approximate Interval Between
IMMEDIATE CAUSE (Final disease or condition	A	1	1	0.0	rute Ca	- 0	Onset and Death
resulting in death)	DUE TO (OD AS)	CONSEQUENCE OF:	rc	TROOP	we a	MU	1 yews
	DOE TO (ON AS A	CONSCOUENCE OF):					0
Sequentially list conditions,	DUE TO (OR AS /	CONSEQUENCE OF):					
If any, leading to immediata cause. Enter UNDERLYING							İ
CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A	CONSEQUENCE OF):					
resulting in death) LAST	J						
PART II. Other algorificant condition	a contributing to death b	ut not resulting in th	a underlylne	cause alven in i	Part I. 24e. WAS AN	ALITOREY	24b. WERE AUTOPSY FINDINGS
	Anemia		a underlying	Cauda givan in	PERFOR		AWARLABLE PRIOR TO COMPLETION OF CAUSE
	The state of the s	<u> </u>			1 🗍 YES 2	NO	OF DEATH?
DID TOBACCO USE CONTR	DIDLITE TO CALISE C	E DEATH VEC [UNICEDTAIN			YES A2 INO
25. WAS CASE REFERRED TO MEDICAL		26. PLACE OF DEATH (C		UNCERTAIN			707
EXAMINER?	HOSPITAL: 1 Inpatient 2 ER/Outp	ОТ	HER:	.50			
27. MANNER OF DEATH	28e. DATE OF INJURY	28b. TIME OF	28c, INJU	5 Residence	28d. DESCRIBE HOW II	NJURY OCCU	RED
1 Natural 5 Pending	(Month, Day, Year)	INJURY	WOR	RK? ES 2 NO			
2 Accident investigation 3 Suicide 8 Could not be	28e. PLACE OF INJURY	— A1 home, lerm, atreet	, factory, office		281. LOCATION (Street a	and Number or	Rural Route Number.
4 Homicide determined	building, etc. (Spec	ny)			City or Town, State)		
29e. CERTIFIER (Check only	DAN: To the best of my know	edge, death occurred at	the time, date	end place, and due	to the cause(e) and man	ner ee stated	
							ceuse(a) end menner ea stated.
296. SIGNATURE AND TITLE OF CERTIFIER	0 0		Т	29c. LICENSE NUM	BER	29d. DATE S	SIGNED (Month, Day, Year)
Wra H long	My W)		D23	1034	•	113097
NAME AND ADDRESS OF PERSON WHO	MYN S	ATH (ITEM 27) (Type, Print	(a	+ 1	Or to:	201 K	. O Me Loud
31. DATE FILED (Month, Day, Year) DFC U 5 1994	A STRUCTURAR SACON		-0.4	VI NOR	They want	M	10 21133
שבט ט וששי	T						



Item # 1 film # G 718 12-05-94 N.A. Per funeral Home

		1 - FOR STATE OF MARY	LAND / DEPARTMENT OF HEALTH AND I CERTIFICATE OF DEATH	MENTAL HYGIENE REG. NO.
		1. DECEDENT'S NAME (First, Middle, Lest)	Hary Bertha Jones	2. DATE OF DEATH DAY 9 9 PAR 2 20 D M
_		4. SOCIAL SECURITY NUMBER 5. SEX 1 M 2 D F	E (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. YRS. MONTHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 2 - 3 - 79 8. BIRTHPLACE (State or Foreign Country) M.V.
2, 3 should	OR	HARLOW PLANTS 12131 IGH	T.ST BALTIMORE	BOLT I WORF
Pages 1,	DIRECTOR	10a. STATE 10b. COUNTY	10c. CITY, TOWN OR LOCATION By Ho	10d. INSIDE CITY LIMITS? 1 X YES 2 NO
ısit permit.	A	10e. STREET AND NUMBER	Ave 101. ZIP CODE 2/2/7	10g. CITIZEN OF WHAT COUNTRY?
retained by the hospital or attending physician. 5 should be detached for use as the burial-transit netfiled at once.	BY FUNER	TE VEG ONE IMP OF	S 2 NO If yes, specify Cuban, Maxica	
al or attending for use as the	ETED	15. DECEDENT'S EDUCATION	18a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)	18b. KIND OF BUSINESS/INDUSTRY
the hospital detached 1	COMPL	17. FATHER'S NAME (First, Middle, Last)	Dayestic Worker 18. MOTHER'S NA	ME (First, Middle, Malden Surname)
5 should be	TO BE	19a INFORMANT'S NAME (Type/Print)	19b. MAILING ADDRESS (Street and Number or Rural I	Ces Wade Route Number, City or Town, State, Zip Code) C+ Roll 21216
2 8 6			200. PLACE OF DISPOSITION (Name of cometery, cregetory or John pike) AND WILL MEM PARE	20010CATION - City or Town, Stata - Hours, Ma
death. F funeral		21. SIGNATURE OF TIMERAL SERVICE LICENSES	22. NAME AND ADORESS OF FA	West Due Bath, nd
ation, o		23. PART I the discuss, or complications that cause shock, or many allure. List only one cause or immediate CAUSE (Finel disease or condition resulting in death)	sed the death. Do not enter the mode of dying, such each line.	th es cerdiec or respiretory arrest, Approximete interval Between Onset and Death Month
th certificate be executed w ending physician and comp I Hygiene prior to burial, cr or other traumatic eve	CERTIFICATION	P - A	S A CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF):	sesse 254rs 364rs.
ल के के ल	MEDICAL	PART II. Other significent conditions contributing to deet	n but not resulting in the underlying ceuse given in	Part 1. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO
SICIAN: The law requires th certificate has been signed in the State Dept. of Health if, or Item 23 shows an	/SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 TO HOSPITAL: 1 Inpution 2 ER/O	26. PLACE OF OEATH (Ch OTHER: Autpatient 3 □ DOA 4 □ Rursing Home 5 □ Residence	
DING PHYSIC After this cer death with th	ву Рну	2 Accident Investigation	INJURY WORK? M 1 YES 2 NO	28d. DESCRIBE HOW INJURY OCCURED
OR ATTENDING DIRECTOR: After hours after death	LETED	4 Homicide determined building, atc. (8		28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)
HOSPITAL C FUNERAL D within 72 hc	COMPL	(Check only one) 2 MEDICAL EXAMINER: On the basis of axaming		firme, data and place, and due to the cause(a) and manner as stated.
TO THE HOSPIT TO THE FUNERA be filed within 7 IMPORTANT: I	TO BE	296. SIGNATURE AND TITLE OF CERTIFIER THE SIGNATURE AND ADDRESS OF PERSON WHO GOMPLETED CAUSE OF	DEATH (ITEM 27) (Type, Print)	MBER 29d. DATE SIGNED (Month, Gey, Year)
		31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SI	EM,501 Dolphir	street, Baltimore 1817
3		DEC 0 5 1994 July Druglar		

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

us after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21203-3146

DHMH-18 Rev 1/89

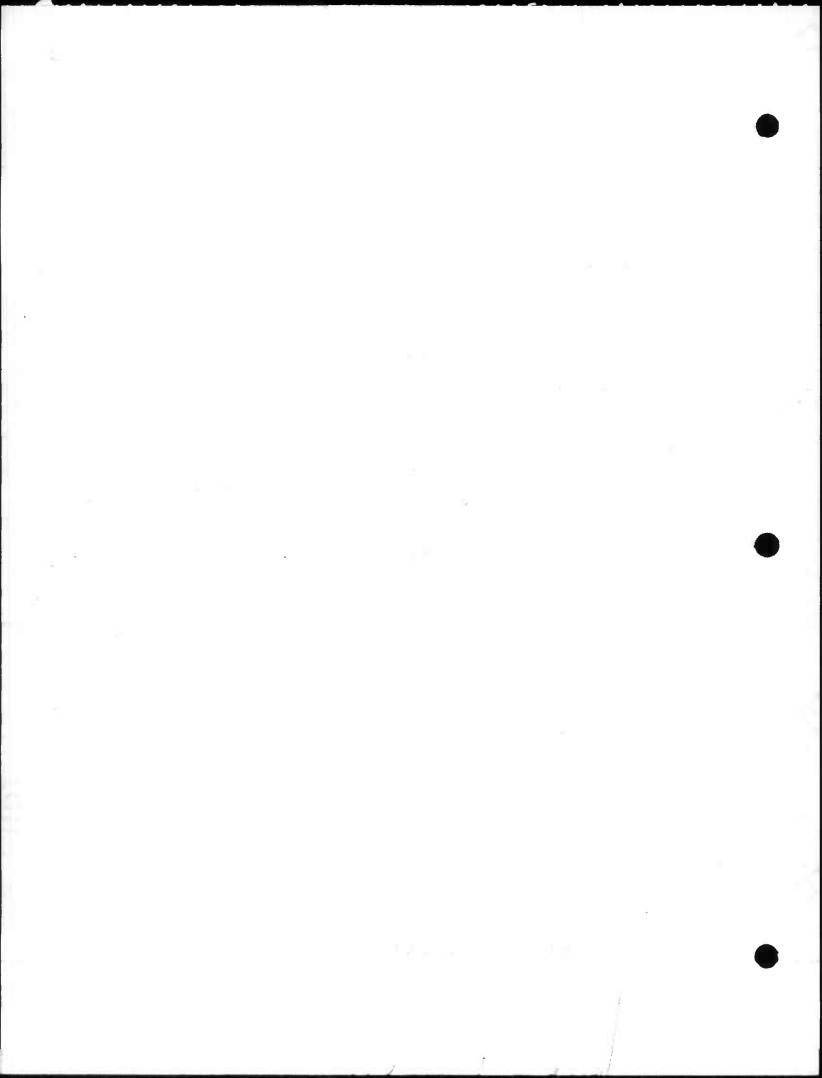
-	
0	
9	
6876	
00	
9	
BOX	
0	
m	
ш	
-	
0	
Ω.	
05	
S	
0	
RECORE	
0	
κ	
U	
ш	
~	
_	
A	
5	
L.	
$\overline{}$	
-	
7	
~	
0	
-	
S	
_	
_	

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.										
	1. OECEOENT'S NAME (First, Middle, Last)	JONE	S		2. DATE MONT	OF DEATH	, 195	3.	TIME OF DEATH 12;40P M		
	4. SOCIAL SECURITY NUMBER 247-44-9079	X ☑ M 2 □ F	in yrs. last birthday) 62 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	MIN. 04-24-32				CE (State or Foreign H CAROLIN	
TOR	96. FACILITY NAME (If not institution, give s GOOD SAMARITA) RESIDENCE OF DECEDENT			1111	MORE C			NONE		Н	
DIRECTOR	MARYLAND 106. COUNTY	NONE	10c. CIT	10c. CITY, TOWN OR LOCATION BALTIMORE CIT			TY			1. INSIDE CITY LIMITS? YES 2 NO	
FUNERAL	100. STREET AND NUMBER 4023 WILSBY AVI		101. ZIP CODE 21218				10g. CITIZEN OF WHAT COUNTRY? UNITED STATES				
BY	11. MARITAL STATUS 1 Never Married 2 Nerried 3 Wildowed 4 Divorced	U.S. ARMEO 24 NO ATES	If yes, sp	ENDENT OF HISPA icity Cuben, Mexico 2 NO Specifi X	n, Puarto	Rican, etc.)		Black, W Specify:	American Indian, hits, etc. AMERICAN		
COMPLETED	15. DECEDENT'S EDU- (Specify only highest grade Elementary/Secondary (0-12)	(Give kind of v life. Do NOT us	USUAL OCCUPATION WORK done during mo to retired.)	st of working	168	. KIND OF BUS		TRY	I I I I I I I I I I I I I I I I I I I		
BE COM	17. FATHER'S NAME (First, Middle, Last) JOHN HENRY JON				HEN	DRICK	S				
5	190. INFORMANT'S NAME (Type/Print) DORIS JONES			ADDRESS (Street e				State, Zip Co. 212			
	20a. METHOD OF DISPOSITION 1 X Burlal 2 Cremetion 3 Rem. 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LIC	oval from State cem	PLACE AND DATE OF STA	DRIAL P	ARK 12	CILITY	94 G	RANIT	E,	MD.	
	· Jahren B.	Sough	X.	1412	IN B.	ESTO	N ST.	BALT	O.M	OME D.21213	
TION	23. PART I. Enter the diseases, or complications described caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate Oue TO (OR AS A CONSEQUENCE OF): Oue TO (OR AS A CONSEQUENCE OF):										
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST d										
PHYSICIAN: MEDICAL C				suiting in the underlying cause given in Par			24a. WAS AN AUTOPSY PERFORMED?		24b. WERE AUTOPSY FINDINGS ANALABLE PRIOR TO COMPLETION DF CAUSE DF DEATH? 1 YES 2 NO		
CIAN	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? OTHER:										
HYSI	1 TYES 2 THO 27. MANNER OF DEATH	1 Inpatient 2 ER/Outp	etient 3 DOA	OTHER: 4 Nursing Hom E OF 28c. INJ			or (Specify)	LIURY OCCUR	ED.		
ВУР	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)		M 1 1	RK? ES 2 NO						
ETED	3 Suicide 8 Could not be 4 Homicide determined	28s. PLACE OF INJURY building, etc. (Spec	— At nome, tarm, a	irreet, ractory, offici	·		ATION (Street at or Town, State)	nd Number or F	Rural Route	Number,	
COMPLETE		CIAN: To the best of my knowl R: On the basis of examination							ouse(a) an	d menner ea stated.	
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHI	Ball	(D)	MS	P-0	67	23	29d. DATE SI	15/14	BER 3. 1994	
	JOHN MSOO.			7 HO81.	5601 6	XH	RAVEN	BLUS	· 10	ALTIMORE	
	DEC U 5 1994	32, REGISTRAR'S SIGNA	Rardall								



STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

			REGISTRAR		CERTIFIC	CALE OF	- DEATH		REG. NO.			
		į ,	1. DECEDENT'S NAME (First, Middle, Last)	Todowson	/			2. DATE MONT	OF DEATH	4 9	3.1	19:05 PM
P			4. SOCIAL SECURITY NUMBER	1 🗆 M 2 💢 F		IF UNDER 1 YEAR WONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.		OF BIRTH	05/	BIRTHPLAC	E (State or Foreign
2, 3 should		TOR	TAGILITY NAME (if not institution, give str	pet and number)	CENTER	96. CITY, TOWN	or Location of D	RE_		96. COUNT	Y OF DEATH	
Pages 1,		DIRECTOR	10e. STATE 10b. COUNTY		10c. CITY,	TOWN OR LOCA	ATION			7		. INSIDE CITY LIMITS?
it permit.	- 1		10e. STREET AND NUMBER	the Air		1	of, ZIP CODE	12		10g. CITIZE		YES 2 NO
DZO physician. burial-transit		FUNERAL	11. MARITAL STATUS 1 Never Merried 2 Merried	12. WAS DECEDENT EVER II FORCES? 1 YES	2 NO		CENDENT OF HISPA			or No — 14	RACE - A	Americen Indian, lite, etc.
as the		ED BY	3 Wildowed 4 Divorced 15. DECEDENT'S EDUC	IF YES, GIVE WAR OR D		1 🗆 YE	S 2 NO Speci	ly:			BLA	cK
al or for u		COMPLETE	(Specify only highest grade of	College (1-4 or 5+)	16e. DECEDENT'S U (Give kind of wo life. Do NOT use	ork done during n			RIND OF BUSI		^	YaoL
₹ £ £	76	BE CON	TO PAVID PEUD	/	/ 20		18. MOTHER'S NA	WE FIRE A	PEA	umama)		
be retained I	notifi	108	VATELLE ALA	RR19	376	26EV	and number or trifing	Pour from	LANE	Blans, Zip Co	M	21208
\$ 8	must be		204 METHOD OF DISPOSITION 1 Method 2 Cremingfor 3 Hemon 4 Donatton 5 C Ophyr (Specify)	/	HAGE AND DATE OF	DISPOSITION	En PK	12/5	1 20c LOC	PYDU	VS.	MD,
ter death. Page 6 m	examiner		21. SIGNATURE OF FINERAL SERVICE LICE	MSEE /		" GA	THE THE	PP.	4 Fun	5.P.A.	Har.	EYA,
24 hours af filled in by	the medical		23. PART I. Enter the displaces, or conflict, or fleart failure. L. IMMEDIATE CAUSE (Finel disease or condition resulting in deeth)	Ast only one cause on e	sch line.	lach	ode of dying, suc	th as card	liac or respir	atory arres	ALT Y	Approximate Interval Between Onset and Death
executed and con	- E	CATION	Sequentially liet conditions, if any, leading to immediate	Se	CONSEQUENCE OF:	De	men					
P 45	othe	RTIFICA	cause. Enter UNDERLYING CAUSE (Diseese or injury thet initieted eventa reculting in deeth) LAST		CONSEQUENCE OF	71/2	act II	7	ech	on		
ne death	הלים	빙	PART II. Other eignificent conditions				ng ceuse given in	Part I.	24s. WAS AN A	UTOPSY	24b. WEF	E AUTOPSY FINDINGS
res that	rs any	MEDICAL				1		_	PERFORM		OF I	LABLE PRIOR TO IPLETION OF CAUSE DEATH? YES 2 \(\text{\tint{\text{\tint{\text{\tinit}\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\texi}\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\texi}\text{\text{\text{\text{\texi{\text{\texit{\text{\texit{\texi{\texi{\texi{\texi{\texi{\texi{\tiexi{\texi{\texi\texit{\texi{\texi{\texi{\texi{\texi{\texi{\texi{
SICIAN: The law requestrificate has been	23 Cept	AN:	DID TOBACCO USE CONTR		F DEATH YES			N 🗆				36
CIAN: The	or item	YSICI	1 TES 2 NO	HOSPITAL: 1 Inpetient 2 ER/Outp	estient 3 DOA	OTHER: Nursing Ho	me 5 🗆 Rasidence	8 Other	r (Specify)			
IG PHYSII	ked,	ВУ РНУ	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	285. TIME INJUI	RY W	JURY AT PORK? YES 2 NO	28d. DES	CRIBE HOW IN	JURY OCCUP	RED	
TEN TO	28 is	ETED	3 Suicida 8 Could not be determined	28e. PLACE OF INJURY building, atc. (Spec	— At homa, farm, str	eet, factory, offi	ce	281. LOCA City	ATION (Street ar or Town, State)	nd Number or	Rural Route	Number,
THE HOSPITAL DR	if ite	COMPLE		IAN: To the beat of my know : On the beele of axamination								manner ae stated.
THE H	POR	띪	29b. SIGNATURE AND TITLE OF CERTIFIER	50			29c. LICENSE NU	MBER	5	29d. DATE S	IGNED (Mon	th, Day, Year)
10	-	2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DE		erina)	HOT AV	e g	3911)	mo	21	215
M			DEC U 5 1994	32. REGISTRAR'S SIGN	Radall							
				17					_	_		

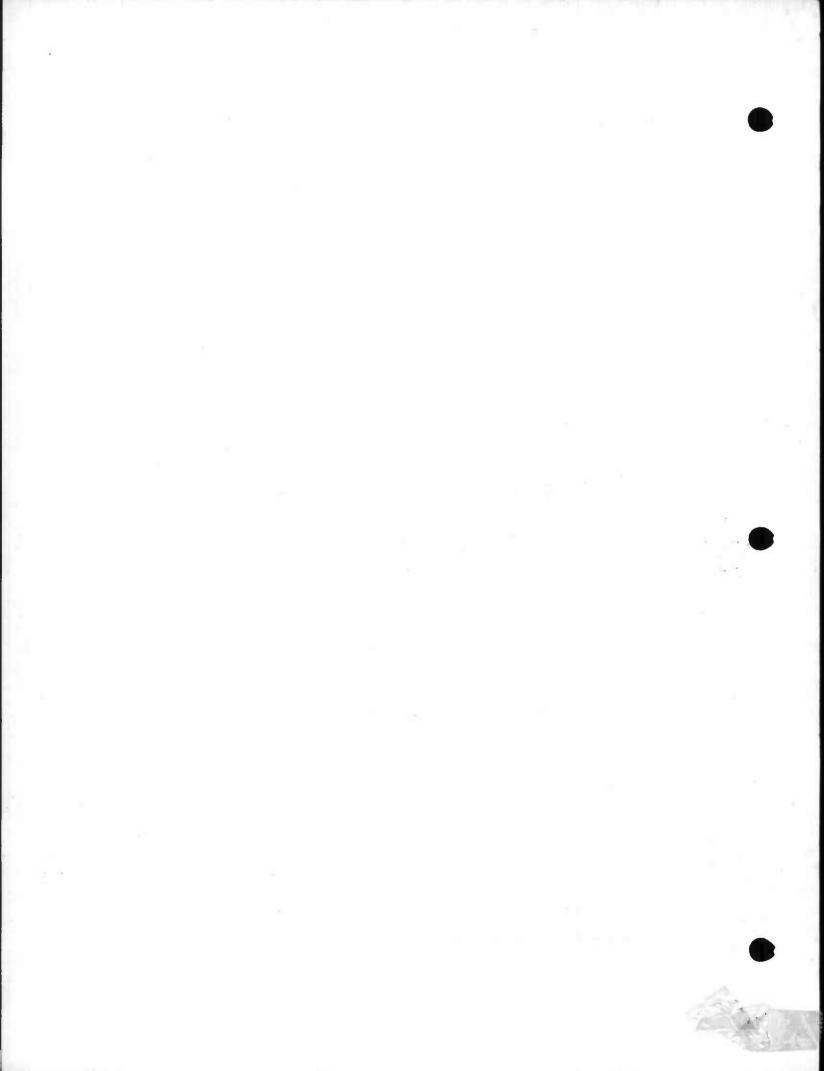
1215-0020	or attending physici
BALTIMORE, MARYLAND 21215-0020	ned by the hospital
MORE, MA	e 6 may be retail
BALTIN	rs after death. Pag
	NOUTS
68760,	recuted with
BOX	lificate be ex
s, P.O	death cer
RECORD	requires that the
ITAL	V: The law
DIVISION OF VITAL RECORDS, P.O. BOX 68760.	ENDING PHYSICIAN
IVIS	DR ATT

DIVISION OF VITAL RECORDS,

FOR 1 - STATE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CENTIF	IOAIL	JE DEATH	REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last) ROSET	TA	JONE	5		2. DATE OF DEATH	5 94	3. TIME OF DEATH		
1 1	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(In yrs. last birthday)	IF UNDER t YE.	AR IF UNDER 24 HRS.	7. DATE OF BIRTH	- 1	RTHPLACE (State or Foreign		
	216-36-9940	1 ☐ M 2 💢 F	54 YRS.	MONTHS DAY		(Month, Day, Year) 06-09-1	Co	Maryland		
_	9a. FACILITY NAME (If not institution, give str	reet and number)		9b. CITY, TO	WN OR LOCATION OF D	EATH	9c. COUNTY O	F DEATH		
DIRECTOR	Bon Secou	r		Ва	altimore					
5	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY									
E	IOB. COUNTY		10c. CIT	Y, TOWN OR LO	DCATION			10d. INSIDE CITY LIMITS?		
	Maryland		E	Baltin	nore			1 X YES 2 NO		
FUNERAL	10e. STREET AND NUMBER				101. ZIP CODE		10g. CITIZEN C	OF WHAT COUNTRY?		
單	2831 Riggs Ave				21216		U.	S.A.		
5	11. MARITAL STATUS	12. WAS DECEDENT EVER I	N U.S. ARMED	13, WAS	DECENDENT OF HISPA	NIC ORIGIN? (Specify Yes	or No- 14. R	ACE — American Indian, liack, White, atc.		
ΒΥ	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR D		t 🗆	YES 2 X NO Speci	ly:	100	pecify:		
								Black		
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of	ATION completed)	16s. DECEDENT'S (Give kind of	work done during	PATION g most of working	16b. KIND OF BUS	SINESS/INDUSTR	Y		
Ë	Elementary/Secondary (0-12)	College (1-4 or 5 +)	life. Do NOT u.			1				
₩ I	10th grade		Domes	stic			_			
8	17, FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Maiden	Surname)			
BE	Henry Jones				Hen	rietta Pa	yne			
TO B	19a. INFORMANT'S NAME (Type/Print)		19bMAILING	ADDRESS (Str		Route Number, City or Tow)		
۲	Gary L. Jones		2831	Riggs	ave., I	Baltimore	, Md.,	21216		
	20e. METHOD OF DISPOSITION 14 Buriel 2 Cremetion 3 Ramo		D. PLACE AND DATE	OF DISPOSITION			CATION — City o			
	4 Donation 5 Other (Specify)		Mt. Cal	ther place)	Cemetery	125 Ba	1 timor	re, Md.		
	21. SIGNATURE OF FUNERAL SERVICE LIES	ENSIE		22. NAM	E AND ADDRESS OF FA	CILITY				
	> 70 years	Kun				Brown Co				
_	100	rayun		120	16 W. No:	cth Ave.	Balto.	,Md.21217		
	23. PART I. Enter the diseases, or conshock, pr heart failure. L	omplicationa that ceuse list only ona cause on e	d the deeth. Do o	not enter the	mode of dying, suc	ch as cardiac or reapi	ratory errest,	Approximats interval Between		
	IMMEDIATE CAUSE (Final	(1A - I		1				Onset and Daar		
	diseese or condition resulting in death)	Weta	2 + 00110	CIL	ter (a	ncer		1/2 XI		
		DUE TO (OR AS	A CONSEQUENCE O	F):						
Z	Sequentially list conditions,									
۲	if any, leading to immediata	DUE TO JOR AS	A CONSEQUENCE O	F):		1		12 0		
2	CAUSE (Disesse or Injury	CIKM	our 1	yell	mjectu	m		1900		
CERTIFICATION	that initiated events resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE O	F): ~	0			Tolin		
E	resulting in death) CAST	. W phe	MUNION	ite				7000		
	PART II. Other significant conditions	Contributing to death b	out not resulting	in the under	ving cause given in	Part I, 24s. WAS AN	ALITONIA A	DAL WERE ALTOROV ENIDIALO		
EDICAL	Unllat	ic CM	4 -	10 CX	Sa at a	PERFOR	MED?	24b. WERE AUTOPSY FINDING AVAILABLE PRIOR TO COMPLETION DF CAUSE		
ā	000	1.01		7	X CYV	1 TYES 2	Die	OF DEATH?		
LU II	- 11 4	I LAM A A			11					
Σ	DID TOPLOGO	c Ane	MAG		V== -			1 TYES 2 NO		
Σ	DID TOBACCO USE C	ONTRIBUTE TO	CAUSE OF		YES NO			1 YES 2 NO		
Σ	DID TOBACCO USE C 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	CAUSE OF		YES NC			1 YES 2 NO		
SICIAN: M	DID TOBACCO USE C 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 1 10	ONTRIBUTE TO HOSPITAL: 1 Inpetient 2 ER/Out	CAUSE OF	OTHER: 4 Nursing	8. PLACE OF DEATH (CI	8 Other (Specify)				
Σ	DID TOBACCO USE C 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	HOSPITAL:	Petient 3 DOA	OTHER: 4 Nursing IE OF 28c	B. PLACE OF DEATH (C) Home 5 Residence INJURY AT WORK7	neck only one)	NJURY OCCURED			
PHYSICIAN: M	DID TOBACCO USE C 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 1 10	ONTRIBUTE TO HOSPITAL: 1 Inpetient 2 ER/Oute 28e. DATE OF INJURY (Month, Day, Year)	petient 3 DOA	OTHER: 4 Nursing IE OF 28c	B. PLACE OF DEATH (CI Home 5 Residence INJURY AT WORK7	8 Other (Specify) 28d. DESCRIBE HOW II				
BY PHYSICIAN: M	DID TOBACCO USE C 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 10 27. MANNER OF DEATH 1 Astural 5 Pending Investigation 2 Accident Investigation 3 Suicide 8 Could not be	HOSPITAL: 1 Inpatient 2 ER/Out	patient 3 DOA 28b. TIM	OTHER: 4 Nursing IE OF 28c	B. PLACE OF DEATH (CI Home 5 Residence INJURY AT WORK7	8 Other (Specify)				
ED BY PHYSICIAN: M	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Astural 5 Pending Investigation	ONTRIBUTE TO HOSPITAL: 1 Inpertant 2 ER/Out 28a. DATE OF INJURY (Month, Day, Year) 28a. PLACE OF INJURY	patient 3 DOA 28b. TIM	OTHER: 4 Nursing IE OF 28c	B. PLACE OF DEATH (CI Home 5 Residence INJURY AT WORK7	8 Other (Specify) 28d. DESCRIBE HOW II 28t. LOCATION (Street				
BY PHYSICIAN: M	DID TOBACCO USE C 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 AO 27. MANNER OF DEATH 1 Instural 5 Pending Investigation 3 Suicide 8 Could not be detarmined	ONTRIBUTE TO HOSPITAL: 1 Inpetient 2 ER/Out 28e. DATE OF INJURY (Month, Day, Year) 28e. PLACE OF INJURY building, stc. (Spe	petient 3 DOA 28b. TIM IN.	OTHER: 4 Nursing RE OF JURY M t street, factory,	8. PLACE OF DEATH (C) Home 5 Residence INJURY AT WORK7 YES 2 NO	seck only one) 8 Other (Specify) 28d. DESCRIBE HOW I 28t. LOCATION (Street City or Town, State)	ind Number or Ru			
ED BY PHYSICIAN: M	DID TOBACCO USE C 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Actional Investigation Investigation 3 Suicide 8 Could not be detarmined 29a. CERTIFIER (Check only) 25. WAS CASE REFERRED TO MEDICAL EXAMINER OF DEATH 1 YES 2 NO 27. MANNER OF DEATH 28. Could not be detarmined	ONTRIBUTE TO HOSPITAL: 1 Inpetient 2 ER/Out 28e. DATE OF INJURY (Month, Day, Year) 28e. PLACE OF INJURY building, stc. (Spe	petient 3 DOA 28b. TIM IN. Y — At home, term,	OTHER: 4 Nursing Nursing E OF 28c JURY M t street, factory,	8. PLACE OF DEATH (C) Home 5	ack only one) 8 Other (Specify) 28d. DESCRIBE HOW II 28t. LOCATION (Street of City or Town, State) 8 to the cause(s) and mare	and Number or Ru	ral Route Number,		
ED BY PHYSICIAN: M	DID TOBACCO USE 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 100 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Sulcide 8 Could not be detarmined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER	ONTRIBUTE TO HOSPITAL: 1 Inpetient 2 ER/Out 28e. DATE OF INJURY (Month, Day, Year) 28e. PLACE OF INJURY building, stc. (Spe	petient 3 DOA 28b. TIM IN. Y — At home, term,	OTHER: 4 Nursing Nursing E OF 28c JURY M t street, factory,	8. PLACE OF DEATH (C) Home 5 Residence INJURY AT WORK7 YES 2 NO office deta and place, and due on, death occured at the	seck only one) 8 Other (Specify) 28d. DESCRIBE HOW I 28t. LOCATION (Street and Town, State) to the cause(s) and mare time, date and place, and	and Number or Ru nner as stated, d due to the cau	ral Route Number, se(s) and manner as stated.		
ED BY PHYSICIAN: M	DID TOBACCO USE C 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Actional Investigation Investigation 3 Suicide 8 Could not be detarmined 29a. CERTIFIER (Check only) 25. WAS CASE REFERRED TO MEDICAL EXAMINER OF DEATH 1 YES 2 NO 27. MANNER OF DEATH 28. Could not be detarmined	ONTRIBUTE TO HOSPITAL: 1 Inpetient 2 ER/Out 28e. DATE OF INJURY (Month, Day, Year) 28e. PLACE OF INJURY building, stc. (Spe	petient 3 DOA 28b. TIM IN. Y — At home, term,	OTHER: 4 Nursing Nursing E OF 28c JURY M t street, factory,	8. PLACE OF DEATH (C) Home 5 Residence INJURY AT WORK7 YES 2 NO office deta and place, and due on, death occured at the	ack only one) 8 Other (Specify) 28d. DESCRIBE HOW II 28t. LOCATION (Street of City or Town, State) 8 to the cause(s) and mare	and Number or Ru nner as stated, d due to the cau	ral Route Number,		
BE COMPLETED BY PHYSICIAN: M	DID TOBACCO USE 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	ONTRIBUTE TO HOSPITAL: 1 Inpetient 2 ER/Out 28e. DATE OF INJURY (Month, Day, Year) 28e. PLACE OF INJURY building, etc. (Spe	petient 3 DOA 28b. TIM IN.	OTHER: 4 Nursing HE OF 28c JURY M t street, factory, red at the time, on, in my opinion	8. PLACE OF DEATH (C) Home 5 Residence INJURY AT WORK7 YES 2 NO office deta and place, and due on, death occured at the	seck only one) 8 Other (Specify) 28d. DESCRIBE HOW I 28t. LOCATION (Street and Town, State) to the cause(s) and mare time, date and place, and	and Number or Ru nner as stated, d due to the cau	ral Route Number,		
E COMPLETED BY PHYSICIAN: M	DID TOBACCO USE 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	ONTRIBUTE TO HOSPITAL: 1 Inpetient 2 ER/Out 28e. DATE OF INJURY (Month, Day, Year) 28e. PLACE OF INJURY building, stc. (Spe	petient 3 DOA 28b. TIM IN.	OTHER: 4 Nursing Nursing E OF 28c JURY M t street, factory,	8. PLACE OF DEATH (C) Home 5 Residence INJURY AT WORK7 YES 2 NO office deta and place, and due on, death occured at the	seck only one) 8 Other (Specify) 28d. DESCRIBE HOW I 28t. LOCATION (Street and Town, State) to the cause(s) and mare time, date and place, and	and Number or Ru nner as stated, d due to the cau	ral Route Number, se(e) and manner as stated.		
BE COMPLETED BY PHYSICIAN: M	DID TOBACCO USE 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	ONTRIBUTE TO HOSPITAL: 1 Inpetient 2 ER/Out 28e. DATE OF INJURY (Month, Day, Year) 28e. PLACE OF INJURY building, etc. (Spe	petient 3 DOA 28b. TIM IN.	OTHER: 4 Nursing HE OF 28c JURY M t street, factory, red at the time, on, in my opinion	8. PLACE OF DEATH (C) Home 5 Residence INJURY AT WORK7 YES 2 NO office deta and place, and due on, death occured at the	seck only one) 8 Other (Specify) 28d. DESCRIBE HOW I 28t. LOCATION (Street and Town, State) to the cause(s) and mare time, date and place, and	and Number or Ru nner as stated, d due to the cau	ral Route Number, se(s) and manner as stated.		
BE COMPLETED BY PHYSICIAN: M	DID TOBACCO USE 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	ONTRIBUTE TO HOSPITAL: 1 Inpetient 2 ER/Out 28e. DATE OF INJURY (Month, Day, Year) 28e. PLACE OF INJURY building, etc. (Spe	petient 3 DOA 28b. TIM IN.	OTHER: 4 Nursing HE OF 28c JURY M t street, factory, red at the time, on, in my opinion	8. PLACE OF DEATH (C) Home 5 Residence INJURY AT WORK7 YES 2 NO office deta and place, and due on, death occured at the	seck only one) 8 Other (Specify) 28d. DESCRIBE HOW I 28t. LOCATION (Street and Town, State) to the cause(s) and mare time, date and place, and	and Number or Ru nner as stated, d due to the cau	ral Route Number, se(s) and manner as stated.		



9	
J	
BOX	
\simeq	
ш	
~	1
Ų	
Δ.	
ഗ	ľ
	1
Œ	
0	
Ö	
III	
~	
_	
7	4
F VITAL RECORDS, P.O.	
>	-1
	1
5	3
_	į
Z	4
0	1
=	1
(1)	1
>	1
=	4

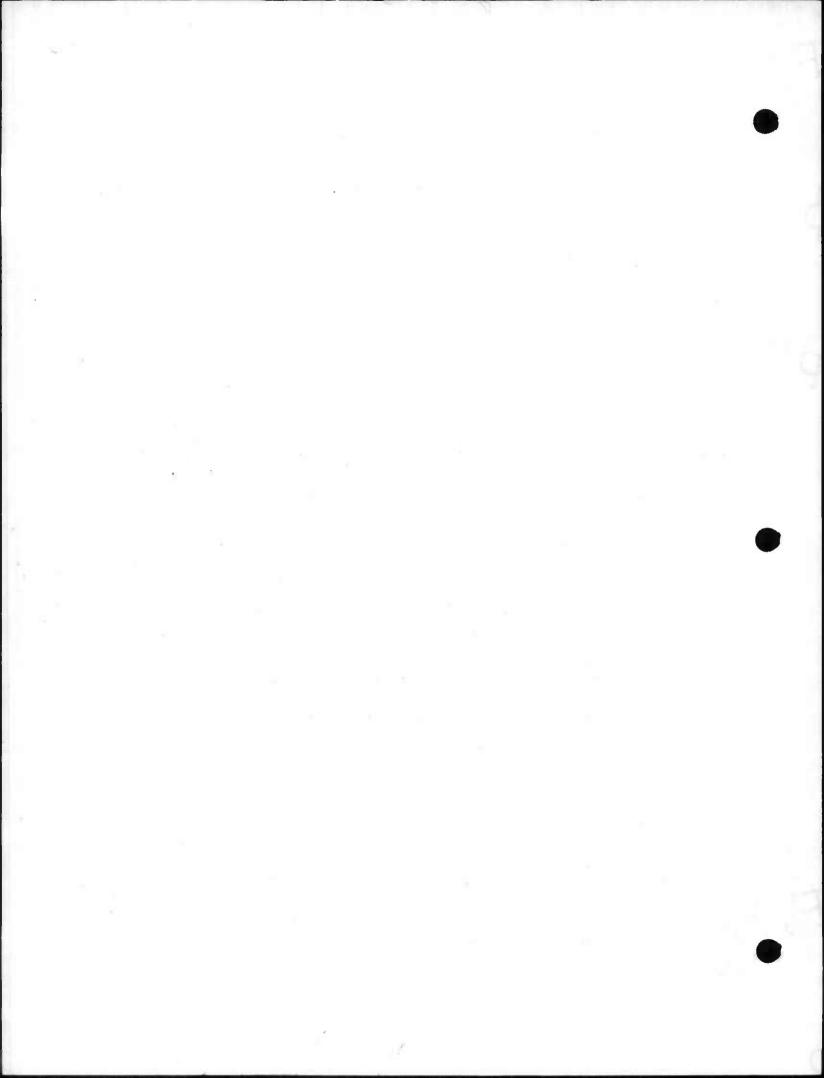
		FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPAR CERTIF	TMENT OF I	HEALTH AND	MENTAL HYGIEN		
		1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATN
		Dorren A. James					December	~1, 199	2:45 A. M
		4. SOCIAL SECURITY NUMBER		In yrs. last birthday)	IF UNDER I YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIH.	7. DATE OF BIRTH (Month, Day, Year)	8.	BIRTNPLACE (State or Foreign Country)
Pin		212-44-8490 9a. FACILITY NAME (If not institution, give str		19 YRS.				1945 N	lew York
2, 3 should	стоя	1109 Willo Brook			Pasad	OR LOCATION OF DE	EATN	Anne	Arundel
Pages 1,	EC	10a. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR LOCA	TION			10d. INSIDE CITY
. 	DIRE	Maryland Anne	Arundel	P	asadena				LIMITS?
permit.	3AL	10e. STREET AND NUMBER			10	1. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
-0020 ing physician. the burial-transit	NER	1109 Willo Brook				21122			d States
020 physician burial-trar	FUN	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 XNO	13. WAS DEC	CENDENT OF HISPAN pecify Cuban, Mexico	IIC ORIGIN? (Specify Yan, Puerto Rican, etc.)	n or No— 14.	. RACE — American Indian, Black, White, atc.
the tr	BY	3 Wildowed 4 Divorced	IF YES, GIVE WAR OR DA	ITES	1 🗌 YES	Specify	<i>(</i> :		Specify
1215-0020 r attending physic use as the burial	ED	15. DECEDENT'S EDUC (Specify only highest grade of	ATION	16a. DECEDENT'S	USUAL OCCUPATI	ON	16b. KIND OF BU	ISINESS/INDUS	
10 Pd 10	LET	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT u		ost or working	997		
AND 2 he hospital detached fo once.	COMPL	12 yrs.		Secret	ary		Medio		
de de P		17. FATHER'S NAME (First, Middle, Last) Warren Bunt					ME (First, Middle, Maiden		
	BE	19a. INFORMANT'S NAME (Type/Print)		10) MAN DIC	1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		Grace Andr		
5 5 5	임	John James					Pasadena		
Page 6 may be all director, page ner must be		20a. METHOD OF DISPOSITION	206.	PLACE AND DATE	DEDISPOSITION (N			OCATION — City	
Page 6 ma al director, p		1 Densition 3 Remo		etery, cremetory or o	n Mem. P	ark			nie, MD
ALTIN death. Pag tuneral di f. examiner		21. SIGNATURE OF FUNERAL SERVICE LICE	ENNEE		22. NAME A	ND ADDRESS OF FA	CILITY		11103_110
BALTI after death. P. by the funeral moval. ical examine		les Vail	LLL				ck Funeral		
filled in by the on, or remove		23. PART i. Enter the disesses, or constant shock, or heart failure. L	lat only one ceuse on ea	ich line.	not enter the mo	ode of dylng, suc		oiratory arrest	Approximate Interval Between
ompletely il, crematic	J	disease or condition resulting in death)	Colon	- Ca	nee	- W.17	- mete	ester	4
	<u> </u>		DUE TO (OR AS A	CONSEQUENCE O	F):				
OX 68 be execute sician and conor to buria	CERTIFICATION	Sequentielly list conditions, if any, leading to immediate	DUE TO (OR AS A	CONSEQUENCE O	F):				
ate be	CA	cause. Enter UNDERLYING CAUSE (Disease or injury							
certificate ding physical property of the transfer of the tran	TIE	thet initieted events resulting in deeth) LAST	DUE TO (OR AS A	CONSEQUENCE OF	F):				
그 등 등 등 이	SER		•						
0 8 5 2 3	AL (PART II. Other significant conditions	contributing to deeth bu	it not resulting	In the underlyin	g ceuse given in	Pert I. 24a. WAS AN		24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO
puires that signed b Health ar	EDIC						1 TES	□ NO	COMPLETION OF CAUSE OF DEATH?
MEC requires been sign of Heat	Σ						_		1 YES 2 NO
law ri law ri as be bept.	PHYSICIAN:	DID TOBACCO USE CONTR					4 🗆		
VIIAL W: The law micate has State Dep	5		HOSPITAL:	6. PLACE OF DEAT	OTHER:	_			
actual the state of	14S	1 YES 2 NOT	1 Inpatiant 2 ER/Output 28s. DATE OF INJURY	tlent 3 DOA	4 - Nursing Horn		8 Other (Specify)		
PHYSI OF THE OF		1 Natural 5 Pending	(Month, Day, Year)		URY WO	URY AT ORK? YES 2 NO	28d. DEŞCRIBE HOW	NJURY OCCUR	ED
MOTHOS PORTING	BY	2 Accident Investigation 3 Suicide 8 Could not be	28a. PLACE OF INJURY	— At home, farm, a			28t. LOCATION (Street	and Number or F	Bural Route Number
ATENDING PRESIDENT: The law requires that the CORE Are the confincate has been signed by a face bett of health and the State Dept. of health and the law marked, or item 23 shows any in	TED	4 Homicide determined	building, etc. (Speci	fy)			City or Town, State,		
1 在 2 3 2	MPLET	29e. CERTIFIER Check only	IAN: To the best of my knowle	edge, death occum	ed at the time, data	and place, and due	to the cause(a) end me	nner sa stated.	
S THE	COM								suse(a) and manner sa stated.
F. F. S.	BE C	29b. SIGNATURE AND TITLE OF CERTIFIER		0 /	-	29c. LICENSE NUM	IBER	29d. DATE SI	GNEO (Morith, Day, Year)
E 2	TO B					D7+	300	Dece	mber 1, 1994
	-	30. NAME AND ADDRESS OF PERSON WHO		-		(
		Dr. Charles J. W	u 1600 Crai	n Hwy.	Glen Bu	rnie, MD	21061 Su	ite 30	6
		DFC U 5 1994	THE STATE OF THE PARTY OF THE P	A THE CONTRACT OF THE PARTY OF					

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760.

tending physician.	as the burial-transit permit, Pages 1, 2, 3 should	
HYSICIAN: The law requires that the death certificate be executed within mours after death. Page 6 may be retained by the hospital or attending physician.	is certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should the State Debt, of Health and Mental Hypiene prior to burial, cremation, or removal.	examiner must be notified at once.
t the death certificate be executed within nours after	certificate has been signed by the attending physician and completely filled in by the f h the State Dept, of Health and Mental Hydiene prior to burial, cremation, or removal.	s, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
ATTENDING PHYSICIAN: The law requires that the	ECTOR: After this certificate has been signed by the after death with the State Dept. of Health and N	28 is marked, or item 23 shows any Inj
THE HUSPITAL OF	ME FUNERAL DR	PHETANT: IF IBS

	1 - STATE OF MARYL REGISTRAR	AND / DEPARTA CERTIFIC			ENTAL HYGIEN	E	
	t. DECEDENT'S NAME (First, Middle, Last)			2	DATE OF DEATH		3. TIME OF DEATH
	Annie Ruth Jones			1	November 2	21 199	94 3:50 pm
			UNDER 1 YEAR	IF UNDER 24 HRS. 7	Month, Day, Year)		8. BIRTHPLACE (State or Foreign Country)
	214-50-2738 ¹□м²닷F	59 YRS.	MINS DAYS	J		935	South Carolina
	9a. FACILITY NAME (If not institution, give street and number)		b. CITY, TOWN O	R LOCATION OF OEAT		9c, COUNT	TY OF DEATH
<u>6</u>	Greater Baltimore Medical Co	enter	Towson			Balt	timore
DIRECTOR	10a. STATE 10b. COUNTY	10c. CITY, T	OWN OR LOCAT	ON			10d, INSIDE CITY
E I	Maryland	Ba	ltimore	4			t X YES 2 NO
	10a. STREET AND NUMBER	1 10		ZIP CODE		10g. CITIZI	EN OF WHAT COUNTRY?
ER	5603 Norwood Avenue			21207		ī	USA
FUNERAL	11. MARITAL STATUS 12. WAS DECEDENT EVER 1	N U.S. ARMED	13. WAS DECI	ENDENT OF HISPANIC	ORIGIN? (Specify Yea		14. RACE - American Indien.
BY	t Never Married 2 Married IF YES, GIVE WAR OR D			city Cuban, Mexican, I 2 NO Specify:	Puerto Rican, etc.)	ŀ	Black, White, etc. Specify:
		T	1		-		Bl.ack
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a. DECEDENT'S US (Give kind of work life. Do NOT use re	done during mos	N it of working	16b. KIND OF BUS	INESS/INDU	STRY
2	Elementery/Secondary (0-12) College (1-4 or 5+) 12th Grade						
No.	17. FATHER'S NAME (First, Middle, Lest)	House	wire	16 MOTHED'S NAME	(First, Middle, Maiden	Sumama)	
	Huev Montgomery						
BE	19e. INFORMANT'S NAME (Type/Print)	19b. MAILING AD	DRESS (Street or		Vashingtor No Number, City or Town		Code)
임	Harry Jones	5603 No			Baltimor		
	20e. METHOD OF DISPOSITION 20t	. PLACE AND DATE OF	DISPOSITION (Na	ne of			Ity or Town, State
	4 Donation 5 Other (Specify)	metery, crematory or other estern Sta	r Cemet	ery	Nove Bal	l.timor	re, Maryland
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE		22. NAME AN	D ADDRESS OF FACIL	''' Nutter	Funer	ral Hoems, Inc
	>		2501 0	Wynns Fal	lls Parkwa Zland 212	ay	
	23. PART I. Enter the diseases, or complications that cause	d the deeth. Do not	enter the mod	de of dying, such a	s cerdisc or respi	ratory erre	st, Approximate
	shock, or heert fellure. Liet only one cause on e IMMEDIATE CAUSE (Final	ech line.	1	2			Interval Between Onset and Death
	disease or condition resulting in death)	RIAC	Fib	rillad	hon		mms
ľ		A CONSEQUENCE OF):					111.20
Z	Sequentially list conditions,	offe	Im	valard.	ru		hrs
CERTIFICATION	If any, leeding to immediate	CONSEQUENCE OF):		* (11.0-
5	CAUSE (Disease or Injury	A CONSTQUENCE OF):	eng	D15	€ A5 €		412
Ē	that initiated events resulting in death) LAST	tenso					425
S	d						1713
AL	PART II. Other eignificant conditione contributing to death b	out not resulting in t	the underlying	ceuse given in Pe	ert i. 24a. WAS AN		24b. WERE AUTOPSY FINGINGS AVAILABLE PRIOR TO
	NON-INSUKEN PAPENT	ENT DIS	you gre	2 INSAL	1 YES 2	1	COMPLETION OF CAUSE OF GEATH?
ME	•				_		1 TES 2 NO
ÿ	DID TOBACCO USE CONTRIBUTE TO	CAUSE OF E	DEATH Y	ES NO			
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:		28. PL	ACE OF DEATH (Check	only one)		
ΙXS	1 YES 2 NO 1 Inpetient 2 VER/Out			5 Realdence 6			
	27. MANNER OF OEATH 28a. DATE OF INJURY (Month, Day, Year)	26b. TIME () INJUR	PF 28c. INJU Y WOI M 1 7	RK?	8d. OEŞCRIBE HOW II	NJURY OCCU	JRED
à	2 Accident Investigation 3 Suicide 6 Could not be 26e. PLACE OF INJURY	f — At home, farm, atre			8f. LOCATION (Street a	and Mumber o	or Russ Bouts Number
	6 Could not be building, etc. (Spe	cify)	ou, ractory, critica		City or Town, State)	na reamber o	r Aurei Poule Numbel,
3	29a. CERTIFIER						
COMPLETED	(Check only one) 2 MEDICAL EXAMINER: On the best of my known one)						
	29b, SIGNATURE AND TITLE OF CERTIFIER		The opinion, of				
BE	AND A A A A A A A A A A A A A A A A A A			29c. LICENSE NUMBE	ER Y M	29d, DATE	SIGNED (Month, Day, Year)
9	30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DE	ATH (ITEM 27) (Tona De	int)	ソムナラ	, , ,	- []	1/28/47
	Jetfran N. Posarx			0,2 10	ring 24	1 (voheralle
	31. DATE FILED (Month, Day, Mar) 37. REGISTRAR'S GR	ATURE		100, 70	170		1/1/2/11
	THE U. 5 1994 July dimension have	tall			-		



STA	E OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
	CERTIFICATE OF DEATH	REG. NO.

		FOR STATE REGISTRAR	STATE OF MARYLAND / DE	PARTMENT OF HEA		L HYGIENE REG. NO.	
		1. DECEMBENT'S NAME (First, Middle, Last)	LUCAS		2. DATE MONTH Dec	OF OEATH DAY	S. TIME OF DEATH
P		4. SOCIAL SECURITY NUMBER 216-20-1879	5. SEX 6. AGE (In yrs. lest birth	"	F UNDER 24 HRS. 7. DATE	OF BIRTH 6.	BIRTHPLACE (State or Foreign Country) N . C .
2, 3 should	TOR	90. FACILITY NAME (If not institution, give st. SINAI HOSPHALO	FBACTIMORE	96. CITY, TOWN OR L BACTIM	LOCATION OF DEATH	9c. COUNTY	
permit. Pages 1,	DIRECTOR	MARYLAND		BACTIMO			10d. INSIDE CITY LIMITS? 1 1 1 1 1 NO
st.	FUNERAL	3610 Rosedale	RD	101. ZII	1215		OF WHAT COUNTRY?
MARYLAND 21215-0020 retained by the hospital or attending physician. 5 should be detached for use as the burial-transit notified at once.	B≺	11. MARITAL STATUS 1 Never Married 2X Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☒ NO IF YES, GIVE WAR OR DATES	If yes, specif	DENT OF HISPANIC ORIGIN y Cuben, Mexican, Puerto F NO Specify:	? (Specify Yee or No- 14.	RACE — American Indian, Black, White, etc. Specify: BLACK
or attend	ETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)	completed) (Give kin	NT'S USUAL OCCUPATION of of work done during most of OT use retired.)	f working 16b.	KIND OF BUSINESS/INDUST	TRY
MARYLAND 21 retained by the hospital or 5 should be detached for u	COMPL	6th grade	Conlege (1-4 or 5+)	se/Caterer			
YLAN by the hos be detach at once.	- 1	17. FATHER'S NAME (Firs), Middle, Last) William Cox		16	B. MOTHER'S NAME (First, A	•	
MARY retained b 5 should notified) BE	190. INFORMANT'S NAME (Type/Print)	19b. MAI	LING ADDRESS (Street and I	Demie Ba	RKET oer, City or Town, State, Zip Coo	de)
E, My be ret	10	Kathleen Hals	sey 3610	O Rosedale	e Rd. Balt	o., Md 21	215
ORE 6 may ctor, pi		20a, METHOD OF DISPOSITION 1	20b. PLACE AND O cemetery, cremetory	ATEOFDISPOSITION (Name of or other plece) The Star Ce	emetery 2/6		
ALTIMOR death. Page 6 ma e tuneral director, p. I. examiner must	Ì	21. SIGNATURE OF FUNERAL SERVICE-LICE	Weste.	22. NAME AND A	ADDRESS OF FACILITY		ore, Md
		· // 900	Belli			n Communi Ne. Balto	ty F/H o. Md 21217
in b		23. PART I. Entar the diseeses, or conshock, or heart failure. L	omplications that caused the death. Let only one cause on each line.	Do not antar tha moda	of dying, auch as card	lac or reapiratory arrest	, Approximata
ety fille nation,		iMMEDIATE CAUSE (Final disease or condition resulting in death)	RESPITATORY DUE TO FOR AS A CONSEQUENCE	Arrest	Myoca	deal In	
OX 68760, e.e. be executed with sician and complet mior to burial, crer traumatic event	TION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A CONSEQUENCE	E OF):			
phy phy	RTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury that Inflieted events resulting in death) LAST	DUE TO (OR AS A CONSEQUENC	E OF):			
S, P death atten ental h	CE	d					
OR that the that the that the that the that the that the that the that the thete that the the thete that the thete that the thete that the thete that the the thete that the thete that the thete that the thete that the the thete that the thete that the thete that the thete that the the thete that the thete that the thete that the thete that the the thete that the thete that the thete that the thete that the the thete that the thete the the the the the the the	EDICAL	End Stay	contributing to death but not result	ng in the underlying ca	ause given in Part I.	24a. WAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
>	≥	DID TOBACCO USE CONTR	IBUTE TO CAUSE OF DEATH	YES 🖸 NO 🗆	UNCERTAIN 🕱		1 - YES 2 - NO
TAL The la te has ste Deg	HYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		DEATH (Check only one) OTHER:	OTTOERINATE EX		
o the	HYS	1 YES 2 7. MANNER OF DEATH	28a. DATE OF INJURY 28b.		Rasidence 8 Other	(Specify) CRIBE HOW INJURY OCCUR!	ED.
	ВУ Р	1 Pending 2 Accident Free Investigation	(Month, Day, Year)	INJURY WORK?	2 NO	Chibe Now AROUN OCCUR	
TISIC NTTENDI CTOR: A after di 28 is	ETED	3 Suicide 6 Could not be 4 Homicide determined	28a. PLACE OF INJURY — At homa, ta building, stc. (Specify)	rm, street, tectory, office	281, LOCA City o	ATION (Street and Number or For Town, State)	lural Route Number,
= 28 TA	COMPL	2 MEDICAL EXAMINER	IAN: To the best of my knowledge, death oc : On the basis of examination and/or investi		1		puse(e) and menner se stated.
THE PER IMPORTANT	TO BE	Marie Bours	quot, M.D.	Barre A	s. License number 5240 <i>3</i> 321 M	8981Z ► 12	GNED (Month, Day, Year)
		30. NAME AND ADDRESS OF PERSON WHO	80 B 2720	Type, P/AN	Hey tot	212	08
		DEC U 5 1994	3 SEGITEVE. SIGNATALE			194	

La s TIMORE, MARYLAND 21215-0020 ROX 68760

C DIVISION OF VITAL RECORDS

	box	S	
	be /	age	
	Ha	or. p	
2	9 9	recti	
	Page	a di	
i	ath.	Iner	
	r de	he fi	100
	afte	9	JOE M
	SUL	=	e re
١	ğ	lied	n, o
	ě.	aly 1	latio
2	with	plet	Cren
	ted	COL	69
Ś	хесп	and	Ď
	pe e	lan.	or to
1	ate	ysic	pr.
	rtific	d b	iene
	e Ce	ndin	£
	leat	atte	ma
,	the c	the	Me
	hat	5	and
	es t	gne	alth
í	quir	in Si	Ĭ,
	W re	pee	H. O
	e la	has	8
	E	cate	tate
•	SIAN	il.	he
	NS.	S Ce	ill t
	PH.	F	¥
,	DING	Afte	deat
	TEN	OR:	ther
	AT AT	EG	IS a
	90	ä	100
)TA	RA	22
	HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 25 hours after death. Page 6 may be r	FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5	within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
	-50	16.	

COMPLET once. notified at pe must medical examiner the or other traumatic event, CERTIFICATION Injury, PHYSICIAN: MEDICAL 23 shows any item 10

Pages 1, 2, 3 should

permit.

burial-transit

stained by the hospital or attending physician, should be detached for use as the burial-tran

page 5 should be detached for

is marked,

Item 28

HTANT: If

BY

COMPLETED

27. MANNER OF DEATH

Accident

Sulcida

Natural

4 Homicide

DIRECTOR

FUNERAL

ВY

ED

BE

9

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH 3. TIME OF DEATH Mary E. Lokey Dec 4. 1994 2:00 a. 4. SOCIAL SECURITY NUMBER 6. AGE (In vrs. lest birthday) 7. DATE OF BIRTH (Month, Day, Year)
Oct 19, IF UNDER 1 YEAR | IF UNDER 24 HRS. 6. BIRTHPLACE (State or Foreign 213-10-2620 1 M 2 TF 78 DAYS HOURS YRS 1916 Md 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH 2601 Gillis Falls Road Woodbine Carroll RESIDENCE OF DECEDENT 10a. STATE 10h COUNT 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY Baltimore 1 YES 2 NO 10e. STREET AND NUMBER 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 37 Nunnery Lane 21228 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 22 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No- RACE — American Indian, Black, White, etc. 1 Never Married 2 Married If yes, specify Cuben, Mexicen, Puerto Rican, etc.) 1 YES 2 NO Specify: Specify: 3 Wildowed 4 XXDivorced white 15. DECEDENT'S EDUCATION (Specify only highest grade complete 18a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Elementery/Secondary (0-12) College (1-4 or 5+) 12 Bookeeper/Secretary Hotel Business 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First Middle Meiden Surname Richard N. Foltz. Elizabeth Ann Thomas 19a, INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Richard Lokey Gillis Falls Road, Woodbine, Md. 20a. METHOD OF DISPOSITION
1 ☆ Burlal 2 □ Cremation 3 □ Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State Meadowridge Memorial Park 12/6 Donation 5 Other (Specify) Baltimore, Md. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Sterling Ashton Funeral Home 736 Edmondson Avenue, Balto, Md. 21228 23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, Approximate shock, or heart fallure. List only one cause on each line. Interval Between IMMEDIATE CAUSE (Final Onset and Death disease or condition mees resulting in death) DUE TO OR AS A CONSEQUENCE OF not Mexa Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disesse or injury DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in death) LAST PART ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a, WAS AN AUTOPSY 24b. WERF AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE DF DEATH? PERFORMED? 1 YES 2 NO I YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES IN NO 🔀 UNCERTAIN 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 YES 2 NO 1 Inpetient 2 ER/Outpatient 3 DOA 4 ☐ Nuraing Home 5 Realdence 8 ☐ Other (Specify)

CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(a) and menner ea stated. (Check only one) of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Morgh, Day, Year) 02435

28c. INJURY AT WORK?

1 YES

28d DESCRIBE HOW INJURY OCCURED

281. LOCATION (Street and Number or Rural Route Number, City or Town, State)

28b. TIME OF

28s. PLACE OF INJURY — At home, term, street, factory, office building, etc. (Specify)

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

28a. DATE OF INJURY (Month, Day, Year)

Jalia Mariner la

Investigation

datarmined

S Could not be

4	۰
68760	
0	
(0)	
\equiv	
100	
∞	
0	
_	
×	
BOX	
O	
=	
<u> </u>	
~	
O.	
-	
P.0	
85	
Ś	
-	
m	
Mar.	
Ο.	
RECORDS	
O.	
111	
ш	
00	
-	
_	
=	
Q.	
\vdash	
ITAL B	
-	
OF VI	
_	
O	
_	
-	
<u>_</u>	
\cap	
$\mathbf{\mathcal{C}}$	
40	
U)	
>	
\rightarrow	
\cap	
_	

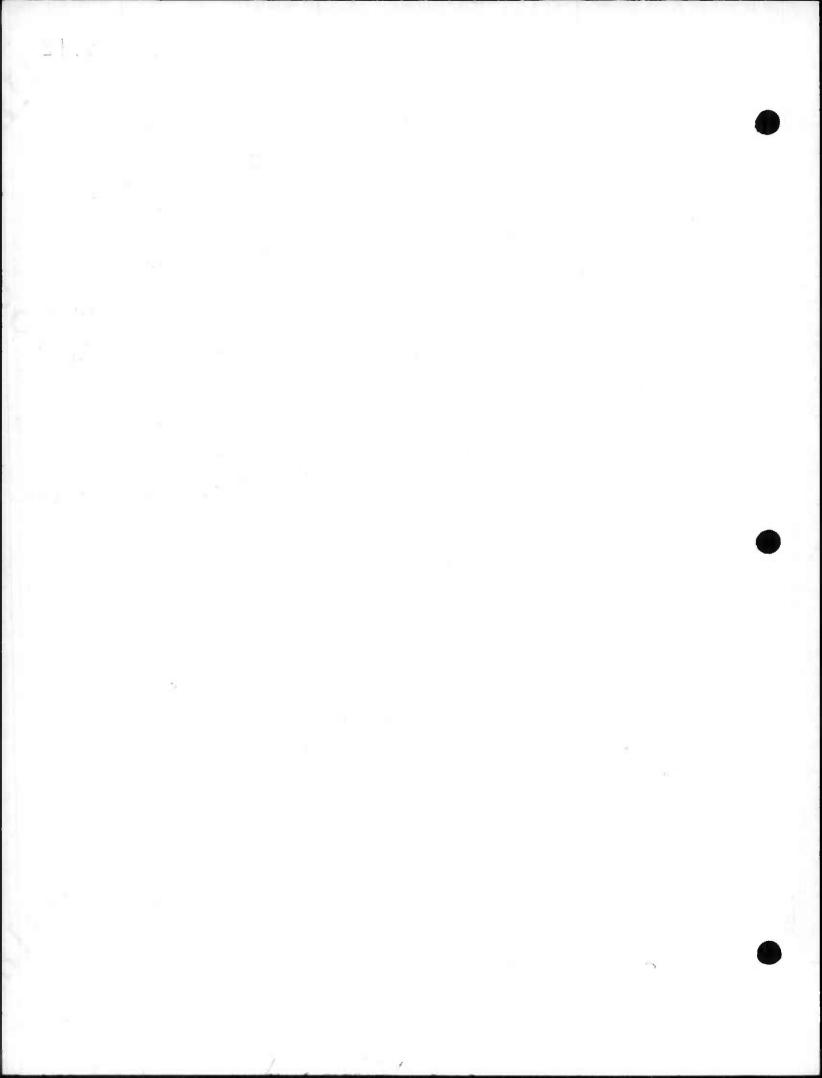
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a fire death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
CERTIFICATE OF DEATH	REG. NO.

	1 - STATE STATE REGISTRAR	OF MARYLAND / DEPART	MENT OF HEALTH AND CATE OF DEATH	MENTAL HYGIENE REG. NO.	
1	1. DECEDENT'S NAME (First, Middle, Last) CECELLA ME	Lubai	wski	2. DATE OF DEATH MONTH DAY VOV. 70 199	YEAR GOOP M
	4. SOCIAL SECURITY NUMBER 5. SEX 1 - M 2 8	F 93 YRS. M	FUNDER T YEAR FUNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) DEC_27 1900	BIRTHPLACE (State or Foreign Country) MARY LAND
тов	9è. FACILITY NAME (If not institution, give street and numb	7555	Dandalk	BA I	T' MORE
- DIRECTOR			TOWN OR LOCATION		10d. INSIDE CITY LIMITS? 1 ☐ YES 2 ∰ NO
FUNERAL	100. STREET AND NUMBER West Aield Road 11. MARITAL STATUS 12. WAS DEI	2555 CEDENT EVER IN U.S. ARMED	21222 13 MAS DECEMBENT OF HISPA	Cl.	S. A.
BY	3 Widowed 4 Divorced	7 1 YES 2 NO	It yes, specify Cuban, Mexico	in, Puerto Rican, etc.)	14. RACE — American Indian, Black, White, atc. Specify: White
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4)	Iffe Do NOT use	rk done during most of working	16b. KIND OF BUSINESS/INDU	STRY F. T.
		Niove	18. MOTHER'S N	AME (First, Middle, Maiden Surname)	- IACIORY
TO BE		19b. MAILING A	DDRESS (Street end Number or Rural	Route Number, City or Town, State, Zip (Code)
	20a. METHOD OF DISPOSITION 1 Burlel 2 Cremetton 3 Removal from Sta	20b. PLACE AND DATE OF		DATE 200-COCATION - C	21224 Ity or Town, State
	4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE	cemetery crematory or othe	22. NAME AND ADDRESS OF FA	Dec 3 East Pol	nt Maryland
	Mark a.	homarki	1005 DUND	Alk Ave Bal	to, Kd, 2424
	23. PART I. Enter the diseases, or complication shock, or heart failure. List only on IMMEDIATE CAUSE (Final	s that clused the death. Do not e cause on each line.	t enter the mode of dying, euc	th as cardiac or respiratory erre	et, Approximata interval Between Onset and Death
	disease or condition resulting in death)	nalvunton DE TO (OR AS A CONSEQUENCE OF):			6 mos
NOI	Sequentially list conditions, If any, leading to immediate	Dementa JE TO (OR AS A CONSEQUENCE OF):			240
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evente	- vlate defici	iency, 14/0		15 40
CERTI	resulting in death) LAST				
A	PART II. Other eignificent conditione contributi	ng to deeth but not resulting in	the underlying ceuse given in	PERFORMED?	24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE
MEDIC	DID TORACCO LICE CONTRI	THE TO CALLED OF		1 YES 2 NO	OF DEATH?
PHYSICIAN:	DID TOBACCO USE CONTRIE 25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITA		26. PLACE OF DEATH (C)		
HYSI	1 YES 2 NO 1 Inpatter 27. MANNER OF DEATH 26e. DA		OF 28c, INJURY AT	6 ☐ Other (Specify) 28d. DE\$CRIBE HOW INJURY OCCU	JRED
B	2 Accident Investigation	ACE OF INJURY — At home, ferm, stri	M t YES 2 NO	261. LOCATION (Street and Number of	r Rural Route Number,
ETED.	4 Homicide determined	liding, etc. (Specify)		City or Town, State)	
COMPLET	(Check only one) 2 MEDICAL EXAMINER: On the beautiful one) MEDICAL EXAMINER: On the beautiful one of the beautiful			to the cause(s) end menner es state time, date end place, end due to the	
BE	299 SIGNATURE AND TITLE OF CERTIFIER	d M.D.	29c. LICENSE NU	MBER 29d. DATE	SIGNED (Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETE	CAUSE OF DEATH (ITEM 27) (Type, P	rint) 157	Merritt BI	vd. Suite 17
	31. DATE FILED (Month, Day, Year) 1. DATE FILED (Month, Day, Year) 1. 32.7EC	IST RES LOCATURE	<i>D</i> a	INDAIK, Ma,	d ld dd
	INEC 0 5 1994 July 20 1000				



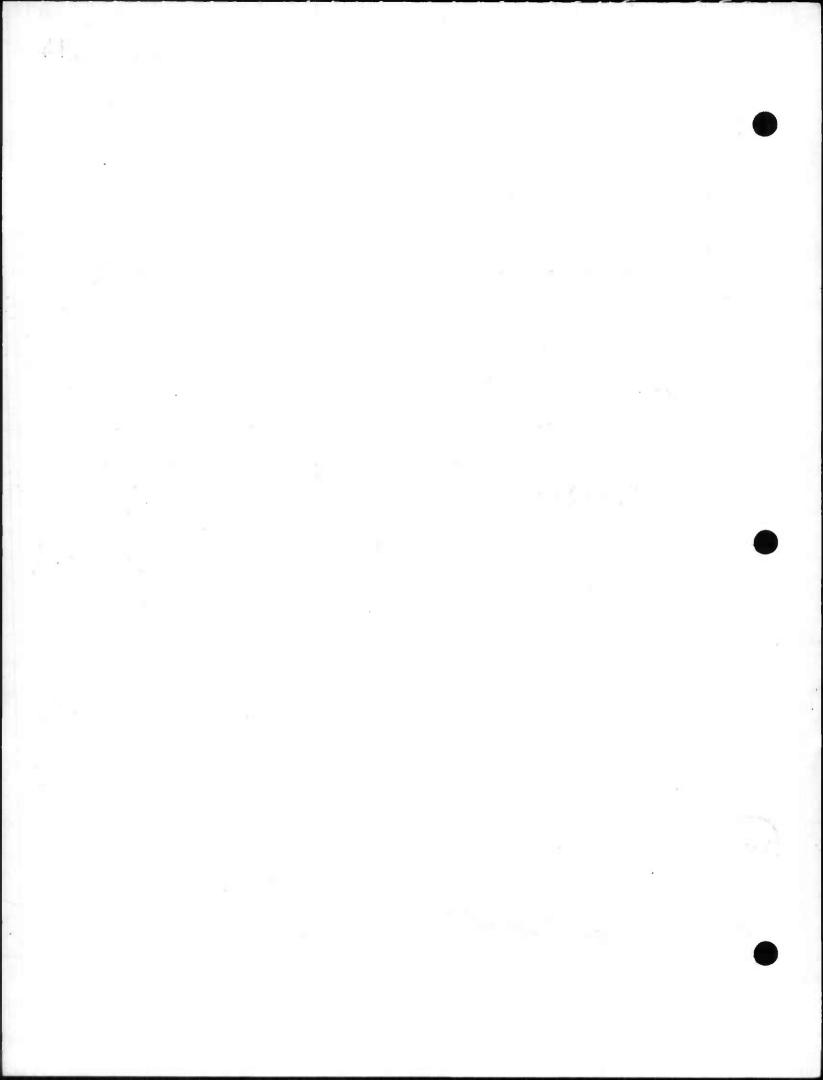
ding physician. s the burial-transit permit. Pages 1, 2, 3 should BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

?	ten	as		
l	or all	use		
ı	tai	ģ		
	osp	chec		eš.
	he h	deta		ouc
	by th	pe		a
	ped	pine		6
	etair	sho		=
-	De C	36.5		63
	Jay	pa		ē
)	9 U	ctor,		E S
	age	dire		9
	£.	eral		H.
	deal	J.	J	exa
1	ffer	the	noval	je:
	5	5	Геп	à di
	JO.	Ped	0,	Ē
	57 (ly fil	ation	€
,	vithi	olete	rem	ant,
	pa.	mo:	al, c	6
)	necut	pu	Dun'	alle
,	9	an a	r to	E
)	ite b	ysici	prio	=
	tifica	H	ene	he
	93	din	HAD	0 20
n Ph	eath	affe	Ital	7,
1	he d	the	Me	P.
	nat th	3	and	ly li
)	as th	ned	alth	3 30
	quire	n Si	He-	WO
	₩ re	pee	nt. 0	s sh
	e la	has	Dec	n 23
	Ē	cate	state	iten
	CIAN	ertific	the 5	10
	13S	IS CE	ith 1	ed,
	급	H H	# th	ark
	DIN	Affe	dea	Es
	TEN	10R.	after	28 1
	RAT	REC	urs :	E
	10	0	2 hot	He
	PITA	ERA	in 72	1
	SSH	E.	with	M
	ሦ	뽀	pa	PO
	TO THE HOSPITAL OR ATTENDING PHYSICIAM: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attent	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE REGISTRAR	STATE OF N					EALTH AND DEATH	MEN	TAL HYGIEN			
	1. DECEDENT'S NAME (First, Middle, Last) SUSAN	Lucy		1ADIS	Sue ON -	Ma	dison		ATE OF DEATH OF THE PROPERTY O	, 19	9 ⁴	3. TIME OF DEATH 6:05A M
	4. SOCIAL SECURITY NUMBER 217-42-1251	5. SEX 1	6. AGE (In yrs. la	st birthday) YRS.	IF UNDER	DAYS	HOURS MIN.	7. D. (A A P	R. 6, 19	43	a. BIRTH	PLACE (State or Foreign
0 R	9a. FACILITY NAME (If not institution, give st THE JOHNS HOI		SPITAL				IMORE C				n/a	EATH
DIRECTOR	10a. STATE 10b. COUNTY MARYLAND	n/a		10c. CIT		BALT	on IMORE					10d. INSIDE CITY LIMITS? 1 X XYES 2 NO
FUNERAL	106. STREET AND NUMBER 2874 HARFOR	D ROAD				101.	21218			10g. CI1 UNIT		VHAT COUNTRY? STATES
BY	11. MARITAL STATUS V Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 IF YES, GIVE W	YES 2 X	PIMED NO		If yes, spe	NDENT OF HISPA City, Cuban, Maxic ZV/NO Spec	an, Pua	IGIN? (Specify Yes	or No—	Black	E — American Indian, k, Whita, atc.
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12) 9 TH	CATION completed) College (1-4 or 5 +	·)	ECEDENT'S Bive kind of to b. Do NOT us ASHIE	work done se retired.)				WOOD at			UNIVERSITY
ш	17. FATHER'S NAME (First, Middle, Lest) JOHN T. MADIS	ON					18. MOTHER'S N		ANN RE	Sumame)		
TO B	19a. INFORMANT'S NAME (Type/Print) JO ANN MADIS	ON	19	2874	HAR	S (Street and FORD	ROAD,	BAI	LTIMORE	, State, Zi	YLAN	D 21318
	20a. METHOD OF DISPOSITION 1\(\) Burial 2 \(\) Cremation 3 \(\) Ramo 4 \(\) Donation 5 \(\) Other (Specify)	oval from State	20b. PLACE cometery .co				EMETERY	1			City or To	MARYLAND
	21. SIGNATURE OF FUNERAL SERVICE LIC	3lol	lane	el	W	M. C		FH	1101			AVENUE
CERTIFICATION	Sequentially list conditions,	DUE TO DUE TO DUE TO DUE TO	TENT (OR AS A CONSE (OR AS A CONSE (OR AS A CONSE	OUENCE OF	EVST PI: NJU PI: LIC/Y	IVE RY	STOTE		cardiac or respi	ratory ar	rest,	Approximate interval Between Onset and Deeth IO DAYS 10 DAYS 10 DAYS
PHYSICIAN: MEDICAL C	PART II. Other significant conditions DID TOBACCO USE CONTR						ceuse given in		PERFOR	RMED?	24b.	WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	26. Pl.A	CE OF DEAT	OTHER	only one)	5 Residence					
ву РНУ	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28a. DATE DF (Month, De	INJURY	28b. TIM		28c. INJU WOR	RY AT	v -	DESCRIBE HOW I	NJURY OC	CURED	
0.0	3 Suicide 6 Could not be determined	28a. PLACE Of building,	F INJURY — At ho atc. (Specify)	ome, tarm, a	rtreet, fact	lory, offica		28t.	OCATION (Street a City or Town, State)	and Numbe	r or Rural F	Route Number,
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC 2 MEDICAL EXAMINER) and manner as stated.
TO BE	296. SIGNATURE AND TITLE OF CERTIFIER 3 M JULY CO. 1. P. STORGE SERVICE SERVI	1D					MOIO			29d. DAT	2/2/	(Month, Day, Year) 94
	30. NAME AND ADDRESS OF PERSON WHO 600 WOUPE ST	REET,	110 700	UER	Print) BUI	4)11	19, B	JLT	MORE	ML)	
	31. DATE FILED (Month, Day, Year) 12/2064 U 5 1994	32 AEGISTA	R'S SIGNATURO	rdall								

		ERTIFICATE OF DEA		-
	1. DECEDENT'S NAME (First, Middle, Lest) Becker I- Huldred.		2. DATE OF DEATH MONTH D	AV - 1994 9. (F
	4. SOCIAL SECURITY NUMBER 218-26-9703 1 m 2 pf 87 90. FACILITY NAME (if not institution, give street end number)	YRS. MONTHS DAYS HOURS	R 24 HRS. 7. DATE OF BIRTH (Month, Day, Year)	07 8. BIRTHPLACE (State or Foreign Country) Manyland
TOR	Good Samaritan Hospital RESIDENCE OF DECEDENT	86. CITY, TOWN OR LOCAT		9c. COUNTY OF DEATH
DIRECTOR	10e. STATE 10b. COUNTY Md	10c. CITY, TOWN OR LOCATION - Baltimore		10d. INSIDE CITY LIMITS? D(₹YES 2 □ NO
FUNERAL	100. STREET AND NUMBER 926 S. Streeper St.	101. ZIP COO		10g. CITIZEN OF WHAT COUNTRY?
BY FUN	11. MARITAL STATUS 1	RMED 13. WAS DECENOENT	OF HISPANIC ORIGIN? (Specify Year, Mexicen, Puerto Ricen, etc.)	
COMPLETED	(Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+)	DECEDENT'S USUAL OCCUPATION Give kind of work done during most of work fe. Do NOT use retired.)	ing	SINESS/INDUSTRY
OMP	17. FATHER'S NAME (First, Middle, Lest)	omemaken 18. Mor	Home THER'S NAME (First, Middle, Melden	Surname)
BE	William Davis 190. INFORMANT'S NAME (Typo/Print)		atherine Ada	
5		196. MAILING ADDRESS (Street and Number 926 S. Streepe		, , . , . , . , . , . , . , . , .
	20e. METHOD OF DISPOSITION 20b. PLACE	E AND DATE OF DISPOSITION (Name of rematory or other place)	12/5 B	CATION — City or Town, State
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	22. NAME AND ADDRI Hartley 7527 Ha	ess of facility Miller Fune nLond Rd. Ba	,
RTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	ea with provence of: EQUENCE OF: Agony the	Regulatory failure	Interval Between Onset and De
AL CERTIF	that initiated events resulting in death) LAST PART II. Other algnificant conditions contributing to death but not	U	given in Part I. 24e. WAS AN PERFOI	
MEDIC			1 YES 2	000000 00000 000 00000
Z				,
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 Yes 2 V/90 Hypostlant 2 FR/Outputlant	OTHER:	DEATH (Check only one)	
PHYSIC	EXAMINER? 1 YES 2 YOU 27. MANNER OF DEATH 1 Netural 5 Pending HOSPITAL: 1 Inpetient 2 ER/Outpetient 28a. DATE OF INJURY (Month, Day, Year)	OTHER:	teeldence 8 Other (Specify) 28d. 0E\$CRIBE HOW	NJURY OCCURED
ED BY PHYSIC	EXAMINER? 1 YES 2 YOO	OTHER: 3 DOA 4 Nursing Home 5 R 28b. TIME OF NURY AT WORK?	28d. OEŞCRIBE HOW	and Number or Rural Route Number,
TED BY PHYSIC	EXAMINER? 1 YES 2 YOU 27. MANNER OF DEATH 1 Netural	3 DOA 4 Nursing Home 5 R 28b. TIME OF INJURY M 1 YES 2 nome, ferm, street, factory, office	28d. OESCRIBE HOW I 28d. OESCRIBE HOW I NO 28f. LOCATION (Street City or Town, State) e, end due to the cause(e) end me	and Number or Rural Route Number,
BE COMPLETED BY PHYSIC	EXAMINER? 1 YES 2 YOU 27. MANNER OF DEATH 1 Netural S Pending Investigation 3 Suicide 8 Could not be determined 28e. PLACE OF INJURY — At 8 building, etc. (Specify) 29e. CERTIFIER (Check only) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, or contains the contains	3 DOA 4 Nursing Home 5 R 28b. TIME OF SC. INJURY AT WORK? 1 YES 2 Tome, ferm, street, factory, office death occurred at the time, date end place or investigation, in my opinion, death occur	28d. OESCRIBE HOW I 28d. OESCRIBE HOW I NO 28f. LOCATION (Street City or Town, State) e, end due to the cause(e) end me	and Number or Rural Route Number, nner es stated. Ind due to the ceuse(e) end menner es stated.
COMPLETED BY PHYSIC	EXAMINER? 1 YES 2 YOU 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 2 Accident 3 Suicide 8 Could not be determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the beele of examinstion end/o	3 DOA 4 Nursing Home 5 R 28b. TIME OF SC. INJURY AT WORK? 1 YES 2 Dome, ferm, street, factory, office deeth occurred at the time, date end piece or investigation, in thy opinion, death occurred.	28d. OESCRIBE HOW I 28d. OESCRIBE HOW I 28d. LOCATION (Street City or Town, State) e, end due to the cause(e) end mei ured at the time, date end place, er	and Number or Rural Route Number,



DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
--	--	--

1 STATE STATE STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIF	CATE C	F DEAT	H	RE	G. NO.			,
	1. DECEDENT'S NAME (First, Middle, Last)							ATH	YEAR	3. TIME OF DEATN	
	MOLLIE N.	N. MON			2011211211			NOVEMBER 25,			
	4. SOCIAL SECURITY NUMBER 5. SEX		yrs. last birthday)	N DOWF		-	7. DATE OF BIE	TH	20		PLACE (State or Foreign
	212-05-4542 1□ № 2 欠 5		79 YRS.	MONTHS DA	rs Hours	MIN.	(Month, Day,	Year)	1.5	Countr	γ)
	9a. FACILITY NAME (If not institution, give street and number)		19	AL OUTY TO	21 22 1 22 1 22	~	ul.y 5,	19.			rginia
ec					VN OR LOCATION	OF DEAT	Н		9c. COU	INTY OF D	EATH
DIRECTOR	GREATER BALTIMORE MI	EDICA	L CENT	ER TO	DWSON				BAI	LTIM	ORE
입	10a. STATE 10b. COUNTY		10c. CITY	r, TOWN OR LO	CATION						10d, INSIDE CITY
E	Maryland			· Lorest Trans							LIMITS?
	Maryland 10e. STREET AND NUMBER			Balti							1 X YES 2 NO
Z	Section of the Control of the Contro		101. ZIP CODE				IZEN OF W	VHAT COUNTRY?			
FUNERAL	4567 Freedomway West		21213					USA			
5	11. MARITAL STATUS 12. WAS DECEDE 1 Never Married 2 Married FORCES?	NT EVER IN U	J.S. ARMED	13. WAS	DECENDENT OF	NISPANIC	ORIGIN? (Spe	cify Yea o	or No-	14. RACE	- American Indian, K, White, etc.
ВУ	1 Never Married 2 Married FORCES? 3 Wildowed 4 X Divorced FORCES?				YES 2 NO		ruerto mican,	arc.)		Speci	tv:
	→ Money → M. Director										Bl.ack
E	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	1	8a. DECEDENT'S	USUAL OCCUP	PATION most of working		16b. KINO	OF BUSI	NESS/IN	OUSTRY	
iy	Elementary/Secondary (0-12) Coffege (1-4 or 5	+)	life. Do NOT us	e retired.)			1				
A P	Hiu High School		Dome	estic			Por	ter	Sy	nes	Faily
COMPLETED	17. FATNER'S NAME (First, Middle, Last)				18. MOTNE	R'S NAME	(First, Middle,				
BE (Be	ssi	e				
	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Str	eet and Number of			or Town,	State, Zi	p Code)	
임	Lorraine Johnson Mondoweney Lorraine Mondweney				omway						ryland 21213
	200. METNOD OF DISPOSITION	20h P	LACEANDDATEC			Mes				City or To	
	1 Burial 2 X Cremation 3 Removal from State 4 Donation 5 Other (Specify)	cemete	ery, crematory or ot	her plecel		1				4.	
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	- Me	tro Cre				100729	Cato	<u>onsv</u>	11116	, Maryland
1	h . (1		22. NAM	OF O1	OF FACIL	" Nutt	er l	une	ral.	Homes, Inc
	Verson R May	Ru		B1.	Z3U1 Ra1t	imor	nns Fa e, Mar	11.1.S 'v1ar	Par	icway 2121	6
	23. PART i. Enter the diseeses, or complications th	et chueed t	he deeth. Do n		mode of dying	g, auch e	ea cerdiec o	r reapin	tory er	reat.	Approximate
	ahock, or heart fallure. List only one ca	ahock, or heart failure. List only one cause on each line.									
	iMMEDIATE CAUSE (Final disease or condition	9									Onset and Death
ŀ	disease or condition resulting in deeth) Due to (or as a consequence of):										
				,							
S	Sequentially list conditions, Due to (OR AS A CONSEQUENCE OF):										dzys
CERTIFICATION	ir any, leading to immediate):							10
3	CAUSE (Diseese or injury		cancer								months
Ë	that initiated events	OR AS A C	ONSEQUENCE OF):							
EB	d										
	PART II. Other algnificent conditions contributing to	n death but	not resulting is	n the under	ulaa ceuse ah	ron in Do	mt 04- 1		UZZZZZZ	Lan	WEET AUTO DAY 511 CO.
DICAL		o domin but	not readiting in	ii the under	ying couse giv	roll III Fa		MAS AN A		240.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
ă							_ 1 🗆	YES 2	NO		OF DEATH?
¥							_				1 YES 2 NO
z I	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO										
PHYSICIAN: M	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				S. PLACE OF DEA	TH (Check	only one)				
اق	1 ☐ YES 2 ☐ NO HOSPITAL:	☐ ER/Outpati	ent 3 DOA	OTHER:	Nome 5 - Resi	dence 8	Other (Spec	ffy)			
È	27. MANNER OF DEATH 28s. DATE O	F INJURY	28b. TIME	OF 28c	INJURY AT		8d. DEŞCRIBE		JURY OC	CURED	
	1 V Natural 5 Pending	Day, Year)	INJU		WORK?						
<u>a</u>	2 Accident Investigation 3 Suicide 8 Could and be 28s, PLACE	OF INJURY —	At home, term, a			_	8t. LOCATION	/Streat en	d Numbe	e ne Buest D	Inute Mumber
요	4 Nomicide 8 Could not be building	, etc. (Specify))	- I actory,		1 "	City or Town		o mornos	or nurer h	route Hurriger,
۱. H	294 CERTIFIED										
릴	(Check only CERTIFYING PHYSICIAN: To the best of	(Check only									
COMPLETE	one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.										
	29b. SIGNATURE AND TITLE OF CERTIFIER		/		29c. LICEN	SE NUMBE	ER		29d. DAT	E SIGNED	(Month, Day, Year)
B	Michzel P. Boyle, M	.D /	MBoy	6 MO	Du	1.14	-1		•		the said many said
임		JSE OF DEAT				011	1			_	
	Michael P. Boyle, M.D.	Gree. L	B. IL	More -	Medi.	1 0	mter	R	16 1	OVI-	MD
	21 DATE SHIED (Month Day War)					· U		K.J.	Hart.	VI -	7110
	DEL V 5 1994 jale di avair	AR'S DONATE	12								
	323										

BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the float her death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE	STATE	0F	MARYLAN

	1 - STATE REGISTRAR	SIAIE UF MI	AHTLAND / D CER	RTIF	ICATI	I UF H E OF	DEAT	AND I	MENT		ILNE					
	1. DECEDENT'S NAME (First, Middle, Last)									TE OF DEA	ATH			3. TIME OF DEA	ATH	
	TALITA G. MARTIN								NOV. 28				94	9:44	Рм	
	045 00 0040		8. AGE (In yrs. last b	irthday)	IF UNDER	DAYS				7. DATE OF BIRTH (Month, Day, Year)			8. BIRTH	PLACE (State or I		
		1 🗆 M 2 🗆 XF	23	YRS.	MONTHS	DAYS	HOURS	MIN.		t 5,		1	Mary			
HC	9a. FACILITY NAME (If not institution, give stre 504 GLEN ALLE						T IMC		EATH				9c. COUNTY OF DEATH			
5	RESIDENCE OF DECEDENT															
DIRECTOR	Maryland 106. COUNTY	Maryland 10b. COUNTY			10c. CITY, TOWN OR LOCATION Baltimore									10d, INSIDE CIT LIMITS? 1 YES 2		
AL	10e. STREET AND NUMBER		10f. ZIP CODE					tog. CITIZEN OF V					21			
EB	3711 Harlem Avenue		21229					USA								
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN U. FORCES? 1 YES : IF YES, GIVE WAR OR DATE			U.S. ARMED 13. WAS DECENDENT OF HISPAI 2 V NO 15 yes, specify Cuban, Maxica					ANIC ORIGIN? (Specify Yea or No— 14. RA					- American Ind , White, atc.	lien,	
8	15. OECEDENT'S EDUCA		16a. DECE	DENT'S	USUAL O	CCUPATIO	N .		-1	16b. KIND OF BUSINESS/INDUSTRY						
COMPLETED		(Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+)			(Give kind of work done during most of working life. Do NOT use retired.) Billing Clerk					St.	Aane	es H	ospi	tal		
NO.	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S NAME (First, M										
	Randall Martin							is 0			raideri de	striaine)				
BE	19a. INFORMANT'S NAME (Type/Print)		19b, I	MAILING	ADDRESS	S (Street a		_		imber, City	or Town,	State, Zip	Code)	_		
٩	Nathan Terry									Md.						
	20e. METHOD OF DISPOSITION 1 X Burlel 2 Cremation 3 Remov. 4 Donation 5 Other (Specify)	al from State (20b. PLACE AND COMMENT OF THE PARTY LAIN	DDATE	OF DISPOS	SITION /Na	me of		DA	ATE 2	Oc. LOCA	ATION —	City or To	wn, Stata		
	21. SIGNATURE OF FUNERAL SERVICE LICE!	NSEE	Mary	ı Na					12/2			l Md.	Lione	s Inc.		
	* Verson 1	PRA	Pos							Balt				s lic.		
	23. PART i. Enter the diseases, or co	mplications that	caused the deat	h. Do r	not enter	the mo	de ot dyl	ng, suc	h aa ca	ardiac or	respira	itory arr	eat,	Approxin	nata	
	shock, or heart failure. List only one ceuse on each line. Interval Between Onset and Death Interval Between Onset and Death Due To (or As A CONSEQUENCE OF):															
Ň	DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, b															
AT	if any, leeding to immediate	DUE TO (O	R AS A CONSEQUE	ENCE OF	F):											
FIC.	CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF):															
CERTIFICATION	that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST															
	d.															
SICAL	PART II. Other algorificent conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN A PERFORM 1 PART II.								ED?	O? AVAILABLE PRIOR TO COMPLETION OF CAU						
MED									DF DEATH?	NO						
ä	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN															
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTHER:															
YSI	t Å YES 2 □ NO t	☐ Inpatient 2 ☐ E	R/Outpatient 3 🗆	DOA	OTHER	sing Home	5XX	aldenca	6 🗆 Ot	her (Specifi	y)				1	
H	27. MANNER OF DEATH	28a. DATE OF IN (Month, Day,	IJURY 2 Year)	Sb. TIM	E OF URY	28c. INJI WO		/	28d. D	ESCRIBE I				-		
B	2 Accident Investigation 11 28 94 214012 M 1 YES															
	3 Suicide 6 Could not be datarminad 28e. PLACE OF INJURY — At home, tarm, street, factory, offica bullding, etc. (Specify)							281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 504 (Lieu Allen PO BANTHON								
٦	29a. CERTIFIER										110010					
COMPLETED	(Check only one) 2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, data and due to the cause(a) and manner as stated. MEDICAL EXAMINER: On this basis of axamination and/or investigation, in my opinion, death occurred at the time, data and place, and due to this cause(a) and manner as stated.										Stated.					
w II	29c. LICI						ENSE NUMBER 29d. DATE SIGNED (M									
0	Mount the your					O.C.M.E				E. NOV., 29				9/94		
임	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 111 Penn Street, Baltimore, Maryland 21201															
	31. DATE FILED (Month, Day, Year)	32 REGISTRAR									,				-	
	DEC U 5 1994 Jul	de an annual state.	- mount													

interval Batween **Onset and Death**

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 Is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. nours after death. Page 6 may be retained by the hospital or attending physician. TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within

BALTIMORE, MARYLAND 21215-0020

DIRECTOR
BY FUNERAL
APLETED
TO BE CON

Item # 20 B Film # 0	G 718 12 <u>–</u> 05	-94 N.A.	Per F	unera	al Ho	m e						
FOR 1 - STATE REGISTRAR	STATE OF N		DEPAR					MENTAL	HYGIEN			
1. DECEDENT'S NAME (First, Middle, Last)						DLA		2. DATE (OF DEATH	<i>)</i> .	1.	3. TIME OF DEATH
DARVI	NIDIT							MONTH		DAY	YEAR	
DARYL MC 4. SOCIAL SECURITY NUMBER	NEIL 5. SEX	6. AGE (In yrs. Is	and historians	IF UNDER		T I I I I I I			0V.28	199		6:54 A
				MONTHS	DAYS	HOURS	MIN.	7. DATE ((Month,	Day, Year)		8. BIRTHPI Country)	LACE (State or Foreign
217-98-1178	1√X M 2 □ F	24	YRS.					Sept	10,	1970	Ma	ryland
9a. FACILITY NAME (If not institution, give s	treet and number)			9b. CITY	, TOWN	OR LOCATI	ON OF D	EATH		9c. COU	NTY OF DEA	ATH
SINAT HOSPITAL	E.R.			BA	LTI	MORE	3					
10a. STATE 10b. COUNTY	r		10c. CIT	Y, TOWN	OR LOCA	ION					1	Od. INSIDE CITY
Maryland				Ba1	timo	re					,	LIMITS?
10e. STREET AND NUMBER						. ZIP COD	E			10g. CIT		AT COUNTRY?
4447 Pall Mall Ro	ad					212	15				USA	
11. MARITAL STATUS	12. WAS DECEDEN FORCES? 1	T_EVER IN U.S. A	RMED	13.	WAS DEC			VIC ORIGINA	(Specify Ye			- American Indien.
1 Never Married 2 Merried	FORCES? 1 IF YES, GIVE W	X YES 2	NO		If yea, sp	ecity Cuba	n, Mexico	n, Puerlo R	Ican, etc.)		Black, 1	White, etc.
3 Widowed 4 Divorced	IF YES, GIVE W	MN ON DATES			1 YES	2 NO	Specif	у:			Specify:	_
15. DECEDENT'S EDU	CATION	18a, D	ECEDENT'S	USUAL O	CCUPATH	ON		16h	KIND OF BU	ISINESS /INI	DIJETRY	Bl.ack
(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5 s		Give kind of vie. Do NOT us	vork done	during mo	st of working	ng	100.	KIND OF BO	3114E33/114	JOSTAT	
High School	Oollege (1-4 01 3 4	'		T Inc. on	1 -							
17. FATHER'S NAME (First, Middle, Last)				une	mplc	_	HED'C NA	AAF (5:=1 14	iddle, Maiden	0	·	
								, ,				
Cleveland McNeil, 19a. INFORMANT'S NAME (Type/Print)	Sr.								orse			
								Route Numbe	or, City or Tow	vn, State, Zij	Code)	
Cleveland McNeil,	Sr.		2427	Ca11	OW P	venu	e	Ba1	timo	ce, M	aryla	nd 21217
20a. METHOD OF DISPOSITION 1 D Burlel 2 □ Cremation 3 □ Remo	oval from State		AND DATE O			me of		OATE	20c. LC	CATION -	City or Town	n, State
4 Donetion 5 Other (Specify)		Loun		on P	ark	Сеще	terv	Dec.		Ltimo	re, M	aryland
21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE			22.	NAME A	O ADDRE	SS OF FA	CILITY NI	tter	Fune	ral H	omes, Inc
· sevin) Park	er			201	Gwyn	ns f	alls rylar	Parkv	vay 1216	101	omes, inc
23. PART i. Entar tha diseasea, or o	omplications tha	t caused tha d	eath. Do n	ot antar	the mo	da of dy	ing, auc	h aa cardi	ac or resp	iratory an	rest,	Approximata
ahock, or haart failure.	List only one cau	se on each lin	a.									interval Batwe
iMMEDIATE CAUSE (Final disease or condition	Mich	+IN T	CUN	OLLA	-	11100		_				Onset and Dea
reaulting in death)	a. NUL	TIPLE OR AS A CONSE	CIVIN	SHO		WOV	WIL	2				
	DOE 10	(OH AS A CONSE	OUENCE OF	-):								
Sequentially list conditions,	b											
if any, leading to immediate	OUE TO	(OR AS A CONSE	OUENCE OF	7:								
CAUSE (Disease or injury	C											
that initiated events	OUE TO	(OR AS A CONSE	OUENCE OF	·):								
reaulting in death) LAST	d											
DADT II Other electricant and the		actions are										
PART ii. Other significant condition	a contributing to	death but not	resulting i	n tha un	dariyin	cause o	given in	Part i.	24a. WAS AN PERFOI		24b, W	TERE AUTOPSY FINDING
								[YES :		0	OMPLETION OF CAUSE F DEATH?
												RES 2 NO
DID TOBACCO USE CONTI	RIBUTE TO CA	USE OF DEA	ATH YE	S 🗆 I	NO F	UNC	ERTAI	<u>, </u>				7
25. WAS CASE REFERRED TO MEDICAL			CE OF DEAT	_		. 5.10						
EXAMINER? 1 TYPES 2 NO	HOSPITAL:	VFR/Outpatient	3 🗆 004	OTHER			ald-na	a 🗆 ou	10			
		Vincenhaman		→ □ mun	and Low	a o □ Ne	PICEUCE	a 🗌 Other	(Specify)			

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

27. MANNER OF DEATH

Could not be

2 Acciden

3 Sulcide

COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION BALTIMORE 29e. CERTIFIER To the best of my knowledge, death occurred at the time, date end place, end due to the cause(a) and manner as stated. examination and/or investigation, in my opinion, death occured at the time, date end place, and due SIGNAPURE AND TITLE OF GER 29c. LICENSE NUMBER **BE** 29d. DATE SIGNEO (Month, Day, Year) OCME NOV.28, 1994 2 PLETED CAUSE OF DEATH (ITEM 27) (Type, Print) MARIO 111 Penn Street, Baltimore, 31. OATE FILEO (Month, Day, Year)
DEC 0 5 1994 32. REGISTRAR SOIGNATUR

28e. PLACE OF INJURY - At home, farm, street, factory, office

28b. TIME OF

0615 1

28d. DESCRIBE HOW INJURY OCCURED

SHOT

SUBJEC

28c. INJURY AT WORK?

28a. DATE OF INJURY

MD

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE OF MARY	LAND / DEPART	MENT OF HE		IENTAL HYGIEN	E		
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH	V. 1	3. TIME OF DEATH	
	Ila N. Morgan				December 2,		6:45pm M	
	4. SOCIAL SECURITY NUMBER 5. SEX 8. AC		IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year) 8. BIRTHPLACE (State or Foreign Country)			
	577-09-9209 1 □ M 2 🏋 F	85 YRS.	ONTHS DAYS	HOURS MIN.	November 14			
	9a, FACILITY NAME (If not institution, give street and number)		96. CITY, TOWN OR	LOCATION OF DEA	ATH	9c. COUNTY OF DEATH		
DIRECTOR	Catonsville Convelescent Ce	nter	Cato	onsville		Balt	imore County	
딥	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY	10c. CITY.	TOWN OR LOCATIO	IN .			10d. INSIDE CITY	
HO	Maryland		ple Hill			LIMITS?		
	10e. STREET AND NUMBER	1 1611		LIP CODE		10g. CITIZEN OF WHAT COU		
FUNERAL	4513 Deer Park Drive			20748		U.S.A.		
S	11. MARITAL STATUS 12. WAS DECEDENT EVE		13. WAS DECEN	DENT OF HISPANI	C ORIGIN? (Specify Yea	or No.— 14. RA	CF — American Indian	
BY F	1 Never Married 2 Married FORCES? 1 YE IF YES, GIVE WAR OF			Ify Cuban, Mexican, (X) NO Specify:	, Puarlo Rican, etc.)		ick, White, atc.	
					-		White	
E	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	(Give kind of wo	SUAL OCCUPATION rk done during most retired.)	of working	16b. KIND OF BUS	INESS/INDUSTRY		
7	Elementary/Secondary (0-12) College (1-4 or 5+)					D	12.7.	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)	поше	maker	18 MOTHED'S NAM	IE (First, Middle, Maiden		stic	
	Edwin Peter Nelson							
	10. INCODMANT'S NAME (Kno/Brief)							
유	Mrs. Susan Rexford				ltimore, N			
	20a. METHOD OF DISPOSITION	206. PLACE AND DATE OF	DISPOSITION (Name	e of		CATION — City or		
	1 N Burial 2 Cremation 3 Ramoval from Stata 4 Donation 5 Other (Specify)	cemetery, crematory or other Cedar Hill	Cemeter	y 1:	2/5/94 Su	itland,	MD	
1	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	//		ADDRESS OF FACI	ILITY			
	MINN of Ward	d	HAIGH	IT FUNER	AL HOME (E	2.0. Box	195)	
	23. PART i. Enter the diseases, or complications that cause	sad the death. Do no	t antar tha mode	of dying, such	MD 21784 (ratory arrest.	Approximate	
	ahock, or haart fallure. List only one cause or	aach lina.				•	intarval Batween Onset and Daath	
	disease Dr condition resulting in death)	Munici	W. Ol	nlas	chia-		1 day	
	DUE TO (DR A	S A CONSEQUENCE OF):	_	2				
Z	immediate cause (Final disease or condition resulting in death) Sequentially list conditions, If any, leading to immediate	Umary a	avery	· Dose	as		1078	
CERTIFICATION	if any, leading to immediata	S A CONSEQUENCE OF):						
S	CAUSE (Disease or injury	S A CONSEQUENCE OF:						
Ē	that initiated events resulting in death) LAST	,.					j	
CE	d							
AL.	PART II. Other eignificant conditions contributing to death	but not reaulting in	the underlying	causa givan in P	Part I. 24a. WAS AN		Ib. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	
음	Dementa				1 _ YES 2	NO	COMPLETION OF CAUSE OF DEATH?	
ME							1 🗌 YES 2 🗌 NO	
ä	DID TOBACCO USE CONTRIBUTE TO CAUSE			UNCERTAIN				
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:	26. PLACE OF DEATH	(Check only one) OTHER:					
×	1 ☐ YES 2 ☐ NO	utpatient 3 DOA D	Nursing Home	5 Residence 6				
	1, Natural 5 Pending (Month, Day, Yea	r) 200. TIME.	Y WORK		26d. DESCRIBE HOW IN	IJURY OCCURED		
B	2 Accident Investigation 3 Suicide & Could not be 26e. PLACE DF INJU	IRY — At home, ferm, str		_	281. LOCATION (Street e	nd Number or Rum	I Boute Number	
	4 Homicide detarmined building, atc. (S	pecify)	,,		City or Town, State)	nd rumbar or nore	Trodio (tumber,	
COMPLETED	29e. CERTIFIER (Check only Check only Inc.)	awladas daeth assumed	et the time state of	4 - 1	- 40			
MP	(Check only one) 2 MEDICAL EXAMINER: On the basis of axamina						(a) and manner se stated	
- 11	29b, SIGNATURE AND TITLE OF CERTIFIER	The state of the state of		29c. LICENSE NUME				
8	1	PEUM.	Az.	7204		► /L/L	D (Month, Day, Year)	
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF	DEATH (ITEM 27) (Type P	rint)	V-Jor	ľ	/ 4		
	M PFHM AN.	MD	*					
H	31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SI	GNATURE						
	DEC 05 1994 John Souchen Ro	2 11						
		-				_		

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

Leglerement

FOR

1 - STATE
REGISTRAD

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR	CERTIFIC	CATE C	F DEATH	REG. NO.					
	1. DECEDENT'S NAME (First, Middle, Lest) Ann M. Nu	nn			2. DATE OF DEATH DATE OF 11 - 21 -		YEAR 3. TIME OF OEATH			
	227-30-1953 1 □ M 2½ F		IF UNDER 1 YEA		7. DATE OF BIRTH (Month, Day, Year) 10-7-19	19	a BIRTHPLACE (State or Foreign Country) Virginia			
OR	90. FACILITY NAME (If not institution, give street and number) 3508 Chestnut Avenue		9b. CITY, TOWN OR LOCATION OF DEATH Baltimore 9c. COUNTY OF 1							
5	RESIDENCE OF DECEDENT									
L DIRECTOR	Maryland 106. COUNTY		Ba	10d. INSIDE CITY LIMITS? 1 YES 2 NO						
FUNERAL	3508 Chestnut A			10f. ZIP CODE 21	211	2.11 109. CITIZEN OF WH. USA				
BY	11. MARITAL STATUS 1 Never Merried 2 Merried 3X Wildowed 4 Divorced 12. WAS DECEDENT EVER IN U FORCES? 1 YES IF YES, GIVE WAR OR DATE	2 2 NO	ANMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No— If yee, specify Cuben, Mexicen, Puarto Ricen, atc.) 1 Yes 2 NO Specify: Specify:							
	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	8. DECEDENT'S U	SUAL OCCUP	TION	16b. KIND OF BUS	SINESS/IND	USTRY			
COMPLETED	Elementary/Secondary (0-12) College (1-4 or 5+)	(Give kind of wo life. Do NOT use Produ		n Worker	C	otto	n Mill			
9	17. FATHER'S NAME (First, Middle, Last)			16. MOTHER'S NA	ME (First, Middle, Maiden	Surname)				
0	Unknown				Unknown	,				
H	19e. INFORMANT'S NAME (Type/Print)	19b. MAJLING A	DDRESS (Stre	et and Number or Burel F	Toute Number, City or Town	n State Zin	Corde			
2	Alvin E. Martin	350)8 Ch	estnut A	venue B	alto	.,MD 21211			
	4 Donation 6 Other (Specify)	LACE AND DATE OF PLY STEMPETORY OF 1the AKE VIE	ew Me	morial	11/23 Syl	kesv.	ille, MD			
	21. SIGNATURE OF BONERAL SERVICE LICENSEE	to			ss Funer					
-1	Scarce Africa Cargo	mu	36	31 Falls	Road Ba.	Ito.	,MD 21211			
	23. PART I. Entar tha diseases, or complications that caused it ahock, or heart feliura. List only one ceuse on each immediate CAUSE (Pinel disease or condition rasulting in death) Due to (or AS A Ci	ouz	t enter tha	mode of dying, suct	n aa cardiec or reapi	ratory sme	Approximata interval Between Onsat and Death			
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): d.									
اب	PART II. Other significant conditions contributing to deeth but	not resulting in	the underly	ing ceuse given in	Part I. 24a. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS			
MEDICAL			or resulting in the underlying couse given in Fait i.				AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
	DID TOBACCO USE CONTRIBUTE TO CAUSE OF	DEATH YES	M NO	☐ UNCERTAIN	1 🗆					
8 1	EM 4 AUGUSTON	PLACE OF DEATH		ne)						
)s	1 YES 2 NO HOSPITAL: 1 Inpetient 2 ER/Outpetk		OTHER:	ome & Reeldence	6 Other (Specify)					
BY PHYSICIAN:	27. MANNER OF DEATH 1 Netural 5 Pending (Month, Day, Year) 2 Accident	26b. TIME INJUI	RY .	INJURY AT WORK?	26d. DESCRIBE HOW II	NJURY OCC	URED			
100	2 Accident Investigation 3 Suicida 6 Could not be determined determined	At home, term, atr	eet, factory, o	Hica	281. LOCATION (Street a City or Town, State)	nd Number (or Rural Route Number,			
COMPLETED	29a. CERTIFIER (Check only one) CERTIFYING PHYSICIAN: To the best of my knowledge one) 2 MEDICAL EXAMINER: On the basis of examination as									
H	29b. SIGNATURE AND TITLE OF CERTIFIER			29c. LICENSE NUM	BER		SIGNED (Month, Day, Year)			
٤	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH Dr. Richard L. Diamond			D230	timore,	MD 2	1/Z s/97 1211			
	31. OATE FILED (MORITE, DE 1994) DEC 0 2 1994 J. 32. REGISTRAN'S SIGNALI DEC 0 2 1994	URE								

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 55 hours after duality. Page 6 may be retained by the hospital or attending physician and completely filled in by the fundral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal

IMPORTANT: If Hem 28 is marked, or Hem 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	STATE OF MARYLAN	ND / DEPARTM	IENT OF H	EALTH AND	MENTAL HYGIEI						
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATN			TIME OF DEATH			
	CLIFFORD J.	O'SHEA				NOVEMBER 22	, 1994	EAR	0128P.	М		
	4. SOCIAL SECURITY NUMBER											
	361-10-0119 1KJ M 2 L F / 6 YRS. NOVEMBER 4, 1918 ILLIN											
æ	96. FACILITY NAME (If not institution, give street and number) KIMBROUGH ARMY HOSPITAL 90. COUNTY OF DEATH FT. MEADE ANNE ARI											
읝	RESIDENCE OF DECEDENT											
DIRECTOR	10a. STATE 10b. COUNTY				10d	INSIDE CITY						
	MARYLAND P	RINCE GEORGE		LAUREL				1 YES 2 NO				
3AL	10e. STREET AND NUMBER			ZIP CODE	IP CODE 10g. CITIZEN OF WHAT							
FUNERAL	15804 WAYNE AVENUE	12. WAS DECEDENT EVER IN U			20707		US	SA				
5	11. MARITAL STATUS 1 Never Married 2 Married	If yea, spe	city Cuben, Maxica	NIC ORIGIN? (Specify Years, Puerto Rican, etc.)	18 or No— 14.	Black, Wh						
ВУ	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DATE	:\$	1 🗌 YES	2 NO Specif	y:		Specify:	WHITE			
	15. DECEDENT'S EDUCA' (Specify only highest grade co	TION 16	Me. DECEDENT'S USU			16b. KIND OF BU	JSINESS/INDUST	TRY				
H	Elementary/Secondary (0-12)	College (1-4 or 5 +)	(Give kind of work life. Do NOT use re	done during mo. tired.)	st of working							
COMPLETED	12 Ø		ARMY			RETIRE	D CW4					
8	17. FATNER'S NAME (First, Middle, Last)					ME (First, Middle, Maide						
BE	EDWARD FISKE O' SHEA					IIA LOUISE SC						
10	19a. INFORMANT'S NAME (Type/Print) ALICE O'SHEA 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 15804 WAYNE AVENUE, LAUREL, MARYLAND 20707											
	20a. METNOD OF DISPOSITION 1 ☑ Burlal 2 ☐ Cremation 3 ☐ Remove	20b. Pl	ACE AND DATE OF D	ISPOSITION (Na	me of	DATE 20c. L	OCATION — City	or Town, S	State			
	4 Donation 5 Other (Specify)	ARL	ry, crematory or other INGTON NAT	ONAL CE	METERY	11/30 ARL	INGTON,	VIRGII	NIA			
	21. SIGNATURE OF FUNERAL SETNICE HOTE	20.0		22. NAME AN	D ADDRESS OF FA	CILITY FLECK F	UNERAL H	OME,	INC.			
	1 Class	Dutaxa		7601 S	ANDY SPRIN	IG ROAD, LAUF	REL, MARY	LAND :	20707			
	23. PART . Enter the disesses, or con ehock, or heart fellure. List	nalications that cause of the	he death. Do not	enter the mo	de of dyling, euc	h es cerdiec or resp	olratory arrest,	. [Approximats interval Betw			
	IMMEDIATE CAUSE (Finel											
	resulting in death) e.	CARDIO	PULMUNK	my 1	PRRET							
_	disease or condition resulting in death) e. CARDIOPULMONARY ARREST DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions. b. MULTISYSTEM ORGAN FAILURE											
ō	Sequentially flat conditions, if any, leading to immediate b. VIUL (15 Y 3 (EM) 010), AV PAILURE DUE TO (OR AS A CONSEQUENCE OF):											
S	cause. Enter UNDERLYING											
E	CAUSE (Disease or injury that initieted events	DUE TO (OR AS A CO	ONSEQUENCE OF):									
CERTIFICATION	resulting in death) LAST											
AL C	PART ii. Other significent conditions	contributing to deeth but	not reaulting in ti	ne underlylng	ceuse given in	Part i. 24a. WAS A	N AUTOPSY	24b. WEF	E AUTOPSY FINDI	NGS		
S		= TOACIDOSIS			-	PERFO	RMED?	AWA	LABLE PRIOR TO			
MEDIC						1 🗆 YES	Z NO	1	YES 2 NO			
-						_		' '	1 1E3 2 NO			
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				ACE OF DEATN (Ch	eck only one)				\dashv		
Sic	1 YES 2 NO	Inpetient 2 ER/Outpetie		THER: Nursing Nom	5 Residence	6 Other (Specify)						
PH	27. MANNER OF DEATN	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF		JRY AT RK?	2ad. DESCRIBE NOW	INJURY OCCUR	ED				
BY	Natural 5 Pending 2 Accident Investigation				ES 2 NO							
COMPLETED	3 Suicide 6 Could not be determined	3 Suicide 6 Could not be 26s. PLACE OF INJURY — At home, farm, street, factory, office 2af. LOCATION (Street and Number or Rural Ro.										
9	29a. CERTIFIER	Mr. To the heat of our brounts of	- 4 - 4				76 F-2-6-0			\dashv		
MP		AN: To the best of my knowled On the basis of exemination as						usels) and	manner se state	d.		
	MIL SIGNATURE AND TITLE OF TENTIFICA			1								
BE	Centre (10)	Sund			D 44	U85	29d. DATE SI					
5	30. NAME AND ADDRESS OF FEMILIAN WITO	COMPLETED CAUSE OF DEATI	1 (ITEM 27) (Type, Prin	nt)	~ 7 7	000	100	2	2,1994	-		
	31. DATE FILE CONTURS 1994	32. REGISTRARE SIGNA	RE LA						<u>,</u>			
	010 0 8 834	The state of the s	and the same									

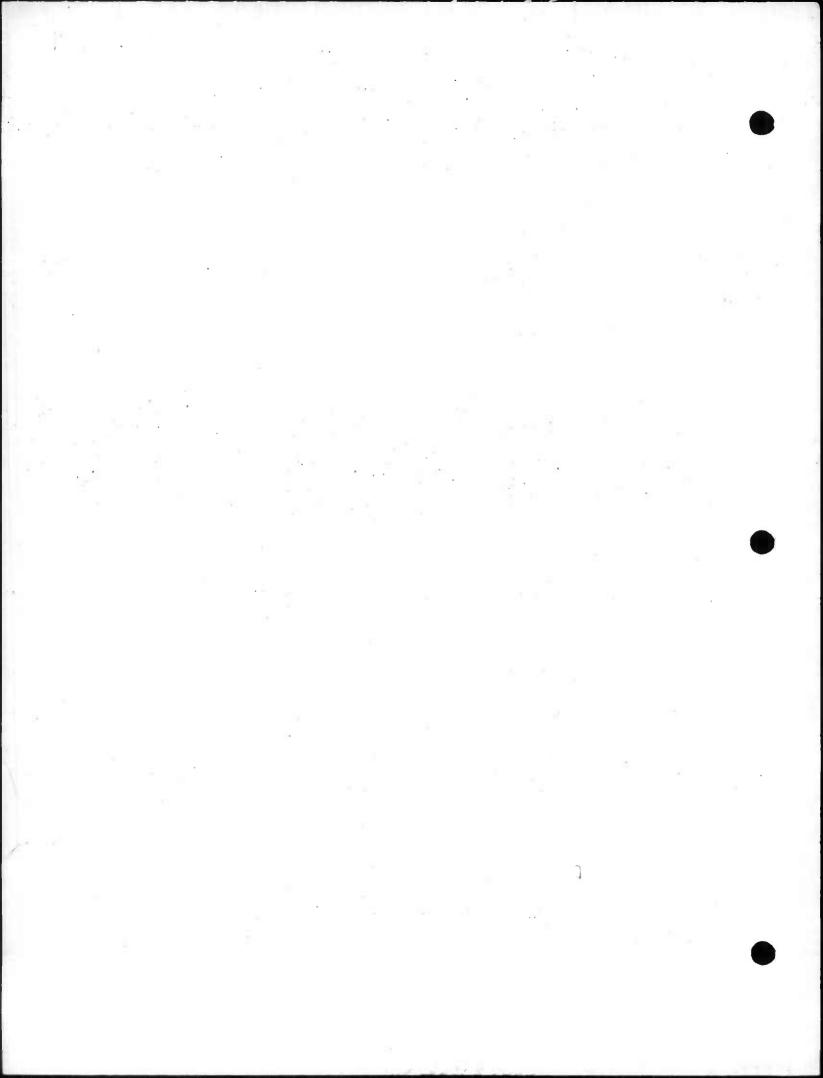
0 6 5

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with from after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlal-transit permit. Pages 1, 2, 3 should BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760

FOR 1 - STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

						IOAILO	F DEATH		REG. NO.			
	1	1. DECEOENT'S NAME (First, Middle, Last)							TE OF DEATH			3. TIME OF DEATH
		MONA J	. OLS	ΟN					MONTH DAY YEAR			
1		4. SOCIAL SECURITY NUMBER			a land blat a	ar (Manner				-18-94 1:3		
					s. last birthday)	MONTHS DAY			E OF BIRTH onth, Day, Year)	- 1	a, BIRTH	PLACE (State or Foreign y)
		468 44 4656	1 🗆 M 2 🖵 F	8	86 YRS.				-3 - 190	8	Mir	nesota
		9a. FACILITY NAME (If not institution, give a	treet and number)			9b. CITY, TOW	N OR LOCATION O	OF OEATH		9c. COUNT	TY OF D	EATH
2	5	St Mary Nursi	o Cente	r		Lanna	rdstow	· ~		C #	M = ==	0
DIRECTOR	5	RESIDENCE OF DECEDENT	ig other			цеона	LUSLUW	11		DE.	Mar	y County
l Ĕ	الأ	10a. STATE 10b. COUNT	Υ		t0c. CIT	Y, TOWN OR LO	CATION					10d. INSIDE CITY
		Maryland St	Mary		Dos							LIMITS? 1 YES 2 NO
	- 104	10e. STREET AND NUMBER	Haly		Dal	neron	tof, ZIP CODE			40 - 01717	511 05 11	VHAT COUNTRY?
FUNERAL						- 1	TOT. ZIP CODE			10g. CI11Z	EN OF W	WHAT COUNTRY?
1		St Jerome Neo	ck Road			20628					A	
15	5	11. MARITAL STATUS	12. WAS DECEDENT				ECENDENT OF H			or No-	14. RACE	- American Indian, k, Whita, atc.
		1 Never Married 2 Married	FORCES? 1 [IF YES, GIVE WA				specify Cuban, M ES 2 NO S		o Rican, etc.)		Speci	
a >	۱ ا	3 Widowed 4 Divorced			No			,,-			ороск	White
	1	15. DECEDENT'S EDU		18a	. DECEOENT'S	USUAL OCCUPA	TION	10	6b. KIND OF BUS	INESS/INOU	ISTRY	MILLE
15		(Specify only highest grade			(Give kind of v	work done during	most of working					
1 2	1	Elementary/Secondery (0-12)	College (1-4 or 5+)		Teach	er		1	Edua	catio	n	
e 2		12+	2						Dua		711	
ONCE.	3 1	17. FATHER'S NAME (First, Middle, Last)					ts. MOTHER	S NAME (First	t, Middle, Maiden	Surname)		
16 Ш	ı II	George Bayle	2				Alex	is H	olohan			
E E		19a. INFORMANT'S NAME (Type/Print)			19b. MAILINO	ADORESS (Street	et and Number or F				Code)	
10 T	- ∦	Elmer Olson			St To	romoNo	o le Dood	Dam	M	D 20	() 0	
2	-	20e. METHOD OF DISPOSITION					ckRoad					
표		t 🗆 Buriel 2 🗆 Cremetion 3 🗆 Ram	oval from Stata		CE AND DATE (OF DISPOSITION ther place)	(Nama of	0/	TE 20c. LO	CATION — C	ity or To	wn, Stata
Ē	- 1	4 🖾 Donation 5 🗆 Other (Specify)						1				
=	- 1	21. BHOMATUME OF FUNDRAL SERVICE LICENSEER OM ald Wade, Dir 22. NAME AND ADDRESS OF FACILITY State Anatomy Board										
E	- 1	1 11.01.00	11/120	troi sirem		6551	W.Balt	imara	C+ 1	2.14	~ MI	DOGIU
edicai ex	4	- funual //	vollace									021201
	disease or condition resulting in death) a.										Onset and Daath	
orgal Hygiene prior to bunal, cremation, ry, or other traumatic event, the CERTIFICATION	\$ 	Sequantially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or Injury that Initiated eventa resulting in daath) LAST	b. A OUE TO (C	OR AS A COM	NSEQUENCE OF	Aises			carley	lio		
ry, or other traum	\$ 	Sequantially list conditiona, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or Injury that initiated eventa	b. A OUE TO (C	OR AS A COM	NSEQUENCE OF	Aises			24s. WAS AN	AUTOPSY		WERE AUTOPSY FINDINGS
and Mental Hyglene prior to I Injury, or other traum CAL CERTIFICATION	\$ 	Sequantially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or Injury that Initiated eventa resulting in daath) LAST	b. A OUE TO (C	OR AS A COM	NSEQUENCE OF	Aises			24s. WAS AN PERFOR	AUTOPSY MED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE
and Mental Hyglene prior to I Injury, or other traum CAL CERTIFICATION	ESIONE OF	Sequantially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or Injury that Initiated eventa resulting in daath) LAST	b. A OUE TO (C	OR AS A COM	NSEQUENCE OF	Aises			24s. WAS AN	AUTOPSY MED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
and Mental Hyglene prior to I Injury, or other traum CAL CERTIFICATION	ESIONE OF	Sequantially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or Injury that Initiated eventa resulting in daath) LAST	b. A OUE TO (C	OR AS A COM	NSEQUENCE OF	Aises			24s. WAS AN PERFOR	AUTOPSY MED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE
or Health and Mental Hygiene prior to shows any Injury, or other traum: MEDICAL CERTIFICATION		Sequantially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST	b. A OUE TO (C	OR AS A COM	NSEQUENCE OF	Aises			24s. WAS AN PERFOR	AUTOPSY MED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
23 shows any Injury, or other traum 23 shows any Injury, or other traum AN: MEDICAL CERTIFICATION		Sequantially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated eventa resulting in death) LAST PART II. Other algnificant condition 25. WAS CASE REFERRED TO MEDICAL	b. A OUE TO (C	OR AS A COM	NSEQUENCE OF	Asses		n In Part i.	24e. WAS AN PERFOR	AUTOPSY MED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
State Deft. of Health and Mental Hyglene prior to litem 23 shows any Injury, or other traum SICIAN: MEDICAL CERTIFICATION		Sequantially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST	b. A OUE TO (C	OR AS A COM	NSEQUENCE OF	Ancerty In the underly 28. OTMER:	ing cause giva	n In Part i.	24e. WAS AN PERFOR	AUTOPSY MED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
or item 23 shows any injury, or other traum VSICIAN: MEDICAL CERTIFICATION		Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated eventa resulting in death) LAST PART il. Other algnificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	b. A OUE TO (C. OUE TO (C. d	DR AS A COM	NSEQUENCE OF	In the underly 28. OT MER: 4 Nursing M	ring cause giva	n In Part i.	24e. WAS AN PERFOR	AUTOPSY MED? NO	24b.	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
or item 23 shows any injury, or other traum VSICIAN: MEDICAL CERTIFICATION		Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated eventa resulting in death) LAST PART il. Other algnificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	b. A OUE TO (C. OUE TO	OR AS A COM Jeath but n ER/Outpetlan NJURY	NSEQUENCE OF	28. OTMER: 4 Nursing H	PLACE OF OEATI oma 5 Raside NJURY AT WORK?	n In Part i.	24e. WAS AN PERFOR	AUTOPSY MED? NO	24b.	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
or item 23 shows any injury, or other traum VSICIAN: MEDICAL CERTIFICATION		Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated eventa resulting in death) LAST PART ii. Other algnificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	b. OUE TO (c. OUE TO (OR AS A COMPANY AS	NSEQUENCE OF SEQUE	28. OTMER: 4 Muraing H E OF 28c. URY M 1	PLACE OF OEATI oma 5 Raside INJURY AT WORK?	n In Part i.	24e. WAS AN PERFOR 1 YES 2 One) her (Specify) ESCRIBE HOW II	AUTOPSY MED? NO	24b.	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
or item 23 shows any injury, or other traum VSICIAN: MEDICAL CERTIFICATION		Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART il. Other algnificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF OEATH 1 Minural 5 Pending Investigation 2 Accident 5 Could not be	b. OUE TO (C. OUE TO (OR AS A COMPANY AS	NSEQUENCE OF SEQUE	28. OTMER: 4 Muraing H E OF 28c. URY M 1	PLACE OF OEATI oma 5 Raside INJURY AT WORK?	n In Part i.	24e. WAS AN PERFOR	AUTOPSY MED? NO	24b.	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
after death with the State Dept. of Health and Mental Hypene prior to 28 is marked, or item 23 shows any Injury, or other traum TED BY PHYSICIAN: MEDICAL CERTIFICATION		Sequantially list conditiona, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or Injury that Initiated eventa resulting in death) LAST PART II. Other algnificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF OEATH 1 Majural 5 Pending Investigation	b. OUE TO (C. OUE TO (DR AS A COMPANY AS	NSEQUENCE OF SEQUE	28. OTMER: 4 Muraing H E OF 28c. URY M 1	PLACE OF OEATI oma 5 Raside INJURY AT WORK?	n In Part i.	24e. WAS AN PERFORM 1 YES 2 CONE) THE SPECIFICATION (Street as CONTINUE (Street as CONTINUE (Street as CONTINUE (Street as CONTINUE (Street as CONTINUE (Street as CONTINUE (Street as CONTINUE (Street as CONTINUE (Street as CONTINUE (Street as CONTINUE (Street as CONTINUE (Street as CONTINUE (Street as CONTINUE (STREET AS C	AUTOPSY MED? NO	24b.	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
tem 28 is marked, or item 23 shows any injury, or other traum LETED BY PHYSICIAN: MEDICAL CERTIFICATION		Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated eventa resulting in death) LAST PART ii. Other algnificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF OEATH 1 Tailral 5 Pending Investigation 3 Suicide 8 Could not be determined	b. OUE TO (C. OUE TO (DR AS A COMPANDER AS	nsequence of nsequence of nsequence of a suiting of the nsequence of the n	28. OTMER: 4 Nursing H E OF 28c. URY M 1 [street, fectory, or	PLACE OF OEATI oma 5 Raside INJURY AT WORK? YES 2 NO	n In Part i.	24e. WAS AN PERFOR 1 YES 2 Cone) Description (Specify) ESCRIBE HOW III CONTROL (Street a fly or Town, State)	AUTOPSY MED? NO NJURY OCCU	UREO	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
tem 28 is marked, or item 23 shows any injury, or other traum LETED BY PHYSICIAN: MEDICAL CERTIFICATION		Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated eventa resulting in death) LAST PART il. Other algnificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF OEATH 1 Teatural 5 Pending Investigation 3 Suicide 8 Could not be determined 29a. CERTIFIER (Check only)	b. OUE TO (C. OUE TO (DR AS A COMPANDER AS	NSEQUENCE OF SEQUE	28. OTMER: 4 Nursing H E OF 28c. URY M 1 [street, fectory, o	PLACE OF OEATI oma 5 Raelde NJURY AT WORK? YES 2 No	n In Part i.	24s. WAS AN PERFOR 1 YES 2 COTE OF TOWN, State)	AUTOPSY MED? NO NUMBER OCCUPANT OCCUP	UREO or Rural F	AWALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? t YES 2 NO
tem 28 is marked, or item 23 shows any injury, or other traum LETED BY PHYSICIAN: MEDICAL CERTIFICATION		Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated eventa resulting in death) LAST PART il. Other algnificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF OEATH 1 Traival 5 Pending Investigation 3 Suicide 8 Could not be determined 29a. CERTIFIER (Check only)	b. OUE TO (C. OUE TO (DR AS A COMPANDER AS	NSEQUENCE OF SEQUE	28. OTMER: 4 Nursing H E OF 28c. URY M 1 [street, fectory, o	PLACE OF OEATI oma 5 Raelde NJURY AT WORK? YES 2 No	n In Part i.	24s. WAS AN PERFOR 1 YES 2 COTE OF TOWN, State)	AUTOPSY MED? NO NUMBER OCCUPANT OCCUP	UREO or Rural F	AWALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? t YES 2 NO
tem 28 is marked, or item 23 shows any injury, or other traum LETED BY PHYSICIAN: MEDICAL CERTIFICATION		Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated eventa resulting in death) LAST PART il. Other algnificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF OEATH 1 Teatural 5 Pending Investigation 3 Suicide 8 Could not be determined 29a. CERTIFIER (Check only)	b. OUE TO (C. OUE TO (DR AS A COMPANDER AS	NSEQUENCE OF SEQUE	28. OTMER: 4 Nursing H E OF 28c. URY M 1 [street, fectory, o	PLACE OF OEATI oma 5 Raelde NJURY AT WORK? YES 2 No	n In Part i. 1 (Check only nce 8 0ti 28d. 0 28l. LC	24s. WAS AN PERFOR 1 YES 2 COTE OF TOWN, State)	AUTOPSY MED? NO NJURY OCCU Ind Number of the state of due to the	24b. 24b. 24b. 4ceuse(a	AWALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? t YES 2 NO
tem 28 is marked, or item 23 shows any injury, or other traum LETED BY PHYSICIAN: MEDICAL CERTIFICATION		Sequantially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST PART II. Other algnificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF OEATH 1	b. OUE TO (C. OUE TO (DR AS A COMPANDER AS	NSEQUENCE OF SEQUE	28. OTMER: 4 Nursing H E OF 28c. URY M 1 [street, fectory, o	PLACE OF OEAT) oma 5 Reside NJURY AT WORK? YES 2 NC	n In Part i. 1 (Check only nce 8 0ti 28d. 0 28l. LC	24s. WAS AN PERFOR 1 YES 2 COTE OF TOWN, State)	AUTOPSY MED? NO NJURY OCCU Ind Number of the state of due to the	24b. 24b. 24b. 4ceuse(a	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? t YES 2 NO
of within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to HTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traum E COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION		Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated eventa resulting in death) LAST PART il. Other algnificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF OEATH 1 Traivel 5 Pending Investigation 3 Suicide 8 Could not be determined 29a. CERTIFIER (Check only one) MEDICAL EXAMINITY (Check only one) MEDICAL EXAMINITY (Check only one)	b. OUE TO (C. OUE TO (DR AS A COMPANY AS	nsequence of the sequence of t	28. OTMER: 4 Nursing H E OF 28c. URY M 1 [street, fectory, o	PLACE OF OEAT) oma 5 Reside NJURY AT WORK? YES 2 NC	n In Part i. 1 (Check only nce 8 0ti 28d. 0 28l. LC	24s. WAS AN PERFOR 1 YES 2 COTE OF TOWN, State)	AUTOPSY MED? NO NJURY OCCU Ind Number of the state of due to the	24b. 24b. 24b. 4ceuse(a	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? t YES 2 NO
tem 28 is marked, or item 23 shows any injury, or other traum LETED BY PHYSICIAN: MEDICAL CERTIFICATION		Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated eventa resulting in death) LAST PART ii. Other algnificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF OEATH 1 Tailral 5 Pending Investigation 3 Suicide 8 Could not be determined 29a. CERTIFIER (Check only one) CERTIFYING PHYS (Check only one) MEDICAL EXAMINER 29b. SIGNATURE AND TITLE OF CERTIFYING PHYS (Check only one)	b. OUE TO (C. OUE TO (DR AS A COMPANY AS A COMPANY AS A COMPANY AS A COMPANY AS A COMPANY AS A COMPANY AS A CO. (Specify)	nsequence of nsequ	28. OTMER: 4 Nursing H E OF 28c. URRY M 1 [street, fectory, or	PLACE OF OEATI oma 5 Raside INJURY AT WORK? YES 2 No. Iffice and place, and to, death occurred a 29c. LICENSE	n In Part i. A (Check only nee 8 - Ott 28d. Oct 28d. Co	24s. WAS AN PERFOR 1 YES 2 COTE OF TOWN, State)	AUTOPSY MED? NO NJURY OCCU Ind Number of the state of due to the	24b. 24b. 24b. 4ceuse(a	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? t YES 2 NO
tem 28 is marked, or item 23 shows any injury, or other traum LETED BY PHYSICIAN: MEDICAL CERTIFICATION		Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated eventa resulting in death) LAST PART ii. Other algnificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF OEATH 1 Tailral 5 Pending Investigation 3 Suicide 8 Could not be determined 29a. CERTIFIER (Check only one) CERTIFYING PHYS (Check only one) MEDICAL EXAMINER 29b. SIGNATURE AND TITLE OF STILLER 30. NAME AND ADDRESS OF PERSON WY	b. OUE TO (C. OUE TO (DR AS A COMPANDER AS	nsequence of nsequ	28. OTMER: 4 Nursing H E OF 28c. URY M 1 [street, fectory, o	PLACE OF OEATI oma 5 Raside INJURY AT WORK? YES 2 No. Iffice and place, and to, death occurred a 29c. LICENSE	n In Part i. 1 (Check only nce 8 0ti 28d. 0 28l. LC	24s. WAS AN PERFOR 1 YES 2 COTE OF TOWN, State)	AUTOPSY MED? NO NJURY OCCU Ind Number of the state of due to the	24b. 24b. 24b. 4ceuse(a	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? t YES 2 NO
tem 28 is marked, or item 23 shows any injury, or other traum LETED BY PHYSICIAN: MEDICAL CERTIFICATION		Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated eventa resulting in death) LAST PART ii. Other algnificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF OEATH 1 Tailral 5 Pending Investigation 3 Suicide 8 Could not be determined 29a. CERTIFIER (Check only one) CERTIFYING PHYS (Check only one) MEDICAL EXAMINER 29b. SIGNATURE AND TITLE OF CERTIFYING PHYS (Check only one)	b. OUE TO (C. OUE TO (DR AS A COMPANY AS A COMPANY (New York) ER/Outpetten NJURY (New York) INJURY — A tc. (Specify) Ty knowledge comination ence	nsequence of nsequ	28. OTMER: 4 Nursing H E OF 28c. URY M 1 [street, fectory, o	PLACE OF OEATI oma 5 Raside INJURY AT WORK? YES 2 No. Iffice and place, and to, death occurred a 29c. LICENSE	n In Part i. A (Check only nee 8 - Ott 28d. Oct 28d. Co	24s. WAS AN PERFOR 1 YES 2 COTE OF TOWN, State)	AUTOPSY MED? NO NJURY OCCU Ind Number of the state of due to the	24b. 24b. 24b. 4ceuse(a	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? t YES 2 NO



21215-0020
MARYLAND
BALTIMORE,
BOX 68760,

DIVISION OF VITAL RECORDS, P.O.

1 - FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

REG NO

	TIEGIOTTIAN		OLITTI	1001	I L VI	DLA	, , ,	HEG	. NO.			
	1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH DO TITE TOURN											
	BRITTJOHN		IPPS					DECEMBER 1, 1994 2			2:03 P M	
	4. SOCIAL SECURITY NUMBER		. AGE (In yrs. last birthday)	IF UND	S DAYS	IF UNDER	24 HRS.	7. DATE OF BIRT (Month, Day, Y	ear)	8. BIRT	HPLACE (State or Foreign try)	
- 1	213-88-8168	XXM 2 □ F	31 YRS.	11-26-63 MD						MD		
~	9a. FACILITY NAME (If not institution, give s	Į.		OR LOCATIO		ATH	9c. C0	OUNTY OF I	DEATN			
DIRECTOR	THE JOHNS HOPKIN	B <i>F</i>	ALTIM	IORE (CITY							
S	10a. STATE 10b. COUNT	Y	10c, CiT	Y. TOWN	N OR LOCA	TION					10d. INSIDE CITY	
8	MD	Ba	alti:	more					LIMITS?			
	10e. STREET AND NUMBER			250		H. ZIP CODI			10a, C	ITIZEN OF	WHAT COUNTRY?	
EB/	1626 Delano			212	17							
FUNERAL	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED				3. WAS DEC			IC ORIGIN? (Spec	fy Yes or No-	USA s or No— 14. RACE — American Indian,		
	1 Never Married 2 Married	FORCES? 1 IF YES, GIVE WAR	YES 2 1 NO OR DATES		It yes, sp	pecify Cuba S 2 NO	n, Maxicar	n, Puerto Rican, el	c.)	Spec	ck, White, atc.	
B	3 Widowed 4 Divorced						-,,			900	Black	
ᇤ	15. DECEDENT'S EDU (Specify only highest grade		16a. DECEDENT'S (Give kind of	work don	ne durina me	ON ost of working	a	16b. KIND C	F BUSINESS/I	NDUSTRY		
9	Elementery/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT u	se retired	1.)							
COMPLETED			House	Cc	ouns				rogre		е	
	17. FATNER'S NAME (First, Middle, Last) Scott Phipps							ME (First, Middle, N)		
BE	19a. INFORMANT'S NAME (Type/Print)	-				1		na Bri				
2	TOTAL SECTION		I					loute Number, Cify	or Town, Stete, I	Zip Code)		
	Bertina Britt				_		<u>ltir</u>			1217		
	t 🗗 Burlai 2 🗆 Cremation 3 🗆 Ram	ioval trom Stata	206. PLACE AND DATE cernetery, cremetory or converse Western	OF DISP	OSITION (No ce)	eme of		12/9	C. LOCATION -			
	4 Donation 5 Other (Specify)	CENSEE	<u> western</u>			ND ADDRES	00 OF FAC		Balt	ımor	e, MD	
		Morta	2.5	1	Jame	es A	. Mo		Son	s Fu	neral Home	
	23. PART . Enter the diseesea, or	complications thet c	aused the death. Do	not ent					respiretory a	arrest.	Approximate	
	induck, or haert failure. Liet only one ceuse on each line.										Interval/Between Onsat and Desth	
	disease or condition One of the original of th									13. ooks		
	resulting in death)	DVE 10 10	AS A CONSEQUENCE O	F):	PIL	ייוע	411				JURELS	
z		· May	red ima	WA	de	2/1/	ON	4 541	Mon	P	Donths	
일	Sequentially list conditions, ff any, leading to immediate b. ACQ VIFE IMMUNE deticinery Syndrone Due to (OR AS A CONSEQUENCE OF):									WHOTH		
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Diseese or injury	cause. Enter UNDERLYING										
E	thet initieted events resulting in deeth) LAST	DUE TO (O	R AS A CONSEQUENCE O	OF):								
H	resulting in deetil) EAST	d										
	PART II. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24s. WAS AN AUTOPSY FINDINGS											
EDICAL	ONPUNCTUSTES	poplam	n sens	15			1//	ICLES . P	RFORMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE	
	7.00	1	0,000		11.		00	LE CEPT LIV	ES 2 NO	,	OF DEATH?	
Σ.	DID TOBACCO USE CONT	PIRLITE TO CALL	SE OF DEATH VI	:s 🖂	NO	Z LINIC	ERTAIN	_			1 TYES 2 NO	
SICIAN:	25. WAS CASE REFERRED TO MEDICAL	NIBOTE TO CAO.	28. PLACE OF DEA				EKIAII	<u>' </u>				
SIC	EXAMINER? 1 YES 2 NO	HOSPITAL:	R/Outpatient 3 DOA	ОТН	ER:		aldana	6 Other (Specifi				
PHY	27. MANNER OF DEATH	28a. DATE OF IN	JURY 26b. TIM		_	JURY AT	sidericii (28d. DESCRIBE I	_	CCURED		
	1 Natural 5 Pending Investigation	(Month, Day,	Year) IN.	M	1 🗆	ORK? YES 2	NO					
D BY	Nacident Suicide 6 Could not be	28a. PLACE OF II	NJURY — At home, farm,	street, fa	actory, offic			26f. LOCATION (S	itreet and Numb	per or Rural	Route Number.	
삗	4 Nomicide determined				- [City or Town,	State)					
ا لا	29a. CERTIFIER 1 CERTIFYING PNYS	CIAN: To the heat of m	knowledge, death occurr	ad at the								
COMPLETE			Heatlen and/or investigation								e) and manner as stated	
- 11	29b. SIGNATURE AND TITLE OF CERTIFIE		1			T 00 1100						
8	Control of the contro	7 04				TI	ZZ ZUM	1401	2 29d. D/	ATE SIGNED	(Month, Day, Year)	
요	30. NAME AND ADDRESS OF PERSON WH	DOMPLE LED CAUSE	OF DEATH (ITEM 27) (Type	Prints		UTI	/ \	LIN.		10/	-1-17	
	That Signit	of mi	WON N	AL	4211	0 5/4	not !	John	Intin	SP	n Henro 2128	
	31. DATE FILED (Month, Day, Year)	32 REGISTRAR'S	SIGNATURE	7100	4711	10	1	1611	11111	1/1/	111111111111111111111111111111111111111	
I	DEC 0 5 1994	Jelin Much	per Kardall						*			

BALTIMORE, MARYL	
0,0	
68760	
D. BOX 6876	
P.0.	
'n	
Ö	
S	j
RECORDS, P.O.	
: VITAL	
>	

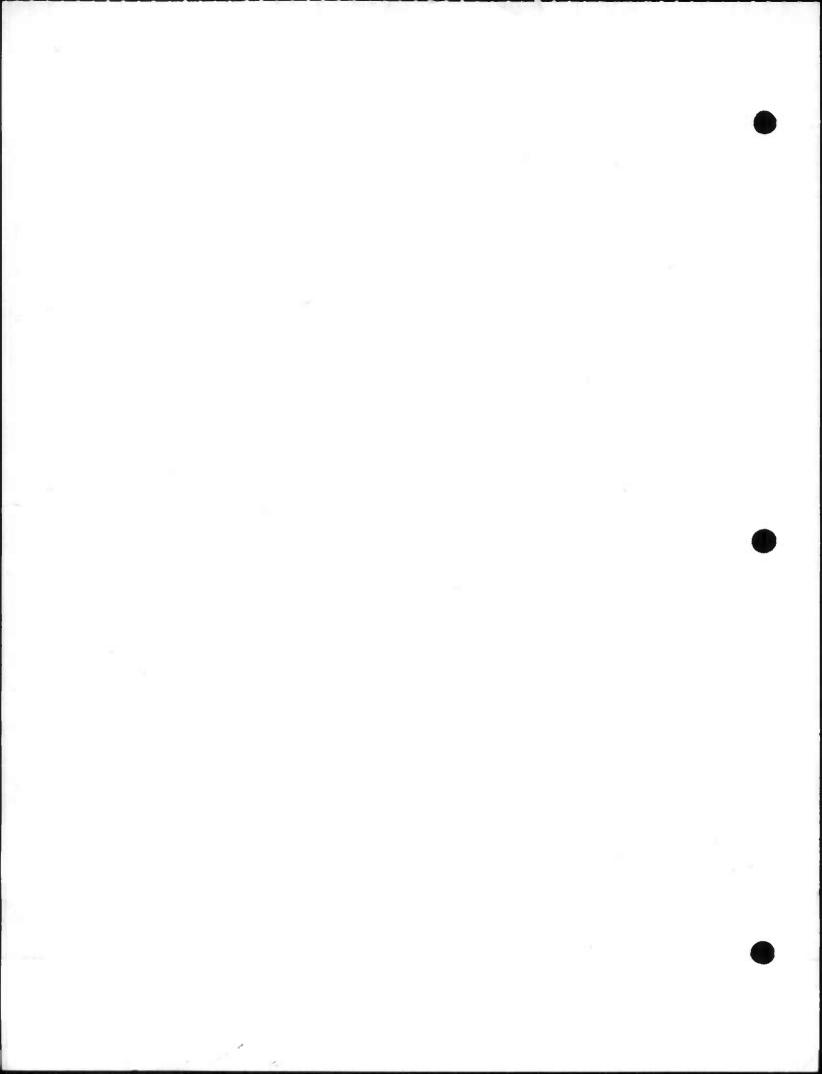
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 -CERTIFICATE OF DEATH REG. NO. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH has arawas 30 1994 10,20 PM M 11 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) 8. BIRTHPLACE (State or Foreign Country) 219-78-1468 34 1 M 2 | F MONTHS DAYS HOURS MIN. YRS landand 06.07 permit. Pages 1, 2, 3 should 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Dealton Specially DIRECTOR HOSP.4 Home BALTIMORE RESIDENCE OF DECEDENT 10a. STATE Da to 10b. COUNTY 10d. INSIDE CITY
LIMITS?
1 YES 2 NO md 10e. STREET AND NUMBER FUNERAL 21215 10g. CITIZEN OF WHAT COUNTRY? Ave Woodland 2821 completely filled in by the funeral director, page 5 should be detached for use as the burial-transit 5 ours after death. Page 6 may be retained by the hospital or attending physician. WAS DECEDENT EVER IN U.S. AMED FORCES? 1 YES 2 NO WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-If yea, specify Cuban, Maxican, Puarto Rican, etc.)
 T YES TON O Specify: 11. MARITAL STATUS 14. RACE — American Indian, Black, White, etc. AND 21215-0020 1 Never Married 2 Married Specify: Black IF YES, GIVE WAR OR DATES BY 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION 16b KIND OF BUSINESS/INDUSTRY (Give kind of work done life. Do NOT use retired.) most of working 2 +h dary (0-12) College (1-4 or 5+) 1th Systa an 17. FATHER'S NAME (First, Mighello, Lost) Pon notified at Tarawai 121 BE EORMANT'S NAME (Type/ 19b. MAILING ADDRESS (Street and No 2 Ave Ba arawas 2 Noodland GH 21215 pe 20a METHOD OF DISPOSITION ACE AND DATE OF DISPOSITION Name of PAJE must mittory of other play idue 76/9 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE examiner 22 NAME AND ADDRESS OF FACILITY
4300 Wat medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory arrest, Approximete shock, or heert fellure. List only one cause on each line. Interval Between 6 IMMEDIATE CAUSE (Final Onset and Death the cremation, disease or condition 11 months event, 1 reaulting in deeth) THENDING PHYSICIAN: The law requires that the death certificate be executed within 11 months prior to burial, traumatic CERTIFICATION the attending physician and Mental Hygiene prior to bur Sequentially list conditions, if any, laeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury 11 months or other DUE TO (OR AS TA CONSEQUENCE OF) that initiated events 11 months reaulting in death) LAST Injury. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PHYSICIAN: MEDICAL 24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO 24s. WAS AN AUTOPSY DIRECTOR: After this certificate has been signed by 1 23 shows any COMPLETION OF CAUSE TO YES 2 THO OF DEATH? T YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN Ais Ce.,
A with the Sta., 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF BEATH (Check only one) ОТНЕК I YES 25 NO 1 🗆 Inpetient 2 🗆 ER/Outpetient 3 🗆 DOA ning Home 5 - Residence 5 - Other (Specify) 27. MANNER OP; DEATH 38s. DATE OF INJURY (Month, Day, War) 28h. TIME OF BUJURY 284. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCUBED marked, 1 Photosi BY 1 YES 2 NO 2 Accident 28e. PLACE OF INJURY -- At home, term, street, factory, office building, etc. (Specify) 3 Suicide 28f. LOCATION (Street and Number or Flural Route Number, Olly or Roem, State) .00 PLETED 4 | Homicide 28 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and placa, and due to the cause(a) and manner as stated (Check only one) 2 MEDICAL EXAMINER: On the basis of sall and/or investigation, in my opinion, death occured at the time, data and placa, and due to the cause(a) and manner as stated. 256, SIGNATURE AND TITLE OF CENTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) MD D4497 12/01/94

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print

32 REGISTRAR'S SIGNATURE

31. DATE FILED (Month, Day, Year)

DEU U 5 1994



27
2121
7
64
AND.
Z
4
7
~
ARY
MARYL
-
mî
MORE
<u></u>
ž
=
-
BAL
A
ш
-
00
K 68760
00
0
V

FOR 1 - STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERT	IFICALE	JF DEATH	REG. NO	0.				
	1. DECEDENT'S NAME (First, Middle, Las Dolores J.	Potrei	ger			2. DATE OF DEATH MONTH	DAY YI	3. TIME OF DEATH			
	4. SOCIAL SECURITY NUMBER 204-28-0075		6. AGE (In yrs. last birtho	MONTHS D	EAR IF UNDER 24 HRS. AYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 5-31-1937	8.	BIRTHPLACE (State or Foreign Country) ENNSYLVANIA			
	Se. FACILITY NAME (If not institution, give	atreet and number)		9b. CITY, TO	WN OR LOCATION OF D	DEATH	9c. COUNTY	OF DEATH			
OR	HOWARD COUNTY GENER	AL HOSPITAL			COLUMBIA	HOWA	RD				
ן ה	RESIDENCE OF DECEDENT 10s. STATE 10b. COUN	TV .	1400	OUTY TOURI OR I	00471011						
DIRECTOR	MARYLAND	HOWARD	100.	CITY, TOWN OR L			10d. INSIDE CITY LIMITS?				
	10e. STREET AND NUMBER	HUWARD		DALI	MORE 101, ZIP CODE		I 10g CITIZEN	1 TYES 2 NO			
ERAL	7020 LENNOX AVENUE				21227			USA			
BY FUN	11. MARITAL STATUS 1 Never Married 2XX Married 3 Widowed 4 Divorced		TEVER IN U.S. ARMED YES 2 THO AR OR DATES	If yo	DECENDENT OF HISPA s, specify Cuban, Maxic YES 2 NO Speci	es or No 14.	or No.— 14. RACE — American Indian, Black, White, atc. Specify: White				
ED	15. DECEDENT'S EC (Specify only highest gra		16a. DECEDEN	T'S USUAL OCCU	PATION	16b. KIND OF B	USINESS/INDUST	TRY			
	Elementary/Secondary (0-12)	College (1-4 or 8 +)	Iffe. Do NO	of work done duri Truse retired.)	ng most or working						
MP	12	Ø	HOME	MAKER		H	OME				
COMPLET	17. FATHER'S NAME (First, Middle, Last)				1529-126-12	AME (First, Middle, Maide	n Surname)				
BE	RAYMOND MUSILLO				E VALENTINE						
2	19a. INFORMANT'S NAME (Type/Print)					Route Number, City or To		de)			
TO BE	LARRY POTTEIGER		20b. PLACE AND DA			MORE, MARYLAN					
	20a. METHOD OF DISPOSITION 1 Burial 2 Cremation 3 Re	or Town, Stata									
	1 Burlel 2 Cremation 3 Removal from State Cemetery, cremetery or other place 4 Donation 6 Other (Specify) BALTIMORE ASHINGTON CREMATORY 11/28 LAUREL, MARYLA 21. SIGNATURE OF EUNERAL DERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY FLECK FUNERAL HOME										
	7601 SANDY SPRING ROAD, LAUREL, MARYLAND 20707										
	23. PART I. Enjoy the diseases, or complications that caused the death for not enter the mode of dying, such as cardiac or respiratory arrest, ebock, or heart failure. List only one cause on sech line disease or condition resulting in death)										
Z	Saguestially list conditions D.										
Ĭ	If any, leading to immediate cause. Enter UNDERLYING										
CERTIFICATION	CAUSE (Disease or Injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF):										
	PART II, Other significant condition	one contributing to	death but not resulti	ng in the unde	riving cause given in	Part I. 24s. WAS A	N AUTOPSY	24b. WERE AUTOPSY FINDING			
MEDICAL	multiple of	yeshoud	ic Gu	ctures		1 pener	ORMED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
ž											
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	15. PLACE DF DEATH (C	heck only one)					
HYS	1 YES 2 NO	1 Inpetient 2 🗆	ER/Outpetlent 3 DO	A 4 Numbing	Home 5 - Rasidenca						
ВУ РН	27. MANNER OF DEATH 1 Noturel 5 Pending 2 Accident Investigation	26a. DATE OF I (Month, Da		INJURY	C. INJURY AT WORK?	26d. DESCRIBE HOW	INJURY OCCUR	ED			
8	3 Suicide 6 Could not b 4 Homicide determined	e 28s. PLACE OF building, s	FINJURY — At home, fai etc. (Specify)	m, street, factory,	offica	26f. LOCATION (Stree City or Town, State		Rural Route Number,			
COMPLET						e to the cause(s) and m		ause(a) and menner as stated.			
	2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause 29b. SIGNATURE, AND TITLE OF CERTIFIER 29d. DATE SIGNS										
	296. SIGNATURE AND TITLE DE CERTIFIER 206. LICENSE NUMBER 206. LICENSE NUMBER 206. LICENSE NUMBER 206. LICENSE NUMBER 206. LICENSE NUMBER 206. LICENSE NUMBER										
BE	(3 16 i	y lli-			9411	35	D 11 /	27 94			
	30. NAME AND ADDRESS OF PERSON	y lli-		Type, Print)	9411	3 5 wand Con	nty (27 94			

BALTIMORE, MARYLAND 21215-0020

Pages 1, 2, 3 should

DIRECTOR

FUNERAL

ВУ

ETED

COMPL

BE

2

CERTIFICATION

MEDICAL

PHYSICIAN:

BY

ETED

COMPL

BE

2

3 Suictde

29a. CERTIFIER

4 Homicide

DIVISION OF VITAL RECORDS, P.O. BOX 68760

	8		
	USit		
lan.	-trai		
ž	Ina		
ā	ă		
gug	th		
ten	35		
r at	use		
0	Q		
Spit	Ped		
ĕ	tach		ရုံ
ile ile	de		9
3	pe		10
Ded	prilo		9
etai	S		1
9	5		=
ay C	pag		ă
Ë	10		157
9	rec		E
Ž,	D le		Je I
Ė	nerg		Ē
Oee	2	_	exa
Tier	#	DOVE	100
2	5	ren	5
2	P	0	Ē
Within 24 hours after death. Page o may be retained by the	ij	ion,	he
	tehy	mat	f,
s that the death certificate be executed with	Pp-	Cre	Ven
200	000	la La	80
2	P	à	華
3	an a	10	Ē
D D	Sicie	OU.	2
P S	P.	9	9
III.a	Du	gier	曹
5	endi	Ŧ	0
Ged	att	ema	Š
36	the	ž	킅
IP.	3	and	A
2	Deel		9
nile nile	Sig	He	×
9	een	0	S.
AMP.	as b	lept	23
=	e h	9	E
	fcat	Sta	프
3	ertif	the	0
2	SC	€	De.
7	=	W H	ark
200	TOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-trans	leat	Ĕ
N N	8	5 10	-00
30	6	F	28
Ę	世	In 72 hours, filer death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or re-	T. If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
1	0	22	=
È.	Æ	-	22

Item # 1 Film # G 718 12-05-94 N.A. Per funeral home N.A. STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE REGISTRAR CERTIFICATE OF DEATH BEG NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF GEATH resinger, Jack Persinger 4:45 A " Jack 2 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign DAYS 2-26-06 213-07-9913 1 📉 M 2 🗌 F 88 YAS Virginia 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Johns Hopkins Bayview Baltimore City RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Md. Baltimore Dunda1k 1 YES 2 X NO 10e. STREET AND NUMBER 101, ZIP CODE 10g. CITIZEN OF WNAT COUNTRY? 1932 Ormand Rd. 21222 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 X NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or NoIf yes, specify Cuban, Maxican, Puarto Rican, stc.)
1 YES 2 NO Specify: 14. RACE — American Indien, Black, White, atc. 1 Never Merried 2 Married FORCES? 1 YES 2 Specify: White 3 Widowed 4 Divorced 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade Elementery/Secondary (0-12) College (1-4 or 5 +) 6 Steel worker Bethlehem Steel 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) Emma Bridgette William Persinger 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Baltimore, Md 21222 1932 Ormand Rd. Carol Shifflett 20a METHOD OF DISPOSITION
1 A Burlal 2 Cremation 3 Removat from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, Stata Gardens of Faith 12/6 Baltimore, Md 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Connelly Funeral Home of Dundalk nnelli 7110 Sollers Pt Rd. 21222 23. PART I. Enter the disease, or complications that caused the death. De not enter the mode of dying, such as cerdiec or reepiratory arrest, shock, or heart failure. List pniy one cause on each line. Approximata Interval Between IMMEDIATE CAUSE (Finel **Onset and Death** disease or condition menmorna Week resulting in death) DUE TO (OR AS A CONSEQUENCE OF) chronic obstructive pulmonary 1ears Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Diseese or injury OUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in deeth) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24e. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE Anhuthmias 1 YES 2 NO OF DEATH? 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES 🗵 NO 🗌 UNCERTAIN 🗆 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL OTHER: 1 - YES 2 NO Inpatient 2 - ER/Outpatient 3 - DOA 4 - Nursing Home 5 - Residence 6 - Other (Specify) 27. MANNER OF DEATH 26a. DATE OF INJURY 26b. TIME OF INJURY 28c. INJURY AT WORK? 26d, DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending Investigation М 1 YES 2 NO 2 Accident 28e. PLACE OF INJURY — A1 home, 1erm, street, 1actory, office building, etc. (Specify)

1 X CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and piece, end due to the cause(s) and manner as stated.

2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) MI) 95007 3/94

Medical

281. LOCATION (Street and Number or Rural Route Number, City or Town, State)

30. AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Burren

MD 31. DATE FILED (Month, Day, Year)
DEC 0 5 1994 32 REGISTRAR'S MIGNATURE

Levelen

6 Could not be

29b. ŞIGNATURE AND TITLE OF CERTIFIER

0.

3. TIME OF DEATH

10d. INSIDE CITY

14. RACE — American Indian, Black, White, atc.

1 YES 2 NO

WHITE

8. BIRTHPLACE (State or Foreign

PENNSYLVANIA

9c. COUNTY OF DEATH

U.S.A.

BALTIMORE

10g. CITIZEN OF WHAT COUNTRY?

Specify

3:45 P.

2. DATE OF DEATH

VINCENT

1 - STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

JAMES

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

DEC. 02, 1954 OUINN 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS 7. DATE OF BIRTH (Month, Day, Year APRIL 11,1920 MONTHS DAYS HOURS 164-16-8386 8388 XX M 2 □ F 74 YRS. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9b, CITY, TOWN OR LOCATION OF DEATH 20 COLONY HILL COURT - APT-2-B IRECTOR BALTIMORE RESIDENCE OF DECEDENT 10a STATE 10h COUNTY 10c. CITY, TOWN OR LOCATION MARYLAND BALTIMORE BALTIMORE 0 permit. 104. STREET AND NUMBER FUNERAL 10f. ZIP CODE 20 COLONY HILL COURT - APT-2-B 21227 bunal-transit Page 6 may be retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED WAS DECEDENT EVEN 2 NO FORCES? Y YES 2 NO IF YES, GIVE WAR OR DATES WW II 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-BALTIMORE, MARYLAND 21215-0020 1 Never Married 2 Married yes, specify Cuban, Maxican, Puarto Rican, etc.) 1 - YES 2 1 NO Specify BY 3 Widowed 4 Divorced use as the 15. DECEDENT'S EDUCATION (Specify only highest grade comple 18a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY (Give kind of work done life. Do NOT use retired.) st of working LET page 5 should be detached for entary/Secondary (0-12) College (1-4 or 5 +) 12TH GRADE SHIPFITTER BETHLEHAM STEEL COMPANY COMP 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) notified at EDWARD L. OUINN ANNIE PFAFF BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 0 JOSEPHINE QUINN 20 COLONY HILL COURT-APT-2-B-BALTIMORE, MD 21227 pe 20g, METHOD OF DISPOSITION 1 A Burlal 2 Cremation 3 1 Bu 20b. PLACE AND DATE OF DISPOSITION (Nume of must funeral director, GARRISON FOREST VETS.CEM 4 Donation 5 Doper (Specify) 12/6 OWINGS MILLS 21. SIGNATURE OF FUNERAL SERVICE LICENSES examiner 22. NAME AND ADDRESS OF FACILITY HUBBARD FUNERAL HOME, INC. ours after death. 4107 WILKENS AVENUE, BALTIMORE, MD the f removal medical 23. PART I. Entar the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, filled in by ahock, or heart feiture. Liet Dniy one cause on eech line. 9 IMMEDIATE CAUSE (Fine) and completely fille o bunial, cremation, the disease or condition DUE TO (OR AS & CONSEQUENCE OF event, 1 resulting in deeth) requires that the death certificate be executed within DIVISION OF VITAL RECORDS, P.O. BOX 68760, traumatic CERTIFICATION Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF) prior to if any, leeding to immediate cause. Enter UNDERLYING the attending physician Mental Hygiene prior to CAUSE (Diseasa or Injury DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in death) LAST 0 PART ii. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part i. MEDICAL 24a WAS AN AUTOPSY Health and any 1 YES 2 NO Shows this certificate has been with the State Dept. of DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO TO PHYSICIAN: UNCERTAIN 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE DF DEATH (Check only one) Item **EXAMINER?** OTHER: 1 YES 2 NO OR ATTENDING PHYSICIAN: 1 | Inpatiant 2 | ER/Outpetient 3 | DOA g Home 5 🖫 Raaldence 8 Other (Specify) 6 27. MANWER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) marked, 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending М t YES 2 NO DIRECTOR: After the hours after death v В 2 Accident 28a. PLACE OF INJURY — At home, farm, street, factory, offica building, etc. (Specify) 69 3 Suicide 281, LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 8 Could not be 28 4 Homicide determined tem 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and placs, and due to the cause(a) and manner as stated. TO THE HOSPITAL
TO THE FUNERAL I
De filed within 72 h
IMPORTANT: If II (Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER BE Otto D40850 MD 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

22. REGISTRAR'S SIGNATURE

20c. LOCATION — City or Town, State 21229 Approximate Onaet and Daath 13 months 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 - YES 2 - NO 29d. DATE SIGNED (Month, Day, Year) 12/2/94 YVONNE OTTAVIANO - ST. AGNES ONCOLOGY - 900 S.CATON AVE-BALTIMORE, MD 21229 DHMH-16 Rev 1/89

ages 1, 2, 3 should

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNEAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit.	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
L OR ATTENDIN	DIRECTOR: Aft	hours after dea	Item 28 is n
TO THE HOSPITAL	TO THE FUNERAL	be filed within 72	IMPORTANT: If

ΒY

COMPLETED

BE

0

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First Middle Leet) 2. DATE OF OEATH 3. TIME OF DEATH 12-02-94 YEAR ARNITA V. RANDOLPH 6;15P 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH 5. SEX IF UNDER 1 YEAR | IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 217-18-9970 73 DAYS HOURS MARYLAND 1 M 2 XX YRS 9s. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH MERCY MEDICAL CENTER BALTIMORE CITY DIRECTOR NONE RESIDENCE OF DECEDENT 10e STATE 10b COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? MARYLAND NONE BALTIMORE CITY 1 YES 2 NO 10e. STREET AND NUMBER 101 ZIP COOF FUNERAL 10g. CITIZEN OF WHAT COUNTRY? 1738 E. CHASE STREET 21213 UNITED STATES 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No. If yes, specify Cuban, Maxican, Puerto Rican, etc.)

1 YES 2 NO Specify: 14. RACE - American Indian, FORCES? 1 YES 2 1 Never Married 2 Married BY 3 🕅 Widowed 4 🗌 Olvorced AFRICAN AMERICAN 15. OECEDENT'S EDUCATION 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest COMPLET Elamentary/Secondary (0-12) 12TH College (1-4 or 5+)
NONE TEACHERS ' AIDE BALTO, PUBLIC SCHOOLS 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) HUNTER ERBY ANN BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 0 JOHN ERBY 1738 E. CHASE ST. BALTO, MD. 21213 20b. PLACE AND DATE OF DISPOSITION (Name of 12/7/94 DATE 20c. LOCATION - City or Town, State ARBUTUS MEMORIAL PARK BALTO, MD 21. SIGNATURE OF FUNERAL SERVICE LICENS CALVIN B. SCRUGGS FUNERAL HOME 1412 E. PRESTON ST. BALTO, MD. 21213 23. PART I. Enter the diseases, or complications the caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximata ahock, Dr haart fallura. List Dniy Dna cause Dn aach lina. intarvai Batween **IMMEDIATE CAUSE (Final Onset and Death** disease or condition resulting in death) espiratory DUE TO OR AS A CONSEQUENCE Kran MEDICAL CERTIFICATION Sequantially list conditions, if any, leading to immediate cause. Enter UNDERLYING ongestive CAUSE (Disease or injury that initiated events reaulting in death) LAST Ulmonary Disease PART ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24s. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE 1 ☐ YES 2 ☐ NO OF DEATH? 1 YES 2 NO PHYSICIAN: DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL OTHER: t YES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA ng Home 5 - Rasidence 6 - Other (Specify) 27. MANNER OF DEATH 28s. DATE OF INJURY 28d. DESCRIBE HOW INJURY OCCURED 28b. TIME OF

28c. INJURY AT WORK? 1 Natural 1 YES 2 NO 2 Accident Investigation 26s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be 4 Homicide

298. CERTIFIER	· CEPTIEVING OUVELOUGH To the board of the board	
(Check only	CENTIFTING PHYSICIAN: To the beat of my knowledge, dash	occurred at the time, data and place, and due to the cause(a) and manner as stated.

2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated.

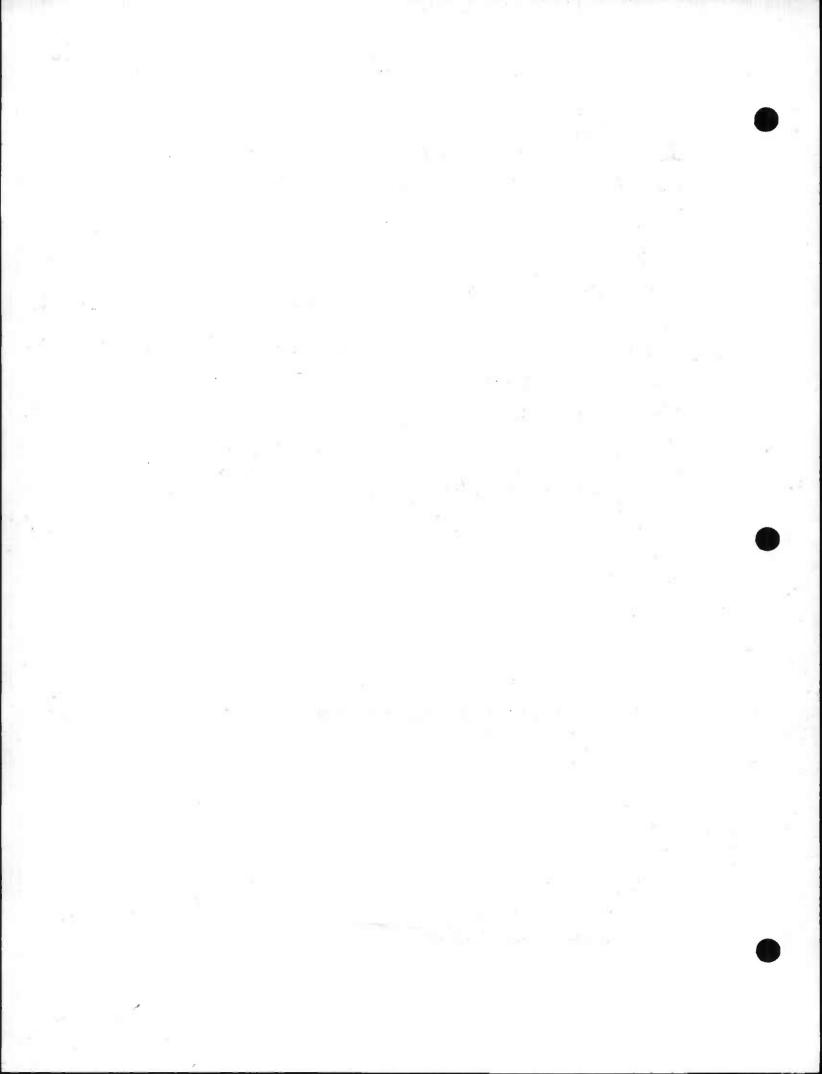
_						
9b. S	GNA	TURE AND TITLE OF CERTIFIER	 0	29c. LICENSE NUMBER	29d. DATE SIGNED (Month, Day, Year)	_

PLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

37 REGISTRAR'S SIGNATURE

12/05/94

		1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH	HYGIENE REG. NO.	
		1. DECEDENT'S NAME (First, Middle, Lest) SC Sr. 2. DATE O MONTH I A	PF DEATH PAY YE	3. TIME OF DEATH
		4. SOCIAL SECURITY NUMBER 5. SEX, 6. AGE (In vrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS 7. OATE OF		BIRT HPLACE (State or Foreign Country)
3 should	H.	98) FACILITY NAME (If not institution, give street and number) 96. CITY, TOWN OR LOCATION OF DEATH	9c. COUNTY	
es 1, 2,	DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CLTM TOWN OR LOCATION		10d, INSIDE CITY
permit. Pages				1) YES 2 NO
JISI	FUNERAL	3140 Seguoia Ave 101. ZIP. CODE 21215	10g. CITIZEN	U. S. A.
-AND 21215-0020 the hospital or attending physician, detached for use as the burla-transit once.	BY	3 Wildowed 4 Divorced IF YES, GIVE WAR OR DATES 1 YES 2 NO Specify:	(Specify Yes or No— 14. can, etc.)	RACE — American Indian, Black, White, etc. Specify: Dack
ZTZTS	LETED	Specify Only Ingress grade completed (Give kind of work done during most of working	CIND OF BUSINESS/INDUST	Service
AND the hospit detached once.	COMPL	17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Mid	I OSTALI	Jervice
क विव	BE C	Inomas 20des trene	Sherroad	<u> </u>
5 s 101	오	Margaretta Soden 3140 Sequola tve	0 11	nd 21215
~ 5 -		20a, METHOD dr. DISPOSITION 1	20c. LOCATION - City	or Town, Stata Mills, Md
BALLIMOR ter death. Page 6 m the funeral director, vval.		21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Mark C. H. 42. O. H. L. L. C. C. 43. O. H. L. L. C. C. 43. O. H. L. L. C. C. 43. O. H. L. L. C. C. 43. O. H. L. L. C. C. 43. O. H. L. L. C. C. 43. O. H. L. L. C. C. 43. O. H. L. L. C. C. 43. O. H. L. L. C. C. 44. O. H. L. L. C. C. 45. O. H. L. L. C. C. 46. O. H. L. L. C. C. 47. O. H. L. L. C. C. 47. O. H. L. L. C. C. 48. O. H. L. L. C. C. 48. O. H. L. L. C. C. 48. O. H. L. L. C. C. 48. O. H. L. L. C. C. 48. O. H. L. L. C. C. 48. O. H. L. L. C. C. 48. O. H. L. L. C. C. 48. O. H. L. L. C. 48. O. H. L. L. C. 48. O. H. L. L. C. 48. O. H. L. L. C. 48. O. H. L. L. C. 48. O. H. L. L. C. 48. O. H. L. C. 48. O. H. L. L. L. C. 48. O. H. L. L. L. L. L. L. L. 48. O. H. L. L. L. L. L. L. L. L. L. L. L. L. L.	west	
# > F 3	H	23. PART I Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdia		Approximete
filled in		IMMEDIATE CAUSE (Finel disease or condition		Interval Between Onset and Deeth
completely fill, completely fill, cremation, completely fill		DUENTO (OR AS A CONSEQUENCE OF):		
and o bur	TION	Sequentially liet conditions, If any, leeding to immediate DUFTO (OR AS A CONSEQUENCE OF):		
e polyget u	CERTIFICATION	CAUSE (Disease or injury that initiated events CAUSE (OR AS A CONSEQUENCE OFF)		
tal the tal	CERT	resulting in death) LAST		
	A.	PART ii. Other significent conditions contributing to deeth but not resulting in the underlying cause given in Part i.	24a. WAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE
The law requires that the has been signed by ate Dept. of Health an em 23 shows any	MEDIC		1 🗌 YES 2 📑 NO	OF DEATH?
AL P The law r e has be te Dept. m 23 s	SIAN:	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER?		
SICIAN: The certificate to the State 1, or item	PHYSICI	HOSPITAL: 1 YES 2 NO 1 Inpettant 2 ER/Outpettant 3 DOA 4 Nursing Home 5 Residence 6 Other (27. MANNER OF DEATH 28e. DATE OF INJURY 28b. TIME OF 28c. INJURY AT 28d. DESC		
After this of death with	ву Р		RIBE HOW INJURY OCCUR	ED
ATTENDING PHYSICIAN: ATTENDING	ETED	3 Suicide 28a. PLACE OF INJURY — At home, farm, street, factory, office 26f. LOCAT	FION (Street and Number or F Town, State)	Rural Route Number,
E	OMPLE	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of axamination end/or investigation, in my opinion, death occurred at the time, data and place, end due to the cause one)		use(a) and manner as stated.
THE HO	BE C	296. SIGNATURE AND TITLE OF CERTIFIER 296 LICENSE NUMBER	29d. DATE SI	GNED (Month, Day, Year)
P P 2 2	0	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)	2.4	- 10 (0)
		31. DATE FILED (MONTH), DOWN HOUSE JURIST PAR'S SIGNATURE DEL U 5 1994 July d'audient Mandel	, Dank	ce mo
		DEC 0 3 1994 July almation range		



	TO THE HOSPITAL OR ATTENDED THE Law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital of the control of t	TO THE FUNERAL DIRECTION from this conduction has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filed within 72 hours after conduction and produce the production of the production of removal.	IMPORTANT: It item 28 is marked, by nem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once,	
On the second se	LORATTERMS OF VITAL RECORDS, P.O. BOX 68760, LORATTERMS of the law requires that the death certificate be executed within	TO THE FUNERAL OIRECTAR Are this service has been signed by the attending physician and completely filled in by the be filed within 72 hours and personnel are Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	n 28 is marked, or from 23 shows any injury, or other tra	
4	TO THE HOSPITAL OR A	TO THE FUNERAL OIRE	IMPORTANT: It Item	

DR.

BRUCE R.

32. REGISTRAR'S SIGNATURE

	1 - FOR STATE REGISTRAR	TATE OF MARYLAND /	DEPAR ERTIF	TMENT OF H	EALTH AND DEATH	MENTAL HYGIEN		
	1. OECEDENT'S NAME (First, Middle, Lest) GERTRUDE CATHERINE	STASIAK				2. DATE OF DEATH DO DEC 4		S. TIME OF DEATH
		M 2 🗓 F 84		IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) SEPT. 26, 19		BIRTHPLACE (State or Foreign Country) MARYLAND
TOR	98. FACILITY NAME (If not institution, give street and CATON MANOR NURSING RESIDENCE OF DECEDENT				LTIMORE		9c. COUNTY	OF DEATH
DIRECTOR	10a. STATE 10b. COUNTY MARYLAND		10c. CITY	r, TOWN OR LOCAT	IMROE			10d. INSIDE CITY LIMITS? 1 📉 YES 2 🗌 NO
FUNERAL	100. STREET AND NUMBER 1820 SPENCE STREET			101.	21230			N OF WHAT COUNTRY?
ВУ	1 Never Married 2 Married FO	WAS DECEDENT EVER IN U.S. ARI ORCES? 1 YES 2 NO EYES, OIVE WAR OR DATES	MED	If yes, spe	ENDENT OF HISPAI ecity Cuben, Mexico 2 X NO Specif	NIC ORIGIN? (Specify Years), Puerto Rican, etc.) by:	or No — 14	. RACE — American Indian, Black, White, etc. Specify: WHITE
COMPLETED	8TH GRADE	(G/ ege (t-4 or 5 +)	ive kind of w Do NOT use	USUAL OCCUPATION POR done during mose retired.) ERVICE P	st of working	166. KIND OF BUS	CAURAN'	
BE CON	17. FATHER'S NAME (First, Middle, Last) JOHN WOLTER					JRBANSKI	Surname)	·
TO	MRS. GERTRUDE STRONG	G	230:	ADORESS (Street ar 3 GROVE	STREET -	- BALTIMORE	, State, Zip Co	21230
8	20a. METHOD OF DISPOSITION 1 XBurlai 2 Cremation 3 Removal froi 4 Donetion 5 Other (Specify)	om Stata cametary, cran	matory or oth	<u>IS</u> LAUS C	EMETERY	12/6 BA	CATION — CITY	or Town, Stata
	the him G .	Monne		HUBBAR 4107 W	TLKENS A	AL HOME INC	LTIMOR	RE, MD 21229
	23. PART I. Enter the dieeesea, or complice hock, or heert fellure. Liet on IMMEDIATE CAUSE (Finel disease or condition resulting in desth)	cations that coused the details one couse on each line. Con active OUE TOUGH AS A CONSEC	1	ot enter the mod	ilure	h as cerdiec or reepi	ratory arrest	Approximate interval Between Onset and Death
CERTIFICATION	Sequentisily list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury thet initisted evente resulting in death) LAST	DUE TO (OR AS A CONSEDU	DUENCE OF)).				Years
MEDICAL	PART II. Other significent conditions control OPD, Seve		esulting in		ceuse givan in	Part i. 24a. WAS AN / PERFORI	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO
SICIAN:	t YES 2 NO t In	PITAL: npatient 2 - ER/Outpatient 3 (OTHER:	S Residence	8 Other (Specify)		
1	1 Natural 5 Pending 2 Accident Investigation	6e. OATE OF INJURY (Month, Day, Year)	26b. TIME INJU	OF 28c. INJU WOR 1 YE	RY AT	26d. DESCRIBE HOW IN	JURY OCCUR	ED
ETED	4 Nomicide detarmined	8a. PLACE OF INJURY — At horr building, etc. (Specify)				261. LOCATION (Street ar City or Town, State)		Rural Route Number,
COMPLETED	(Check only one) 2 MEDICAL EXAMINER: On the	the best of my knowledge, deat a basis of examination end/or in	th occurred	I at the time, date e	and place, and due	to the cause(a) and mann time, date and pieca, end	ner ee stated. I due to the ca	iuse(s) and mannar as stated.
TO BE	296. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHO COMPL	LETEO CAUSE OF DEATH (ITEM	27) (Type /		29c. LICENSE NUM D 258(4 1	≥ 12	GNEO (Month, Day, Year) - 5-94

McCURDY 724 MAIDEN CHOICE LANE-SUITE 201 CATONSVILLE, MD 21228

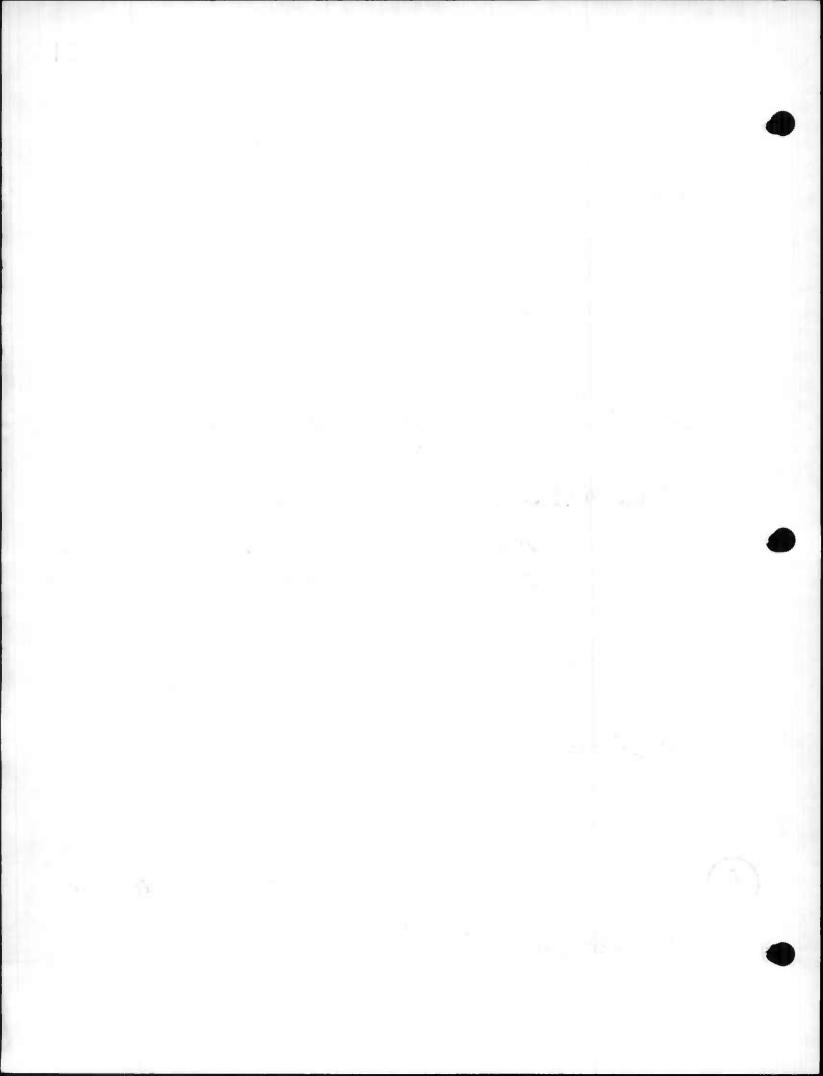
(J)

			FOR STATE REGISTRAR	STATE OF MARYL		RTMENT OF H		MENTA	L HYGIEN		
			1. DECEDENT'S NAME (First, Middle, Last)						OF DEATH		3. TIME OF DEATH
)		ANNIE			SCOT	T	NO		1994	7:15P M
			4. SOCIAL SECURITY NUMBER		(In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE (Monti	OF BIRTH	8	BIRTHPLACE (State or Foreign Country)
	모		578-28-0286	1 M 2XXF	79 YRS.			04	1-02-	15	NC
	2, 3 should	ECTOR	9a. FACILITY NAME (If not institution, give str 2009 WOODBOURN				more C			9c. COUNT	Y OF DEATH
	physician. burial-transit permit. Pages 1,	EG	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR LOCA	TION				10d. INSIDE CITY
	l. Pag	DIRI	Pa.			Phil					LIMITS?
	permit	甘	10e. STREET AND NUMBER				I. ZIP CODE			10g. CITIZE	N OF WHAT COUNTRY?
	ansit	FUNER	5168 Viola Str	reet			1913	1		U	.S.A.
20	ysicia rial-tr	5	11. MARITAL STATUS 1 Never Merried 2 Married	12. WAS DECEDENT EVER I	IN U.S. ARMED	13. WAS DEC	ENDENT OF HISPA	NIC ORIGIN	17 (Specify Yes	or No — 14	4. RACE — American Indien, Black, White, atc.
5-0020	ling ph the bu	ВУ	3 Wildowed 4 Divorced	IF YES, GIVE WAR OR C			2 NO Specif				Specify: Black
215-	as	- 1	15. DECEDENT'S EDUC		18e, DECEDENT'S	USUAL OCCUPATION	ON	16h	KIND OF BU	SINESS/INDUS	
212	al or att		(Specify only highest grade of Elementary/Secondary (0-12)		(Give kind of life. Do NOT u	work done during mo	ast of working	100	. KIND OF BO	SINE 33/INDUS	ini
	hed fi	립			Home	maker					
AN	the hospit detached once.	COMPLETED	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	AME (First, F	Middle, Maiden	Surname)	
MARYLAND	d by	BE (Ned Rorie				Sar	ah S	mith		
MAF	5 should	2	19a, INFORMANT'S NAME (Type/Print)				and Number or Rural				•
E,		-	Mae Helen Rori				St. Phi		7		
ORE	e 6 may ector, p		20e METHOD OF DISPOSITION 2 Burlel 2 Cremetion 3 Remo		b. PLACE AND DATE	ther place)		DAT			ty or Town, State
M	direc		4 Donation 8 Other (Specify) 21, SIGNATURE OF FUNEBAL SERVICE LICE		Glenwoo		ON ADDRESS OF FA	/27.	5 Pa	a	
ALTIMOR	death. Page 6 m e funeral director, I, examiner must	ŀ	- 7, Muy				iam C.		n Cor	mmuni	ty F/H
BA	a): 10	_	00 0000 1 5/0 600 110	Beauch		1206	W. Nor	th A	ve. I	Balto	., Md.21217
	Ted re	ľ	23. PART i. Enter the diseases, or cahock, or heart fallura. L	Int only one cause on a	ach lina.	not antar tha mo	da of dyling, suc	ch aa carc	llac or raapi	iratory arrea	Approximata Interval Batwean
	P on #	ľ	iMMEDIATE CAUSE (Final disease or condition	101	11 0	mic o	00.010		- O:		Oneat and Daeth
0	ted within 24 I completely fille ial, cremation, event, the	1	resulting in dasth)		A CONSEQUENCE O		ZOMIOAD	Silve	120 MI	JUD ZE	
68760	B 2 - 9	_				. ,.					
9 X	e be execute sician and conion to burial traumatic	ē	Sequentially list conditions, if sny, leading to immediate	DUE TO (OR AS	A CONSEQUENCE O	F):					
ВОХ	E > -	CA	CAUSE (Disease or Injury								
0	certificate ding physi tygiene pr r other t		that initiated events resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE O	F):					
٣.	를 들는 이	CERTIFICATION									
	= > = =	4	PART ii. Other algnificant conditions	contributing to death i	but not resulting	in the undarlying	g cauae givan in	Part I.	24s. WAS AN		24b. WERE AUTOPSY FINDINGS
COR	that ed b	DIC							1 TYES 2		COMPLETION OF CAUSE OF DEATH?
ш	requires that been signed b of Health an shows any	ME							ALCO	7- 1	1 TYES 2 NO
	has been Dept. of 1	ž	DID TOBACCO USE CONTR	IBUTE TO CAUSE C	OF DEATH YE	S NO C	UNCERTAI	N 🗆	Thy h	s Um	
	e as Es	ICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	26. PLACE OF DEA	OTHER:					
F VIT	ertif P	IYS	1, YES 2 NO 27. MANNER OF DEATH	1 ☐ Inpetient 2 ☐ ER/Out		4 - Nursing Hom	e 5 🗆 Realdence	7			
ō	te with the	E	1 Netural 5 Pending	(Month, Day, Year)	28b. TIM	JURY WO	VES 2 NO	28d. DES	CRIBE HOW I	NJURY OCCUI	RED
ON		BY	2 Accident Investigation 3 Suicide 8 Could not be	28s. PLACE OF INJURY	Y — At home, farm,			281 LOC	ATION (Street)	and Number or	Rural Route Number,
S	TTEN TOR: after	8	4 Homicide a Could not be	building, atc. (Spe	icify)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		City	or Town, State)		Thomas Troute Transfer,
	OR ATTEN DIRECTOR: hours after Item 28 Is	PLE	294. CERTIFIER 1 CERTIFYING PHYSIC	IAN: To the best of my know	yledge death occurs	ad at the time date	and place, and due	to the one			
	RAL RAL	OM I									ceuse(s) end manner se stated.
		ŏ	29b. SIGNATURE AND TITLE OF CERTIFIER	. 12			29c. LICENSE NUI				SIGNED (Month, Day, Year)
	2	E	Marite In	eyble			O.C.1				7 29, 1994
	9	T,	PO NAME AND ADDRESS OF PERSON WHO HAVE BOTH BOTH BOTH BOTH BOTH BOTH BOTH BOTH				. Ralt	imor	e. Ma		nd 21201.
			31. DATE FILED (Month, Day, Year) DEC U 5 1994 fall	P. REGISTRAR OSIGN		DULGEL	, Dult.	LINUT	e, Fid	-7 -101	
		81	250 0 100 1								

BALLIMORE, MARTLAND		filled in by the funeral director, page 5 should be detach on, or removal.	he medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed withinours after death. Page 6 may be retained by the hos	NETAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach.	Mar. II item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
	HOSPI	N.	W

											9	L	3313) 1
	FOR 1 - STATE REGISTRAR	STATE OF M			TMENT				MENTAL	HYGIENE REG. NO.				
,	1. DECEDENT'S NAME (First, Middle, Last)						*		2. DATE C	F DEATH		MEAN	3. TIME OF DEA	тн
1	EUGENE	W		5	WEI	GA	RT	SR	MONTH	DA'		YEAR	00	37 M
-1			6. AGE (In yrs. las		IF UNDER		IF UNDER		7. DATE O	F BIRTH		///	IPLACE (State or F	
- 1	213186506	M 2 D F	72	YRS.	MONTHS	DAY8	HOURE	MIN.	Month.	Day, Year)		Countr		
	9a. FACILITY NAME (If not institution, give stree		70,		AL CITY	TOWAL O	R LOCATIO	N OF DE		20	0- 0011	NTY OF D	Md	
DIRECTOR	Howard County Gene		ital		11	mb.		M OF DE	AIN		11	NUN		
5	RESIDENCE OF DECEDENT											44177		
믬	10a. STATE 10b. COUNTY			10c. CIT	Y, TOWN O	R LOCAT	ON /						10d. INSIDE CIT LIMITS?	Υ
	Ma Moun	106		112	icoti	+ C	ty						1 YES 2	NO ON
FUNERAL	10e. STREET AND NUMBER	.)	1.			101.	ZIP CODE				10g. CIT	IZEN OF V	WHAT COUNTRY?	
EA	11797 1 n:00	ol phil	, Kal				2100	12			U	JSA		
3		2. WAS DECEDENT			13. V	WAS DEC	X///		IC ORIGIN?	(Specify Yea	or No-		E - American Ind	len,
- 1	1 Never Married 2 Married	FORCES? 1	XYES 2 1	NO			elfy Cuber		, Puerto Ri	can, atc.)		Speci	k, White, etc.	
BY	3 Widowed 4 Divorced	WWII	IN ON WAIES		_ '	TES	Z NO	Specify:				Speci	white	
	15. DECEDENT'S EDUCAT	ION	16s, DE	CEDENT'S	USUAL OC	CUPATIO	N		16b.	KIND OF BUS	INESS/INI	DUSTRY	WILLE	_
E	(Specify only highest grade co		(G	ive kind of a	work done d	luring mos	st of working	9	1					
ا ڌ	Elementary/Secondery (0-12)	College (1-4 or 5+)								D1	- 0-			
COMPLETED				P.B	. X.			ur.				mpan	ıy	
8	17. FATHER'S NAME (First, Middle, Last)									iddle, Meiden	Sumame)			
B	William C. Sweigar	t					Mar	y An	tczal	K.				
2	19s. INFORMANT'S NAME (Type/Print)									er, City or Town				
F	Mary L. Sweigart		1	11797	Tria	ade1	phia	Roa	d E1:	licott	Cit	y, M	id. 2104	3
	20g, METHOD OF DISPOSITION		20b. PLACE		SITION (Na	me of cen	netery, crem	atory or		20c. LO	CATION -	City or To	own, State	
-1	1 (2 Buriel 2 Cremation 3 Remove 4 Donation 5 Other (Specify)	al from State	Crest		Mem	Gar	dens			Marr	inte	37111	e, Md.	
	21. SIGNATURE OF FUNERAL SERVICE LICEN	ISEE	OLCO	LIGWI		_	D ADDRES	S OF FAC	CILITY	HALL	10 60	, <u> </u>	, 114.	
	191				S	ter1	ing	Asht	on Fi	neral	Hom	ie		
	Edwar 4 Le	ternis.					-			nue, B			21228	
\neg	23. PART I. Enter the diseases, Dr cor				not enter	tha mo	da of dyle	ng, such	aa cerd	ec or reapi	retory ar	rest,	Approxim	
	ahock, or heart fallure. Lie IMMEDIATE CAUSE (Final	it only one caus	e on each line	э.									Onset ar	
	disease or condition	Acut	a my		-1-	V	7	1-	-1	1			Soul	Va.
- 1	resulting in death) a.	DUE TO	OR AS A COMP	OUENCE O	F):		- en	14	ETZ				Grace	
		Car	1.04	4.0	1-		1		0				100	
ERTIFICATION	Sequentially list conditions, b.	CORE	2000	141	-cu	_ <	use		-				450	
Ĕ	If any, leading to Immediate cause. Enter UNDERLYING	DOE TO	OH AS A CONSE	OUENCE U	T):								1	
0	CAUSE (Disease or Injury													
1	that initiated events resulting in death) LAST	DUE TO	OR AS A CONSE	QUENCE O	F):								ì	
	d.													
9 1	PART II. Other algolificant conditions	contributing to	death but ont	meuiting	In the un	dedylar	- COMPA	duen la	Dart I	24a, WAS AN	ALITODOV	244	b. WERE AUTOPSY	EMDINGS
⋠Ӏ	TAIT II. Other argument conditions	continuating to	DOUGH DUT HOL	readiting	in the di	Contyni	l canse à	114611 111	rait i.	PERFOR		240	AVAILABLE PRIO	OT R
ă									_	1 YES 2	C-NO	-	OF DEATH?	CAUSE
뽕									_				1 YES 2	NO
-														
PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL					26. PL	ACE OF O	EATH (Chi	ock only on	9)				
잃	A Supra A Supra I I I	HOSPITAL:	FR/Outpatient	3 DOA	OTHER			aldanca	6 Other	(Coacilis)				
ξÏ	27. MANNER OF DEATH	28a. DATE OF	THE RESERVE OF THE PERSON NAMED IN COLUMN 1	28b. Tife		28c. INJ		avQ4/1C0		CRIBE HOW I	NJURY OC	CLIRED		
	1 Natural 5 Pending	(Month, De	y, Year)	IN.	JURY	WO	RK?	1 1						
B	2 Accident Investigation		*				YES 2	140				-		
	3 Suicide 6 Could not be	building,	FINJURY — At hi Mc. (Specify)	ome, farm,	street, fact	ory, offic	•		City o	or Town, State)	and Numbe	or Hurai	Route Number,	
E	4 Homicide determined													
7	29a. CERTIFIER 1 CERTIFYING PHYSICI.	AN: To the best of	my knowledge, d	eath occur	red at the t	lme, data	and place,	and dua	to the cau	ee(a) and mar	nner as st	ated.		
OMPLETED	one) 2 MEDICAL EXAMINER:												(a) and manner as	stated.
8		100			-0-2-01/	2000					decent.			III Para
1	286. SIGNATISTIE AND THE POPULATION							ENSE NUN			29d, DA		D (Month, Oay, Yea	
7	XMS	_					00	20	200			11:	2-99	

31. DATE FILEO (Month, Day, War)
DEC U 5 1994



Pages 1, 2, 3 should permit. burial-transit Page 6 may be retained by the hospital or attending physician. page 5 should be detached for use as the once. te notitied 9 must the funeral director, examiner hours after death. medicai and completely filled in by bunal, cremation, or remo the other traumatic event, prior to signed by the attending Health and Mental Hygiei Shows this certificate has been with the State Dept. of 23 6 is marked, After DIRECTOR: / 28 ltem. DR TO THE HOSPITAL OF TO THE FUNERAL DE FILED WITHIN 72 ho

PHYSICIAN:

ΒY

COMPLETED

BE 2

50

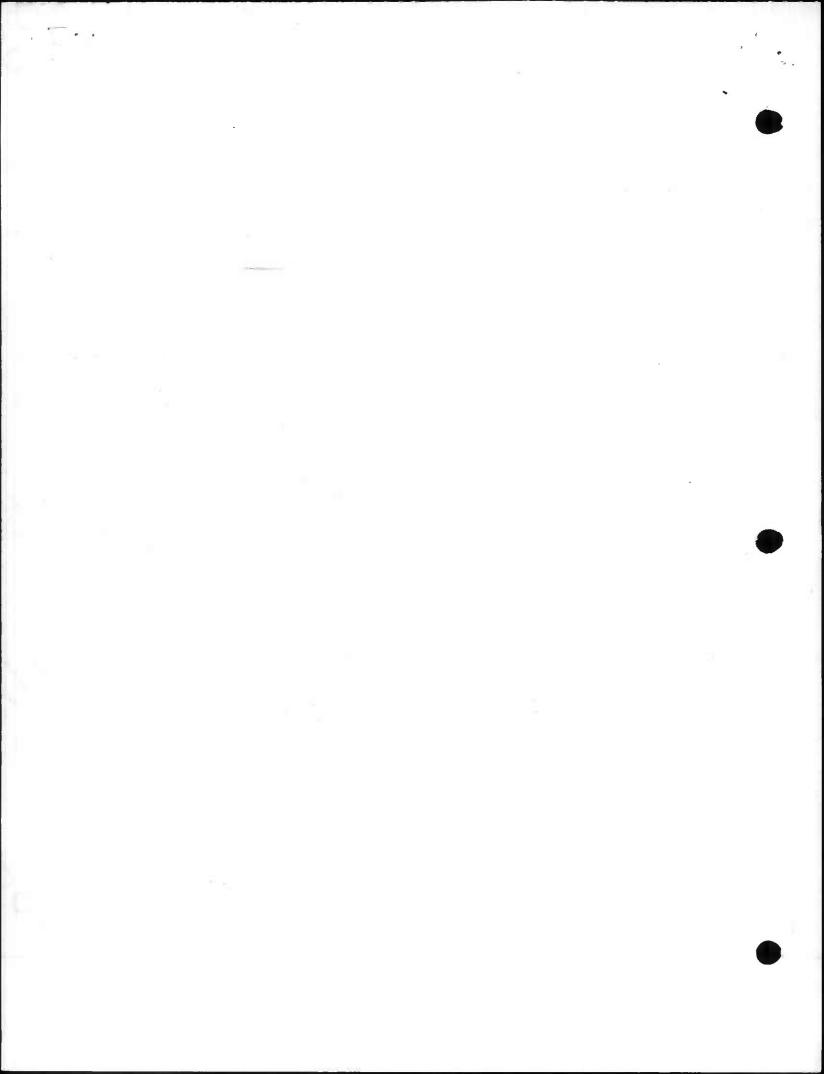
31. OATE FILED (Month, Day, Your) DEC 0 5 1994

un

32 AEGISTRAR'S SIGNATURE

ITEM: 10f, PER F.H. FILM G-718 12/5/94 t.t FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH 3. TIME OF DEATH Howard Stuart Smith Dec. 2, 1994 4:00 ам 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year Aug 7, 8. BIRTHPLACE (State or Foreign 89 DAYS HOURS 1 [X] M 2 [] F 139-07-6375 YRS 1905 New Jersev 9e. FACILITY NAME (If not institution, give street end number) 96 CITY TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Cherrywood Manor Nursing Home Reisterstown Baltimore RESIDENCE OF DECEDENT 10e. STATE 186 COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Baltimore Baltimore County 1 TYES 2 K NO 10a, STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 2014 Greengage Road 21207 21244 U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 X YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No—If yes, specify Cuben, Maxicen, Puerto Rican, etc.)

1 YES 2 N O Specify: 11 MARITAL STATUS 14. RACE — American Indian, Black, White, atc. 1 Never Merried 2 2 Merried В Specify: 3 Widowed 4 Divorced WW 2 White ETED 15. OECEDENT'S EDUCATION 16e. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INQUSTRY (Specify only highest grade co. (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5 -) COMPL Telephone Technician years C & P Telephone Company 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) Ralph Mandeville Smith Louisa Sedille BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 9 Mrs. Edna Orrison Smith 2014 Greengage Rd. Baltimore, MD 21244 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION — City or Town, State Cemetery Crematory or other place)
Loudon Park Cemetery 4 Donation 5 Other (Specify) 12/5 Baltimore, Maryland 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Loring Byers Funeral Directors, Inc. 8728 Liberty Road Randallstown, MD 21133 23. PART I. Enter tha diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory street, Approximata abock, or haart failure. List only one cause on each line. intarvai Between IMMEDIATE CAUSE (Final Onsat and Death disease or condition_ hetastata resulting in death) QUE TO (OR AS A CONSEQUENCE OF CERTIFICATION Sequantially list conditions, OUE TO (OR AS A CONSEQUENCE OF) if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in death) LAST PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS AWAR ABLE PRIOR TO COMPLETION OF CAUSE MEDICAL 24s. WAS AN AUTOPSY 1 TES 2 NO OF DEATH? 1 TYES 2 TNO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) **EXAMINER?** 1 YES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA 4 Nursing Home 5 Residence 6 Other (Specify) 27. MANNER OF DEATH 28e. OATE OF INJURY 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. OEŞCRIBE HOW INJURY OCCUREO 1 Natural М 4 A 1 YES 2 NO 2/41 2 Accident Investigation 28e. PLACE OF INJURY — At home, term, street, factory, office building, etc. (Specify) 28t. LOCATION (Street end Number or Rural Route Number, City or Town, Stete) 3 Sulcide 8 Could not be 4 Homicide 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end piece, end due to the ceuse(e) end menner ee stated. 2 MEDICAL EXAMINER: On the besie of examination end/or investigation, in my opinion, death occurad at the time, date end place, end due to the ceuse(e) end menner se stated. 29b. SIGNATURE AND TITLE OF CERTIFIER, 29c. LICENSE NUMBER 29d. OATE SIGNED (Month, Day, Year) 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)



DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 44 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remoral.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
REGISTRAR	CERTIFICATE OF DEATH	REG. NO.

Side of Foreign ad Side of Foreign ad Side of Foreign ad Side city MITS? Ess 2 \(\text{NO} \) NO UNTRY?
Side or Foreign Side City Altrs? ES 2 \(\subseteq NO UNTRY? Indian, atc.
Side or Foreign Side City Altrs? ES 2 \(\subseteq NO UNTRY? Indian, atc.
SIDE CITY AITS? ES 2 NO UNTRY?
ES 2 NO UNTRY?
ES 2 NO UNTRY?
ES 2 NO UNTRY?
ES 2 NO UNTRY?
UNTRY?
rican Indian,
atc.
ack
216
land
e Inc.
21216
pproximata
terval Between
YRS
YRS
UTOPSY FINDINGS LE PRIOR TO
LE PRIOR TO
LE PRIOR TO TION DF CAUSE TH?
LE PRIOR TO THON DF CAUSE IN? S 2 XI NO
LE PRIOR TO THON DF CAUSE IN? S 2 XI NO
LE PRIOR TO THON DF CAUSE IN? S 2 XI NO
LE PRIOR TO THON DE CAUSE H? S 2 NO NO NO NO NO NO NO NO NO NO NO NO NO
LE PRIOR TO THON DF CAUSE H? S 2 V NO
LE PRIOR TO THON DE CAUSE H? S 2 NO NO NO NO NO NO NO NO NO NO NO NO NO
LE PRIOR TO THON DE CAUSE H? S 2 NO NO NO NO NO NO NO NO NO NO NO NO NO
LE PRIOR TO THON DE CAUSE H? S 2 NO NO NO NO NO NO NO NO NO NO NO NO NO

188 (8

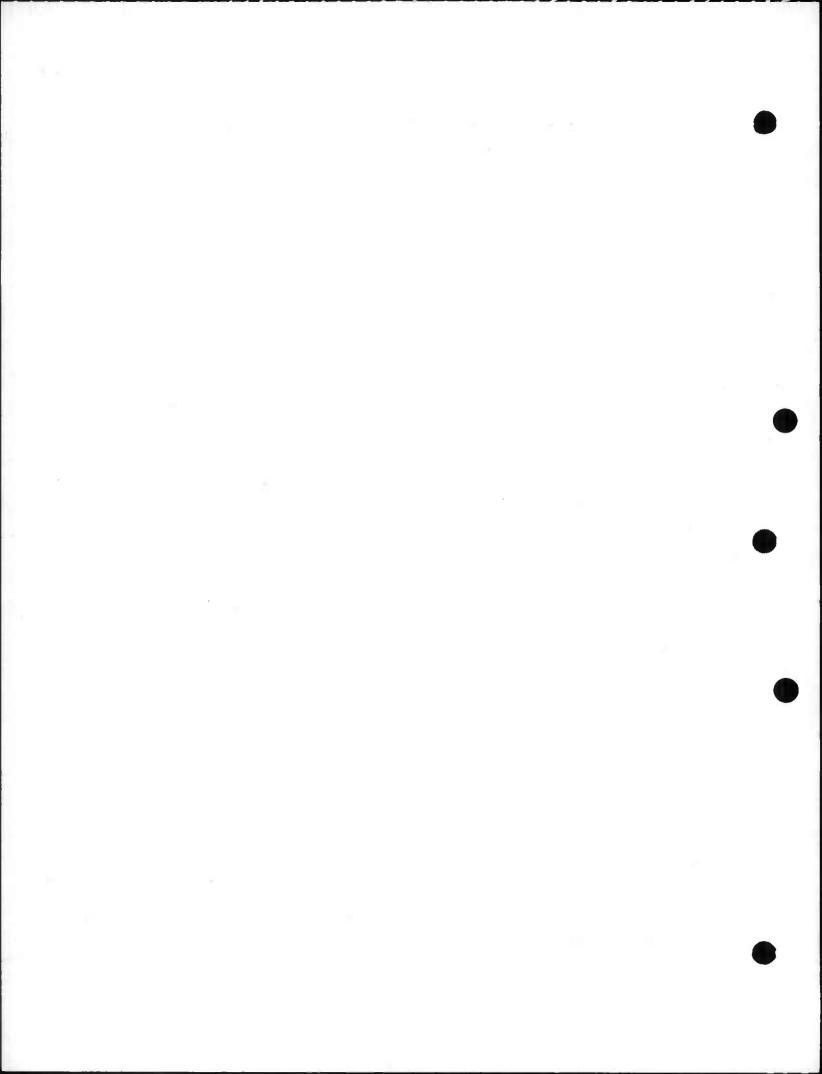
BALTIMORE, MARYLAND 21215-0020

1

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

FOR STATE REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH ELI ZABETH 7071EN YEAR 340 8. AGE (In yrs. last birthday) 4. SOCIAL SECURITY NUMBER 5. SEX 7. DATE OF BIRTH (Month, Day, Year 8. BIRTHPLACE (State or Foreign 1 - M 2 X F hours after death. Page 6 may be retained by the hospital or attending physician. ed in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should 9a. FACILITY, NAME (If not institution, give street and number) 9c. COUNTY OF OEATH Clorthwest dallstown DIRECTOR RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 101 ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 82 WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuben, Mexicen, Puerto Rican, etc.)

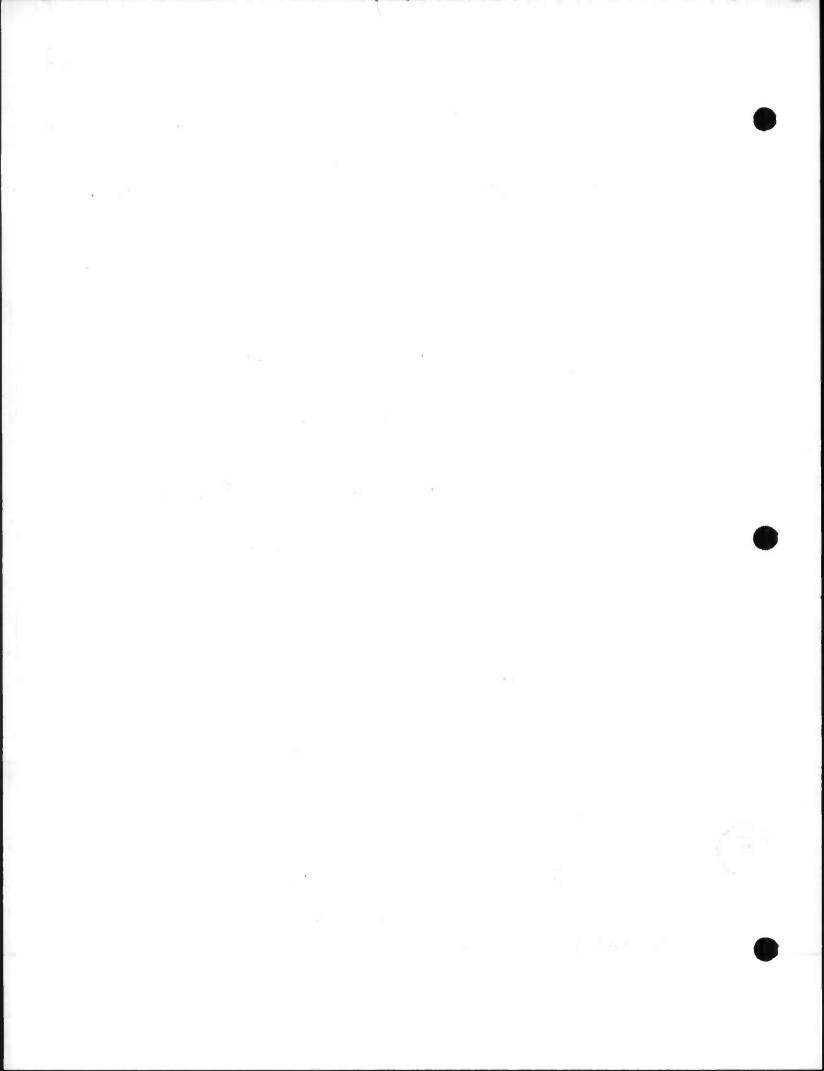
1 YES 2 NO Specify: 1 Never Married 2 Merried IF YES, GIVE WAR OR DATES В 3 Widowed 4 Divorced Black COMPLETED 15. DECEDENT'S EDUCATION 18e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest tary/Secondary (0-12) College (1-4 or 5 +) 9 ch LNKNOWN 16. MOTHER'S NAME (First, Middle, Meiden Surname) 17. FATHER'S NAME (First Middle Last) illiam notified at Garrett BE 194. INFORMANT'S NAME (Type/Print) 2 alto, Ma 21244 pe 20e METHOD OF DISPOSITION
1 Burlel 2 Cremetion 3
4 Donation 5 Other (Specify) 20c. EOCATION - CIPY or Town, State 20b. PLACE AND DATE OF DISPOSITION /Na PATE 2 must alls hows, Ma 21. SIGNATURE OF FUNERAL SERVICE LICENSEE the medical examiner 21,215 Ane Balto, Med signed by the attending physician and completely filled in by the Health and Mental Hygiene prior to burial, cremation, or removal. 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardisc or respiratory strest, Approximata shock, or hasrt fallure. List only one cause on each line. interval Between IMMEDIATE CAUSE (Final SEPS 15
DUE TO (OR AS A CONSEQUENCE OF): Onset and Desth disesse or condition resulting in death) DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within injury, or other traumatic event, DIVISION OF VITAL RECORDS, P.O. BOX 68760, DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequantistly list conditions, if sny, leading to immediate PSEUDO MUCINOUS CYSTADENOMA cause. Enter UNDERLYING CAUSE (Disease or Injury that initisted eventa resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. PHYSICIAN: MEDICAL 24a, WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS BOWE AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? RESECTION shows any 1 - YES 2 NO After this certificate has been sideath with the State Dept. of He marked, or item 23 show 1 TYES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES \square NO \square UNCERTAIN \square 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL:
1) Inputient 2 - ER/Outpatient 3 -OTHER: 4 ☐ Nursing Home 5 ☐ Residence 6 ☐ Other (Specify) 27. MANNER OF DEATN 28a. DATE OF INJURY (Month, Oay, Year) 28c. INJURY AT WORK? 28d. DESCRIBE NOW INJURY OCCURED 1 Natural 5 Pending 1 YES 2 NO BY DIRECTOR: After after death Accident 28s. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 281. LOCATION (Street end Number or Rural Route Number, City or Town, State) 28 is I 3 Suicide ETED 4 Homicide datermined Hem hours 29e. CERTIFIER P 1 CERTIFYING PHYSICIAN: To the best of Try knowledge, death occurred at the time, data end place, end due to the cause(s) end menner as stated, FUNERAL C within 72 h (Check only one) TO THE FUNERA be filed within 72 IMPERTMENT 2 MEDICAL EXAMINER: On the bests of axi ination end/or investigation, in my opinion, death occured at the time, date and place, end due to the ceuse(s) end manner as stated. SIGNATURE AND TITLE OF PRATIFIE 29d. DATE SIGNED (Month, Day, Year) 29c. LICENSE NUMBER 223 KAYNOLD STRE NORTHWEST 32 DEGISTARS CONSTITUTE



DIVISION OF VITAL RECORDS, P.O.

FOR STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR CERTIFICATE OF DEATH REG NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF OEATH MONTH 3 TIME OF DEATH YEAR TOLES ELSIE DEC. 1994 06:31 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) 7. DATE OF BIFTH (Month, Day, Year IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 213-16-3096 1 🗌 M 2 😾 F 5/12/191 use as the burial-transit permit. Pages 1, 2, 3 should 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF OEATH DIRECTOR NORTH ARUNDEL HOSPITAL ASSOCIATION GLEN BURNIE A. A. COUNTY RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland A.A.Co 1 YES 2 X NO Severr FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 724 Queenstown Rd 21144 U.S.A. ours after death. Page 6 may be retained by the hospital or attending physician. 12. WAS OECEDENT EVER IN U.S. ARMED FORCES? 1 YES 22 MO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS OCCENDENT OF HISPANIC ORIGIN? (Specify Yee or No—
If yes, specify Cuben, Mexicen, Puerto Rican, etc.)

1 YES 2 NO Specify: 14. RACE — American Indien, Black, White, etc. BALTIMORE, MARYLAND 21215-0020 1 Never Married 2 Merried BY Specify 3 X Widowed 4 ☐ Divorced Black COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEOENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY for Elementery/Secondary (0-12) College (1-4 or 5+) 5th grade funeral director, page 5 should be detached Laboratory Assistant 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) notified at William Wilson Sarah Waters BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Glorestine Toles 724 Oueenstown Rd Severn, Md. pe 20e. METHOD OF DISPOSITION
1X Buriel 2 Cremetion 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION - City or Town, State must cometery, crematory or other place)
Cedar <u>H</u>ill Cemetery 4 Donation 5 Other (Specify) 12 - 7Baltimore Md 21. NGNATURE OF PUNERAL SERVICE LICENSES medical examiner 22. NAME AND ADDRESS OF FACILITY William C. Brown Community F/H 1206 W. North Ave. Balto., Md 21217 completely filled in by the rial, cremation, or removal. 23. PART I. Enter the disesses or complications that caused the daeth. Do not enter the mode of dying, such ea cerdiec or respiratory errest, shock, or heart fellura. List only one cause on each line. Approximate Interval Between IMMEDIATE CAUSE (Final Onaet end Death the cremation, dolen Death diseese or condition ______ ead Un event, ATTENDING PAYSICIAN: The law requires that the death certificate be executed within DUE TO (OR AS A CONSEQUENCE OF): prior to burial, Pectons traumatic CERTIFICATION Sequentially list conditions, if sny, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or Injury OUE TO (OR AS A CONSEQUENCE OF): L Blood Gears y the attending physical Mental Hygiene p or other that initieted events resulting in death) LAST PART II. Other algnificant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO signed by the Artery O. sease shows any COMPLETION OF CAUSE 1 YES 2 NO 1 YES 2 NO has been PHYSICIAN: DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES \(\Boxed{1}\) NO \(\Boxed{1}\) UNCERTAIN \(\Boxed{1}\) Dept. 23 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) mis certificate h ltem mean HOSPITAL: 1 YES 2 NO 0r Inpetient 2 - ER/Outpetient 3 DOA 4 ☐ Nursing Home 5 ☐ Residence 8 ☐ Other (Specify) the 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED marked 1 Natural 5 Pending 1 YES 2 NO ВУ After death 2 Accident 28e. PLACE OF INJURY — At home, ferm, atreet, fectory, office building, atc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide .00 ETED 8 Could not be SP SP 報 28 4 Homicide datermined CERTIFYING PHYSICIAN: To the beat of my knowledge, death occurred at the time, date end place, end due to the cause(e) end menner ee stated, COMPL (Check only one) 2 MEDICAL EXAMINER: On the beele of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(e) end menner es stated. 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. OATE SIGNEO (Month, Day, Year) BE adget MD XC 3296 12/1/94 3 222 2 30. NAME AND AGORESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) NEIL E. PADGETT M.D./7706 QUARTERFIELD RD./GLEN BURNIE, MARYLAND 21061 31. DATE FILEO (Month, Day, Year) 32. REGISTRAR'S SIGNATURE DEC 0 5 1994



BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

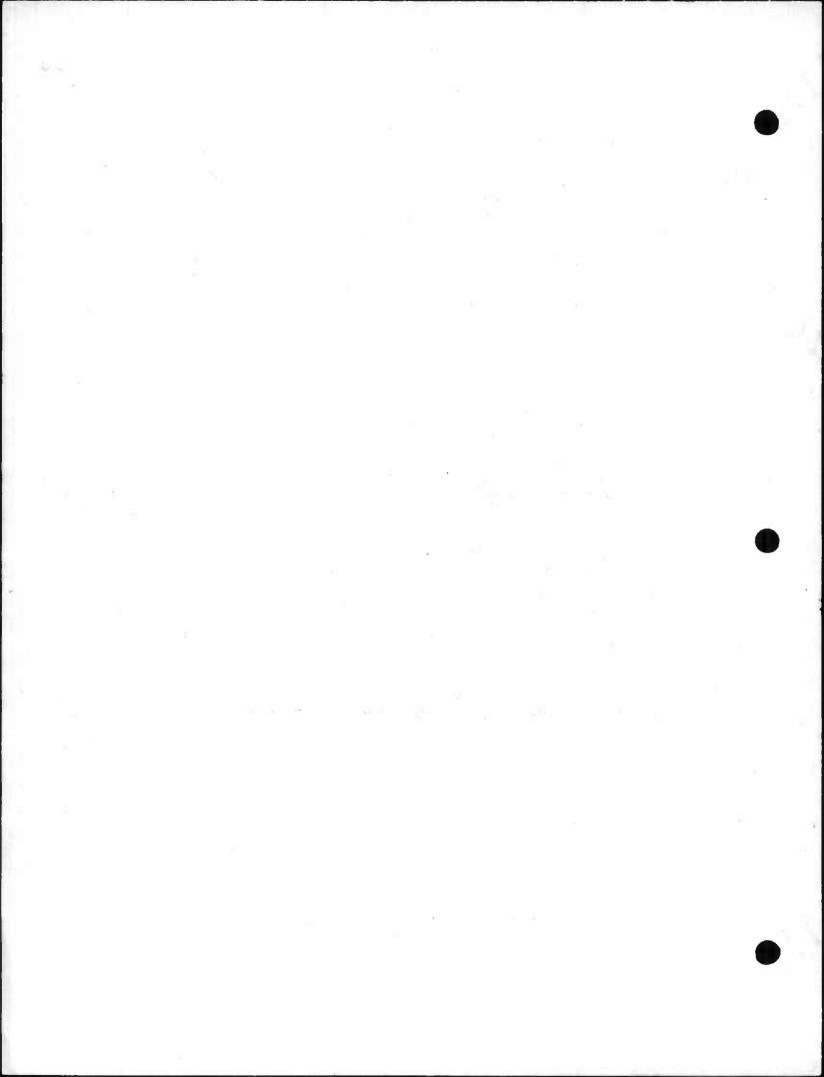
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with cours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this dertificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIFIC	CATE OF	DEATH	REG.	NO.	
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEAT	1	3. TIME OF OEATH
1 4	Derothy	Helen T	hompson			Nov. 3	0.199	4 5:30 A M
1 2	4. SOCIAL SECURITY NUMBER		(In yrs. last birthday)	IF UNDER 1 YEAR		T		
1 8	215 28 4221	1.00		HONTHS DAYS	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Yea	7)	8. BIRTHPLACE (State or Foreign Country)
1 1		1 M 2 F	67 YRS.			9-8-19	27	Virginia
	9e. FACILITY NAME (If not institution, give :			9b. CITY, TOWN	OR LOCATION OF D	EATH		NTY OF DEATH
<u>٣</u>	Maryland Ge	neral Host	oital	Ral+	imore			
DIRECTOR	RESIDENCE OF DECEDENT		7704	Dait	Imore		na	
Ш	10e. STATE 10b. COUNT	Υ	t0c. CITY,	TOWN OR LOCA	TION		~	10d. INSIDE CITY LIMITS?
1 %	Maryland	na		Baltin	nore			
	10e. STREET AND NUMBER							1 YES 2 NO
<u>%</u>		1 D - 1 // 0		10	. ZIP CODE		10g. CITI	ZEN OF WHAT COUNTRY?
	3509 Edgewoo	d Road #2			212	15		USA
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVER		13. WAS DEC	ENDENT OF HISPA	NIC ORIGIN? (Specify	Yee or No-	14. RACE — American Indian,
	1 Never Merried 2 Merried	FORCES? 1 YES			ecify Cuben, Mexica 2 NO Specific	nn, Puerto Rican, etc.)	Black, White, etc.
B	3 Wildowed 4 Divorced				е 🗀 не ороси	,	ł	Specify: Black
	15. DECEDENT'S EDU	ICATION	16a. DECEDENT'S U	SUAL OCCUPATION	ON	16h KIND OF	BUSINESS/IND	HISTOV
LEI	(Specify only highest grade		(Give kind of wo	ork done during mo	st of working	The March		
1 2 1	Elementary/Secondary (0-12)	College (1-4 or 5+)		ŕ		Federa	al Pos	stal Employee
Σ								
COMPLETED	17. FATHER'S NAME (First, Middle, Last)	1.				ME (First, Middle, Ma		
BE	Floyd Eugene T	nompson			Lillia	an Heler	Smit	h
	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING	DDRESS (Street	and Number or Rural	Route Number, City or	Town, State, Zip	Code)
일	Barbara L. Sm	nith	1250			st506, V		
1 1	20e. METHOD OF DISPOSITION							
	1 🗆 Burlel 2 🗆 Cremation 3 🗆 Rem		b. PLACE AND DATE OF metery, crematory or oth		ime of	DATE 20c	LOCATION —	City or Town, State
1 1	4 Donation 5 Other (Specify)	1						
1 1	21. SIGNATURE OF PUMERAL BERVICE LI	CENSEE Ronald	Wade, Di	22. NAME A	ND ADDRESS OF FA	Sta	te An	atomy Board
1 1	A somet	Made	9		J. Balti	more St	Ralto	o,MD21201
\vdash	/ Miller	1/ Jane						
1 1	23. PART I. Enter the diseases, or shock, or heart fallure.	Complications that cause List only one cause on	ed the death. Do no	t anter tha mo	da of dying, aud	th aa cardiac Dr n	apiratory arr	
	IMMEDIATE CAUSE (Final	and only one deader on	addir iirig.					Interval Batween Onset and Death
1 1	disease or condition	Small C	011 Tum			3.6		1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
1 1	resulting in death)	a. Small C	A CONSEQUENCE OF	g canc	er with	Metast	asis	unknown
		50C 10 (011 A5	A CONSCIOUENCE OF					
CERTIFICATION	Sequentially list conditions,	b						
Ē	If any, leading to immediate	DUE TO (OR AS	A CONSEQUENCE OF)					i I
0	cause. Enter UNDERLYING CAUSE (Disease or Injury	C						
里	that initiated events	DUE TO (OR AS	A CONSEQUENCE OF)					
돈	resulting in death) LAST	d						
5								
4	PART ii. Other algnificant condition	na contributing to death	but not resulting in	tha underlyin	g cause given in	Part I. 24a, WAS	AN AUTOPSY	24b. WERE AUTOPSY FINDINGS
DICAL							FORMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE
1 111 1						1 YE	NO NO	OF DEATH?
Σ	DID TORACCO HET	201 ITNIN 122 TO	641165 65			[1 TYES 2X NO
SICIAN	DID TOBACCO USE (COMIKIRALE LO	CAUSE OF	DEATH Y	ES NO	' L.		
N N	25. WAS CASE REFERRED TO MEDICAL . EXAMINER?				ACE OF DEATH (C	eck only one)		
S	1 PES 2 NO	HOSPITAL: Valinpetient 2 ER/Out		OTHER:	e 5 🗆 Reeldence	8 Other (Specify)		
РНҮ	27. MANNER OF DEATH	28e. DATE OF INJURY				28d. DESCRIBE HO	W IN HIRY OCC	CURED
	1 Natural 5 Pending	(Month, Day, Year)	INJU	RY WC	PRK?	200. DESCRIBE IN	W INJUNI OCC	CONED
B	2 Accident Investigation				YES 2 NO			
	3 Suicide 8 Could not be	28e. PLACE OF INJUR building, etc. (Sp.	Y — At home, term, at ecify)	eet, tactory, offic	•	281. LOCATION (Str City or Town, S	eet end Number	or Rural Route Number,
2	4 Homicide determined					,	,	- 1
3	290. CERTIFIER 1 TY CERTIFYING PHYS	ICIAN: To the heat of my kee	wlades death assumed		Tea Mar to Ann		West Nati	34
₽ I		ICIAN: To the best of my known						
COMPL	2 MEDICAL EXAMINE		บก อกฉ/or investigation	, in my opinion, d	eath occured at the	time, date end place	, end due to th	e couse(e) end menner ee stated.
. ~ 1	29b. SIGNATURE AND TITLE OF CERTIFIE	R			29c. LICENSE NUI		29d. DATI	E SIGNED (Month, Day, Year)
ш		111			892	21		1130 94
0	M. Folores	1, ()						
	1.00	O COMPLETED CAUSE OF D	FATH (ITEM 27) /5mg (Print)				
0	30. NAME AND ADDRESS OF PERSON WI				1		· ·	
0	30. NAME AND ADDRESS OF PERSON WE Maria Flores	M.D. c/o	Marylan		ral Hos	spital		
100	1.00		Marylan		ral Hos	spital		



blh

ITEMS: 16a,19b, PER F.H. FILM G-718 12/5/94 t.t

FOR

TO BE COMPLETED BY FUNERAL DIRECTOR

1 - STATE REGISTRAR			CKIIF	ICALE	OF DEA	IH.		REG. NO			
1. DECEDENT'S NAME (First, Middle, Last)	-							E OF DEATH			3. TIME OF DEATH
Virginia	To	uise		T.7 - 3 T	liams		MONT			994	
	SEX	6. AGE (In yrs. ie	st birthday)	IF UNDER 1 YE		R 24 HRS.	7. DATE	OF BIRTH	- 		0228 M
219-10-4708	□ M 2 💢 F	81	YRS.	MONTHS DA	YS HOURS	MIN.	(Mon	-1913		Countr	Va
9e. FACILITY NAME (If not institution, give street	t and number)			9h CITY TO	WN OR LOCAT	ION OF DI		-1913	00 0011	NTY OF D	
							LAITI		Sc. CO01	ill or b	EAIN
2209 Druid Hill	Aven	ue		L_Bal	timor	e_					
10a. STATE 10b. COUNTY			10c. CIT	Y, TOWN OR L	OCATION				-		10d. INSIDE CITY
Md			Ba	alto						I	LIMITS?
10e. STREET AND NUMBER					101, ZIP COD				10g. CITI	ZEN OF V	WHAT COUNTRY?
2209 Druid Hill	Avenue				2121	7			U	SA	
11. MARITAL STATUS 12	2. WAS DECEDEN	T EVER IN U.S. A	RMED	13. WAS	DECENDENT	OF HISPAI	VIC ORIGI	N? (Specify Yes	or No—	14. RACE	- American Indian,
1 Never Married 2 Married	FORCES? 1 IF YES, GIVE W	YES 2X	NO	If yo	s, specify Cubi	en, Maxica Specifi		Rican, etc.)	- 1	Black	MBlack
3 Widowed 4 Divorced					1441		,		-	opeo	BIACK
15. DECEOENT'S EDUCAT (Specify only highest grade con	TION /mpleted)	18a. Of	ECEDENT'S	USUAL OCCU	PATION a most of work	ina .	166	b. KIND OF BU	SINESS/INC	USTRY	
	College (1-4 or 5+) life	Do NOT us	se retired.)							
7th		-#	ouse	wige H	DUSEWIFE						
17. FATHER'S NAME (First, Middle, Last)								Middle, Maiden	Surname)		
Robert Williams						alli					
19a. INFORMANT'S NAME (Type/Print)		19	b. MAILING	ADDRESS (St	reet and : PRI	OVIDE	NCE Nun	nber, City or Tow Rhode Is	n, State, Zip	Code)	
Joseph I. Turpin		P	0.	Box 41	.232 Pr	ovude	nce,	Rhode Is	sland	02940	
20a, METHOD OF OISPOSITION 1 N Burlel 2 Cremetion 3 Remove	I from State	20b. PLACE cemetery, cre	ANDDATE	OF DISPOSITIO	N (Name of		OAT	TE 20c. LO	CATION —	City or To	wn, State
4 Donation 5 Other (Specify)		King	Memor	ial Park	<u>. </u>		125	94 Rand	dallst	own,	Md
21. SIGNATUHE TIL FUNERAL SERVICE LICEN:	SEE	/			arch			- +			
* Alla 7	MAN	16)								D 7.	777. 44.44.4
23. PABY I. Enter the diseeses, or com	1 400 0										
	applications that	ceused the de	eath. Do r	not enter the	mode of dv	W a r	b as car	AVEN	ue	Ball	to, Md 21215
ehock, or heert fellure. Lie	nplicetions thet t only one ceu	ceused tha dese on sech line	eath. Do r	not enter tha	mode of dy	Ing, euc	h as car	diac or respi	ratory err	Ball est,	Approximate Interval Between
ehock, or heert fellure. Lie	t only one ceu	se on aech line	е.	not enter tha	mode of dy	Ing, euc	h as car	diac or respi	ratory err	est,	Approximate Interval Between Onset and Death
ehock, or heert fellure. Lie	Ather	se on sech line	ohz	cu.	mode of dy	Ing, euc	h as car	diac or respi	ratory err	est,	Approximate Interval Between Onset and Death
ehock, or heert fellure. Lie	Ather	se on aech line	ohz	cu.	mode of dy	Ing, euc	h as car	diac or respi	ratory err	est,	Approximate Interval Between Onset and Death
immediate cause (Finel disease or condition resulting in deeth) Sequentially list conditions,	AHR DUE TO	se on sech line OSCLOCO (OR AS A CONSE	ohz	CUP:	mode of dy	Ing, euc	h as car	diac or respi	ratory err	est,	Approximate Interval Between Onset and Death
ehock, or heef fellure. Liet IMMEDIATE CAUSE (Finel disease or condition resulting in deeth)	AHR DUE TO	se on sech line	ohz	CUP:	mode of dy	Ing, euc	h as car	diac or respi	ratory err	est,	Approximate Interval Between Onset and Death
ehock, or heer fellure. Liet IMMEDIATE CAUSE (Finel disease or condition resulting in deeth) Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	DUE TO	se on sech line OSCLOCO (OR AS A CONSE	OUENCE OF	CUF:	mode of dy	Ing, euc	h as car	diac or respi	ratory err	est,	Approximate Interval Between Onset and Death
ehock, or heer fellure. Liet IMMEDIATE CAUSE (Finel disease or condition resulting in deeth) Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING	DUE TO	SO ON AS A CONSE	OUENCE OF	CUF:	mode of dy	Ing, euc	h as car	diac or respi	ratory err	est,	Approximate Interval Between Onset and Death
ehock, or heef fellure. Lie immediate cause or condition resulting in deeth) Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO	COR AS A CONSE	OUENCE OF	COPF):	rdive	/US	iul	diac or respi	ratory err	est,	Approximate Interval Between Onset and Death
ehock, or heef fellure. Lies IMMEDIATE CAUSE (Fine) disease or condition resulting in deeth) Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury thet initiated events	DUE TO	COR AS A CONSE	OUENCE OF	COPF):	rdive	/US	iul	diac or respi	AUTOPSY	eet,	Approximate Interval Between Onset and Death
ehock, or heef fellure. Lies IMMEDIATE CAUSE (Finel disease or condition resulting in deeth) Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury thet initiated events resulting in death) LAST	DUE TO	COR AS A CONSE	OUENCE OF	COPF):	rdive	/US	iul	24a. WAS AN PERFOR	AUTOPSY MED?	eet,	Approximate Interval Between Onset and Death Onset and Death Were Autopsy Findings AMAILABLE PRIOR TO COMPLETION OF CAUSE
ehock, or heef fellure. Lies IMMEDIATE CAUSE (Finel disease or condition resulting in deeth) Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury thet initiated events resulting in death) LAST	DUE TO	COR AS A CONSE	OUENCE OF	COPF):	rdive	/US	iul	CL C	AUTOPSY MED?	eet,	Approximate interval Between Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death
ehock, or heef fellure. Lie immediate cause or condition resulting in deeth) Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	OUE TO	COR AS A CONSE	OUENCE OF	COFF:	rd() t	/US	h as car	24a. WAS AN PERFOR	AUTOPSY MED?	eet,	Approximate Interval Between Onset and Death Onset and Death Were Autopsy Findings Available Prior To Completion of Cause OF DEATH?
ehock, or heef fellure. Lie IMMEDIATE CAUSE (Finel disease or condition resulting in deeth) Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reculting in death) LAST PART II. Other significant conditions or DID TOBACCO USE CONTRIB 25. WAS CASE REFERRED TO MEDICAL	OUE TO OUE TO OUT TO OU	COR AS A CONSE	OUENCE OF	F): In the under IN (Check only)	roll Di	////S	h as car	24a. WAS AN PERFOR	AUTOPSY MED?	eet,	Approximate Interval Between Onset and Death Onset and Death Were Autopsy Findings Available Prior To Completion of Cause OF DEATH?
ehock, or heer fellure. Lie IMMEDIATE CAUSE (Finel disease or condition resulting in deeth) Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reculting in death) LAST PART II. Other significant conditions of DID TOBACCO USE CONTRIB 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OUE TO	COR AS A CONSE (OR AS A CONSE (OR AS A CONSE (OR AS A CONSE (OR AS A CONSE (OR AS A CONSE (OR AS A CONSE	OUENCE OF	F): In the under OTHER:	roll Di	glven in	Pert I.	24a. WAS AN PERFOR	AUTOPSY MED?	eet,	Approximate Interval Between Onset and Death Onset and Death Were Autopsy Findings Available Prior To Completion of Cause OF DEATH?
ehock, or heer fellure. Lie IMMEDIATE CAUSE (Finel disease or condition resulting in deeth) Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions of the condit	OUE TO OU	COR AS A CONSE COR AS A CONSE	OUENCE OF	F): In the under CO F): NO TH (Check only OTHER: 4 Nursing E OF 286	Iying ceuse UNC	glven in	Pert I.	24a. WAS AN PERFOR	AUTOPSY MED?	24b.	Approximate Interval Between Onset and Death Onset and Death Were Autopsy Findings Available Prior To Completion of Cause OF DEATH?
ehock, or heer fellure. Lie IMMEDIATE CAUSE (Finel disease or condition resulting in deeth) Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions of the cause of t	OUE TO CALCOSPITAL:	COR AS A CONSE COR AS A CONSE	OUENCE OF	F): In the under CO F): NO If (Check only OTHER: 4 Nursing E OF 28c	iying ceuse UNC	given in	Pert I.	24a. WAS AN PERFOR	AUTOPSY MED?	24b.	Approximate Interval Between Onset and Death Onset and Death Were Autopsy Findings Available Prior To Completion of Cause OF DEATH?
ehock, or heer fellure. Lie IMMEDIATE CAUSE (Finel disease or condition resulting in deeth) Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions of DID TOBACCO USE CONTRIB 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 X YES 2 NO 11 27. MANNER OF DEATH 1 Natural 5 Pending	OUE TO OU	COR AS A CONSE (OR AS A CONSE	OUENCE OF	F): In the under CO F): NO If (Check only OTHER: 4 Nursing E OF 28c URY M 1	Ilyling ceuse UNC One) Home 5 M R. INJURY AT WORK? YES 2	given in	Pert I. 8 Other 286. DE	24a. WAS AN PERFOR 1 YES 2	AUTOPSY MED?	24b.	Approximate Interval Between Onset and Death Onset and Death Were Autopsy Findings Available Prior To Completion of Cause OF Death?
ehock, or heer fellure. Lie immediate CAUSE (Finel disease or condition resulting in deeth) Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions of the cause. Examiner? 1 (X YES 2 NO NO NOT NOT NOT NOT NOT NOT NOT NOT N	OUE TO OU	COR AS A CONSE COR AS A CONSE	OUENCE OF	F): In the under CO F): NO If (Check only OTHER: 4 Nursing E OF 28c URY M 1	Ilyling ceuse UNC One) Home 5 M R. INJURY AT WORK? YES 2	given in	Pert I. 8 Other 286. DE	24a. WAS AN PERFOR 1 YES 2	AUTOPSY MED?	24b.	Approximate Interval Between Onset and Death Onset and Death Were Autopsy Findings Available Prior To Completion of Cause OF Death?
ehock, or heer fellure. Lie immediate cause or condition resulting in deeth) Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions of the cause. Examiner? 1 X YES 2 NO 1 Natural 5 Pending Investigation 1 Suicide 8 Could not be datarmined	OUE TO CALL Inpatient 2 Case PLACE Of building, in	COR AS A CONSE (OR AS A CONSE	OUENCE OF CE OF DEAT INJ	F): F): In the under CO F): F): In the under CH(Check only) OTHER: 4 Nursing E OF 28c URY M 1 Interest, factory,	iying ceuse UNC One) Home 5 M R INJURY AT WORK? YES 2	given in	Pert I. 8 Oth	24a. WAS AN PERFOR 1 YES 2 ar (Specify) SCRIBE HOW II	AUTOPSY IMED?	24b.	Approximate Interval Between Onset and Death Onset and Death Were Autopsy Findings Available Prior To Completion of Cause OF Death?
ehock, or heer fellure. Lie immediate cause or condition resulting in deeth) Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions of the cause of the	OUE TO CALCONING DE CONTRIBUTING TO CALCONING DE CONTRIBUTING TO CALCONING DE CONTRIBUTING DE CALCONING DE CA	COR AS A CONSE (OR AS A CONSE	OUENCE OF CE OF DEAT INJUDICE, farm, a seth occurrent.	F): F): In the under CO F): F): In the under CH (Check only OTHER: 4 Nursing E OF URY M 1 Instreet, factory,	iying ceuse UNC One) Home 5 M R INJURY AT WORK? YES 2 Office	given in	Pert I. 8 Oth 28d. DE 26i. LOC City	24a. WAS AN PERFOR 1 YES 2 ar (Specify) SCRIBE HOW II CATION (Street a or Town, State)	AUTOPSY IMED? AUTOPSY IMED? AND OCCUPATION OF THE PROPERTY OCCUPATION OF THE PROPERTY OF THE	24b.	Approximate Interval Between Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death
ehock, or heef fellure. Lie IMMEDIATE CAUSE (Finel disease or condition resulting in deeth) Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury thet initiated events reculting in death) LAST PART II. Other significant conditions of DID TOBACCO USE CONTRIB 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 (X YES 2 NO 1 Natural 5 Pending Investigation 3 Suicide 8 Could not be datarmined 29a. CERTIFIER (Check only one) 2 XMEDICAL EXAMINER: C	OUE TO CALCONING DE CONTRIBUTING TO CALCONING DE CONTRIBUTING TO CALCONING DE CONTRIBUTING DE CALCONING DE CA	COR AS A CONSE (OR AS A CONSE	OUENCE OF CE OF DEAT INJUDICE, farm, a seth occurrent.	F): F): In the under CO F): F): In the under CH (Check only OTHER: 4 Nursing E OF URY M 1 Instreet, factory,	Iying ceuse UNC One) Home 5 M R. INJURY AT WORK? YES 2 Office data and place on, death occu	given in CERTAIN meldence NO	Pert I. 8 Othic 281. LOC	24a. WAS AN PERFOR 1 YES 2 ar (Specify) SCRIBE HOW II CATION (Street a or Town, State)	AUTOPSY MED? AUTOPSY MED? AUTOPSY MED?	24b.	Approximate Interval Between Onset and Death Onset and Death Onset and Death Were Autopsy Findings Available Prior To Completion of Cause OF DEATH? 1 YES 2 NO
ehock, or heef fellure. Lie IMMEDIATE CAUSE (Finel disease or condition resulting in deeth) Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions of the cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST DID TOBACCO USE CONTRIB 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 X YES 2 NO 1 NANNER OF DEATH 1 Natural 5 Pending Investigation of the deatermined 29a. CERTIFIER (Check only) 1 CERTIFYING PHYSICIAL	OUE TO CALCONING DE CONTRIBUTING TO CALCONING DE CONTRIBUTING TO CALCONING DE CONTRIBUTING DE CALCONING DE CA	COR AS A CONSE (OR AS A CONSE	OUENCE OF CE OF DEAT INJUDICE, farm, a seth occurrent.	F): F): In the under CO F): F): In the under CH (Check only OTHER: 4 Nursing E OF URY M 1 Instreet, factory,	Iying ceuse UNC One) Home 5 M R. INJURY AT WORK? YES 2 Office data and place on, death occu	given in	Pert I. 8 Othic 281. LOC	24a. WAS AN PERFOR 1 YES 2 ar (Specify) SCRIBE HOW II CATION (Street a or Town, State)	AUTOPSY MED? AUTOPSY MED? AUTOPSY MED?	24b.	Approximate Interval Between Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death
ehock, or heer fellure. Lie immediate cause or condition resulting in deeth) Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions of the cause of the	OUE TO OU	COR AS A CONSE (OR AS A CONSE	OUENCE OF CE OF DEAT INVESTIGATION OF THE CE OF DEAT IN INVESTIGATION OF THE CE OF DEAT INVESTIGATION OF THE CE OF DEAT INVESTIGATION OF THE CE OF DEAT INVESTIGATION OF THE CE OF DEAT INVESTIGATION OF THE CE OF THE C	F): F): In the under CO F): F): In the under S	Iying ceuse UNC One) Home 5 M R. INJURY AT WORK? YES 2 Office data and place on, death occu	given in CERTAIN asidence NO n, and dual red st the	Pert I. 8 Othic 281. LOC	24a. WAS AN PERFOR 1 YES 2 ar (Specify) SCRIBE HOW II	AUTOPSY MED? AUTOPSY MED? AUTOPSY MED? AUTOPSY MED? AUTOPSY MED?	24b. 24b. CURED or Rural R	Approximate Interval Between Onset and Death Onset and Death Onset and Death Were Autopsy Findings Available Prior To Completion of Cause OF DEATH? 1 YES 2 NO
ehock, or heer fellure. Lie immediate cause or condition resulting in deeth) Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions of the cause of the	OUE TO OU	COR AS A CONSE (OR AS A CONSE	OUENCE OF COUENCE OF COUENCE OF COUENCE OF COUENCE OF COUENCE OF DEATH INJUDICE, farm, a sest occurre investigation of the course investigation of the course investigation of the course investigation of the course investigation of the course investigation of the course investigation of the course investigation of the course investigation of the course investigation of the course investigation of the course investigation of the course investigation of the course investigation of the course of the cours	F): In the under CO F): In the under Check only OTHER: 4 Nursing E OF URY M 1 street, factory, ed at the time, en, in my opinion	TOULD LIVE TOUR TOUR TOUR TOUR TOUR TOUR TOUR TOUR	given in CERTAII saldence NO No ENSE NUM O . C	Pert I. 8 Other 28d. DE 26i. LOC Chy to the castime, data	24a. WAS AN PERFOR 1 YES 2 ar (Specify) SCRIBE HOW II CATION (Street a or Town, State)	AUTOPSY MED? AUTOPSY MED? AUTOPSY MED? AUTOPSY MED? AUTOPSY MED? AUTOPSY MED? AUTOPSY MED?	24b. 24b. CURED or Rural R ed. a cause(a	Approximate Interval Between Onset and Death Death Onset and Death Death Onset and Death Dea

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 3 hours after death. Page 6 may be retained by the bushistian.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760

IMPORTANT: Il item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

31. DATE FILEO (Month, Day, Year)
DEC 0 5 1994

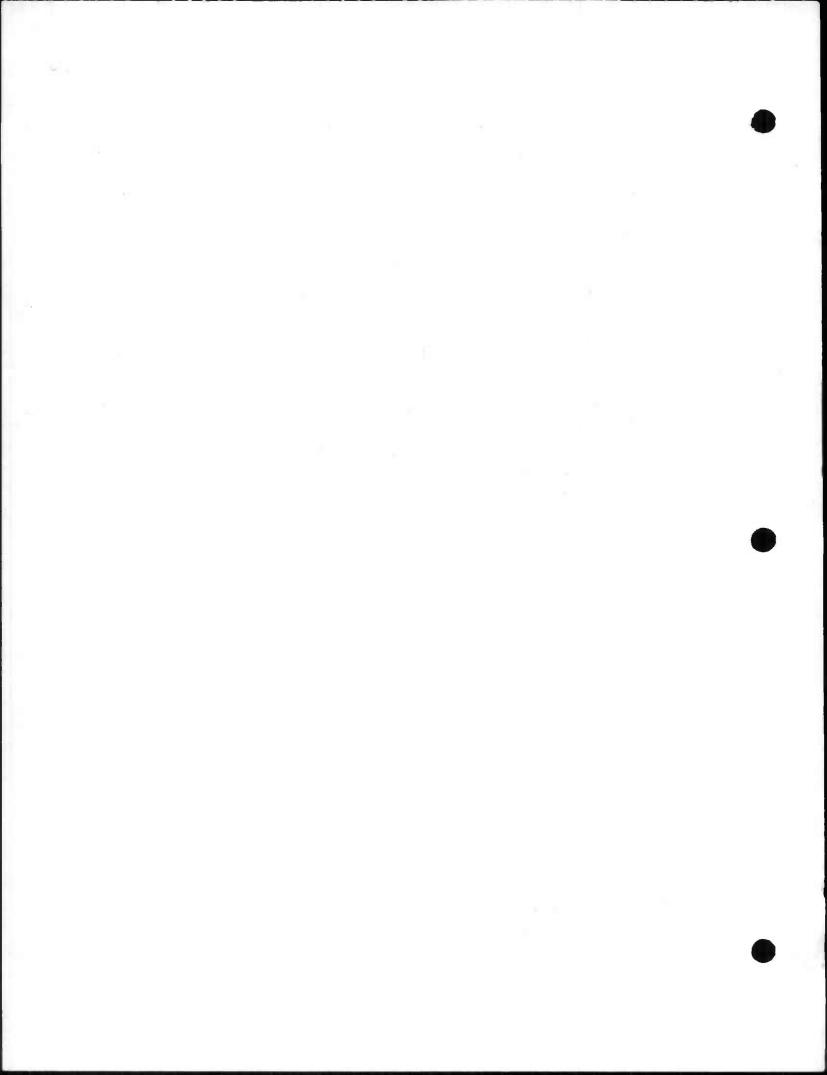
32. REGISTRAR'S SIGNATURE

DHMH-16 Rev 1/89

Ó	
AND 21215-0	
7	
2	
\mathbf{r}	
CA	
\overline{z}	
1	•
7	:
=	
~	
5	
~	,
MARYL/	
ш	
Œ	
0	•
5	
	ć
\vdash	
_	1
BALTIMORE, I	7
\mathbf{m}	
	4
	1
_	
	Ľ
	ŧ
-	
0,	3

1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

		1. DECEDENT'S NAME (First, Middle, Less	F	1 . 1	2.11.0	116	2 DATE OF DEATH	DAY	
		4. SOCIAL SECURITY NUMBER	SECURITY NUMBER S. SEX AQE (in ym. lest primate) FURGER 1 1986. AC NEC (in ym. lest primate) FURGER 1 1986. AC NEC (in ym. lest primate) FURGER 1 1986. AC NEC (in ym. lest primate) AC NOTES AC NEC (in ym. lest primate) AC NOTES		BIRTHPLACE (State or Foreign				
P		225-10-6808	1 M 2 🗆 F	79 YRS.	MONTHS DAYS	HOURS MIN.	2/20/		lennessee
3 should	·	5 0	2	TANK! A MS	11				
1, 2,	010	RESIDENCE OF DECEDENT			Da	ITO		1	ia (Fo
permit. Pages	DIRECTOR	10a. STATE 10b. COUN	TY	10c. C/1	TY, TOWN OR LOCA	TION			10d, INSIDE CITY LIMITS? 1 Pyes 2 No
		10e. STREET AND NUMBER	1. 0.4	1 Die	200	f. ZIP CODE		10g. CITIZE	N OF WHAT COUNTRY?
020 physician. burial-transit	FUNERAL	5110 Dal	TI2 WAS DECEDENT EVER	IN II S ADMED	e	2122	9	Var. 20 No. 1 4	4. RACE — American Indian.
215-0020 attending physician ise as the burial-trai	B₹	1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1 YES	S 2 (NO	If yea, s	ecify Cuban, Mexica	n, Puarto Rican, etc.)	Black, White etc.
	ETED	(Specify only highest gra-	de completed)	(Give kind of	work done during m		16b. KIND OF	BUSINESS/INDU	STRY
○	립	Elementary/secondary (0-12)	College (1-4 or 5+)	4 .	The second		Cen	ter c	lub
2 2 2	E III	17. FATHER'S NAME (First, Middle, Last)	Illiams			12.1		den Surninge)	llips
6 g	TO BI	Ophelia U		5110	12a	ito h		11.10	1 Im Ma
E .U	ISOM I	20e METHOD OF DISPOSITION 1 Buriel 2 Cremation 3 Re 4 Donetion 5 Other (Specify)	moval from State	houry, comaton of	of disposition (National States	mer Pk	14/6/)	ty or Town, Stata
ALTIMO beath. Page 6 funeral directo	examiner	21. SIGNATURE OF FISHERAL SERVICE I	ICENSEE)		22. NAME A	ND ADDRESS OF FA	CILITY		1
		Touta	Elmon		43	OD W	abash	Ar	le .
hours af ed in by or rem	medical	ehock, or heert fellure	b. List only one cause on	each line.	not enter tha me	ode of dying, euc	h as cardiac Dr re	epiratory arras	Approximata intervel Between Onset and Death
n 24 ly fill ation	1 110	disease or condition resulting in death)	Seps.	>					6 2000
	CARIL		0		OF):				6 820
OX 687 be executed cian and cor or to burial,	RTIFICATION	Sequentielly liet conditions, if any, leading to immediate	U		DF):				0.000)
	TIFICA	ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events	c. DUE TO (OR AS	A CONSEQUENCE O	PF):			· · <u>-</u> · · · · ·	
OL 등 등 '	ч ш	resulting in death) LAST	d						
RDS, P at the death by the atten and Mental P	91 1	PART II. Other algnificent condition	ons contributing to deeth	but not resulting	In the underlying	g cause given in	Part I. 24a. WAS		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
O f Bf	AEDICAL	CVA; HTN;							COMPLETION DF CAUSE OF DEATH?
		DID TOBACCO USE CON	TRIBUTE TO CAUSE (OF DEATH Y	FS 🗆 NO 🖟	INCERTAL			1 TYES 2 NO
TAL The lar te has ate Dep	SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			TH (Check only one				1
icial City	ă Ž	1 YES 2 NO 27. MANNER OF DEATH	1 M Inpetient 2 - ER/Ou	4.00	4 - Nursing Hor			M INTILIBA OCCIT	PED.
O F SET	BY P		(Month, Day, Year)		JURY W	ORK?	and Deporting Inc		nes
DIVISION DR ATTENDING DIRECTOR: After	TED	3 Suicide 8 Could not be	28a. PLACE OF INJUR building, etc. (So	RY — At home, term, secify)	atreet, factory, offi	ca .			Rural Route Number,
절절없	COMPLE								
TO THE MO	BES	29b. SIGNATURE AND TITLE OF CERTIFIC	n md, lerd	ent, St. R	gnes Hop	~			SIGNED (Month, Day, Year)
	T-	30. NAME AND ADDRESS OF PERSON W	Dept of Medre	DEATH (ITEM 27) (Type	nes Hosp	tol, 900 1	Caten Ave,	Balkin	ore, MD21229
		31. DATE ELLED (MONTH) Day 18994							



0	
~	
0	1
ō	
T	1
S	
<u> </u>	3
CA	
2	
-	i
	ı
Z	
\overline{a}	
7	1
MARYLAND 21215-0020	
⋖	4
5	
uî	
~	
-	
0	9
5	i
	d
-	ĺ
	*
BALTIMORE,	A
ത	1
_	4
	-
-	

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

Te	9		9
TO THE CEPTAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within fours after death. Pay	INTHE PURERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral of		IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examine
after	y the	DV-B	183
SI	d iii	ren	6
ō	led	٥.	E
2	外和	ation	Ē
with	plete	THE	ent,
per	EO.	al, c	8
acut	P	Dan	atic
8	an a	2	E
ite b	Sloi	Prio	5
ifica	를	aue aue	10
Cen	ding	P S	0
ath	rten	草	0 '
e d	the	Me	7
at th	7	pue	y In
Sth	Ded	=	30
uire	Sig	H	1
reg	peen	. 0	Sh
100	las	Ded	S
E .	ate	tate	Em
AN	riffic	9	10
VSIC	2 06	##	ď,
F	Ē	M	S.
SING.	After	leat	Ē
EN	 R:	ter (8 18
A	E	50	n 2
R	OiR	hour	Te
M	SAL	2	=
28	WE!	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	N
3	H	M P	E
德	E	file	2
甲	P	2	3

	9		
	Topic		
	65		
	1. 2		
	S		
	2		
	E		
	Ded		
	nsit		
cian	Ftra		
PASI.	ouria		
9	the t		
pudi	38		
att	use		
0 10	for		
spit	20		
2	tac		000
4	e de		
D D	Q P		-
aine	hou		MA
rec	50		900
Ž	3906		2
E	00,		-
96	irect		8
E	D TE		00
ath.	Jue		
40	he f	E.	9
aff	5	DE L	le a
OURS	5	20	au.
Š	filled	DU. (9
4	lety	mati	-
M	plet	Cree	nen
per	8	ial.	-
Xect	and	3	196
pe e	ian	or to	2000
ate	ysic	P	4
diffic	20	iene	4
93	ngin	F	0 30
eath	afte	Mal M	2
he d	the	Me	- Pile
at ti	3	and	1
s th	ned	鲁	00
Juire	P Sig	He	- Date
A rec	beer	t. 0	eh
HYSICIAN: The law requires that the death certificate be executed within Thours after death. Page 6 may be retained by the hospital or attending physician.	this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, Pages 1, 2, 3 should	with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	had as item 22 shows any injury as other traumatic awant the medical avamines must be contided at once
Ĕ	ate	tate	-
AN	Tiffe	e S	No. of
Sic	cer	# #	-
I	岩	X	3

FOR 1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTM CERTIFICA			MENTAL			
t. DECEDENT'S NAME (First, Middle, Lest) Rudolf	Wirth				MONTH	OF DEATH	1994 YEAR	3:15 A
4. SOCIAL BECURITY NUMBER 147 14 5239 98. FACILITY NAME (If not institution, give se	1 Q M 2 □ F	37 YRS. MON		F UNDER 24 HRS. HOURS MIN.	APR	Dey, Year)	1907 Ge	HPLACE (State or Foreign try) CMany
Lorien Nursing		96.		umbia	EATH		Howa	
New Jersey Oc	ean	10c. CITY, TO	WN OR LOCAT		kert	on		10d. INSIDE CITY LIMITS? 1 YES XX NO
100. BTREET AND NUMBER 14 Seabreeze Dr 11. MARITAL STATUS 1 Never Married 2 X Married			101.	2IP CODE 08087			Unite	what country?
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN C FORCES? 1 _ YES IF YES, GIVE WAR OR DATE	J.S. ARMED 2 ND ES		city/Cuban, Mexica	in, Puerto R		or No.— 14. RAC	E — American Indian, k, Whita, atc.
15. DECEDENT'S EDU (Specify only highest grade	completed)	6a. DECEDENT'S USUI (Give kind of work of life. Do NOT use reti	done during mos	N Il of working	16b.	KIND OF BUSI	INESS/INDUSTRY	
15. DECEDENT'S EDUI (Specify only highest grade Elementary/Secondary (0-12) 1.2 17. FATHER'S NAME (First, Middle, Last)	College (1-4 or 5+)	Electr	ician					Co.
17. FATHER'S NAME (First, Middle, Lest) Karl	V	Virth					Surname)	Norr
19a. INFORMANT'S NAME (Type/Print) James B. Wirt	Sh			nd Number or Rural	Route Numb	er, City or Town		
20a. METHOD PROSPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State								
21. SIGNATURE OF FUNERAL SERVICE LIC		een mou	22 NAME AN	D ADDRESS OF F	té pl	nen D	. Lohr	nann PA
IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A C	CONSEQUENCE DF):	DARD	iomyo	ONTA	y		Onset and Dast Weeks
PART II. Other significant condition	s contributing to deeth but	t not resulting in th	e underlying	cause given in	2. DATE OF DEATH DAY DAY 1994 FUNDER 24 MISS. 7. DATE OF BIRTH (Morth, Day, War) ARIL 16 FUNDER 24 MISS. 17. DATE OF BIRTH (Morth, Day, War) ARIL 16 FUNDER 24 MISS. 18. LOCATION OF DEATH PCODE OSO87 DENT OF HISPANIC DRIGIN? (Specify Was or No— 14. R fly Coban, Marican, Puerto Rican, etc.) 18. KIND OF BUSINESS/INDUSTR Electrical 8. MOTHER'S NAME (First, Middle, Melden Surname) Margaraethe Number or Rural Route Number, City or Rown, State, Zip Code igh Rd., Baltimore, 12/6/94 Baltimore, 12/6/94 Baltimore 12/6/94 Baltimore Orden Pasaures Dr., of dying, auch as cardiac or respiratory arrest, Oxyphical Cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 2-NO 28d. OESCRIBE HOW INJURY OCCURED th occurred at the time, data and place, and due to the cause de place, and due to the cause(a) and manner as stated. th occurred at the time, data and place, and due to the cause de place, and due to the cause(a) and manner as stated.	MED?	b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	OT	26. PL	ACE OF DEATH (CA	neck only one	n)		
1 TYES 2 THO 27. MANNER OF DEATH	1 Inpatient 2 ER/Outpat	ient 3 DOA 28b. TIME OF					JURY OCCUREO	
1 Netural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJURY	M 1 7	RK7 ES 2 NO				
3 Suicide 6 Could not be determined	28a. PLACE OF INJURY building, etc. (Specify		t, factory, office				nd Number of Rural	Route Number,
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1								a) and manner as stated.
29b. SIGNATURE AND THE OF CERTIFIER	R			29c LICENSE NII	MAED		204 DATE SIGNE	O (Month Day Year)
30. NAME AND ADDRESS OF PERSON WH	D COMPLETED CAUSE OF DEAT	H (ITEM 27) (Type, Print	PAN	WENT PA	an :	Cale	an . m.	g > inve
JI, CEXINA 31. DATE FILEO (Month, Dey, Year) DEC U 5 1994	32 REGISTRAR'S SIGNAT	URE	1 /110	7001	0)	-d (cm	10 / 10	2.047

25011, od, 3412

attending physician. **BALTIMORE, MARYLAND 21215-0020** the retained by Pages 1, 2, 3 should

permit.

burial-transit

detached for use as the

notified

Pe

must

examiner

medical

the

event,

traumatic

other 1

6

Injury,

shows

23

Item

0

marked,

66

MEDICAL

PHYSICIAN:

BY

COMPLETED

BE

2

OF VITAL RECORDS, P.O. BOX 68760, DIVISION

page 5 should Pe Раде 6 тау funeral director, ours after death. the 1 filled in by 0 and completely fi o burial, cremation executed with prior to attending physician ntal Hygiene prior to the atten Mental } signed by t Health a Deen . has be Dept. State certificate the this c death ATTENDING After DIRECTOR: A hours after d item 28 is OR TO THE HOSPITAL TO THE FUNERAL ED be filed within 72 h

94 35740 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 2. DATE OF DEATH 1 1 - 1 9 - 9 4 3. TIME OF DEATH NORTH 1 1 1 9 9 4 0 7 3 0 1. DECEDENT'S NAME (First, Middle, Last) OSE WHITE- HAWKINS 0730A 8. BIRTHPLACE (State or Foreign Country) 6. AGE (In yrs. lest birthday, 4. SOCIAL SECURITY NUMBER 5. SEX IF UNDER 1 YEAR IF UNDER 24 HRS 7. DATE OF BIRTH 89 1 M 2 FF 78-24 3308 12 63 MISSISS, PPI 1905 9a. FACILITY NAME (If not institution, give 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Gorden Rehabilitation RESIDENCE OF DECEDENT Kensington MD. United States 10a. STATE 10b. COUNTY 10d. INSIDE CITY 10c. CITY, TOWN OR LOCATION MD Montgon Kensing 1 TES 2 NO ton 10e. STREET AND NUMBER FUNERAL 10f. ZIP CODE 16a, CITIZEN OF WHAT COUNTRY? 3000 Mc Comos Ave 20895 United States 12. WAS DECEDENT EVER IN U.S. ARMEI FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—
If yes, specify Cuben, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 11 MARITAL STATUS 14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2
IF YES, GIVE WAR OR DATES 1 Never Married 2 Merried BY Specify: Black 3 Widowed 4 Divorced 18e. DECEDENT'S USUAL OCCUPATION COMPLETED 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only high (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5 +) Cook 1.5. Governma 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Sumame) Inkumin Unknown BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING AOORESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 MYRON GARFISON Silver Spring MD.

OATE | 20c. LOCATION - City or Town, State Way, Colegate ,MD. 20904 20e. METHOD OF DISPOSITION
1 Burlel 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 4 Donation 5 Other (Specify) in Starte remova1 21. SIGNATURE OF FUNERAL SERVICE LICENSEE Donald Wade, Dir 22. NAME AND ADDRESS OF FACILITY State Anatomy Board Inde 655W.Baltimore St.Balto, MD21201 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heert failure. List only one cause on each line. interval Batween Onset and Death **IMMEDIATE CAUSE (Finsi** entrovarular ambest disease or condition marlly resulting in death) DUE TO (OR AS A CONSEQUENCE OF) CERTIFICATION Sequentisity iist conditions, DUE TO (OR AS A CONSEQUENCE OF) if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initieted eventa resulting in death) LAST

PART ii. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part i. 24a, WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF OEATH? 1 YES 2 NO 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER:
4 | Marsing Home 5 | Residence 6 | Other (Specify) 1 | YES 2 | NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Matural 5 Pending Investigation 1 YES 2 NO 2 Accident 28s. PLACE OF INJURY — At home, ferm, street, factory, office building, stc. (Specify) 3 Suicide 281. LOCATION (Street end Number or Rural Route Number, City or Town, State) 8 Could not be 4 Homicide 29e. CERTIFIER

1 CHRIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and menner as stated. 2 MEDICAL EXAMINER: On the basis examination and/or investigation, in my opinion, death occured at the time, date and piece, end due to the cause(s) and manner as stated.

296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. OATE SIGNED (Month, Day, Year)

My Koleste	un	10098	34
30. NAME AND ADDRESS OF PERSON WHO COM	PLETED CAUSE OF DEATH (ITEM 27) (Type, Print)		
3720 FARRAGUT	AVE. KENSINGT	ON, MD.	20894

3720 FARRAGUT 31. DATE FILED (Month, Day, Year) DEC 0 5 1994

A2. REGISTRAR'S SIGNATURE Sanden-Ro

21/54

0.0

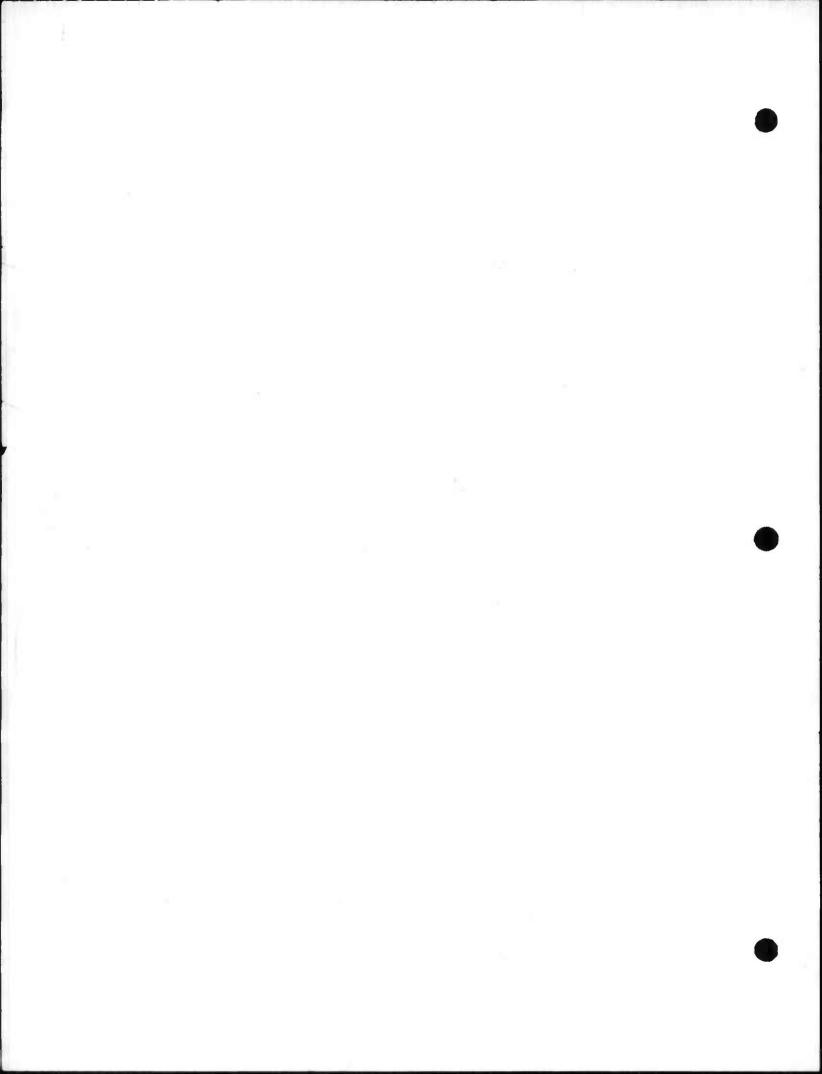
BALTIMORE, MARYLAND 21215-0020

DIMIGION OF VITAL RECORDS, P.O. BOX 68760,

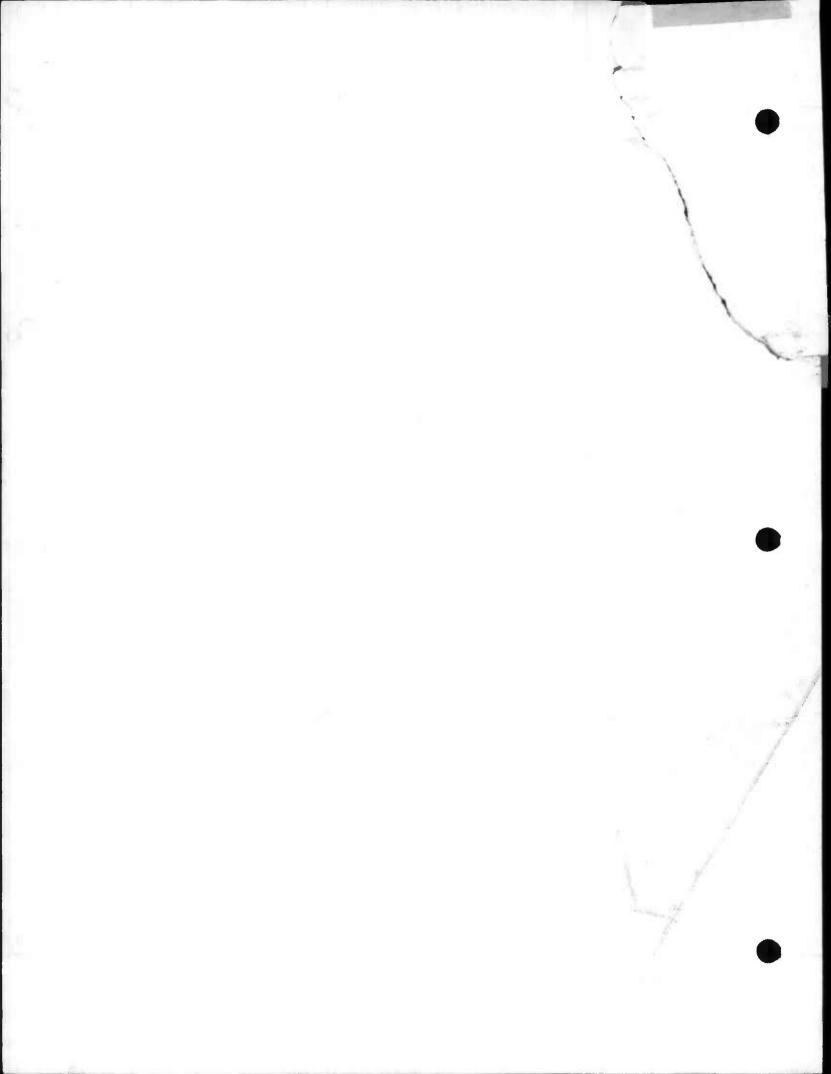
9	401
age	dirac
eath.	funeral
ter d	the
co	2
DOURS	oi p
R	elly U
HE NTERENG PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 in	nalataly
uted	1 con
exe exe	and
te be	Sician
rtifica	do n
th Ce	endin
dea	ATT &
the	v th
that	h pa
uires	Sinn
w red	heer
he la	has
N. T	ficate
SICIA	Certi
E	18
BME	Ather
a direct	깽
E	f
and	ø
A	ч

ANY THE LAW EQUITED THAT THE OWNER OF EXPONENT WITHIN 24 HOURS STREET DESTINATION OF FEMALED BY THE HOSPITAL OF ATTENDING DISPOSANT.	ilificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
MIN. IIIC	tificate h	e State L	r item
Series	this cert	with the	ked, o
During	& After	death	is ma

	FOR 1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTI			MENTA	L HYGIEN				
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE	OF OFATH		1 3	. TIME OF DE	ATH
	Alma Louise	Armis	tead			NOV	ember b	12.190	YEAR 94	8:20	
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In	yrs. last birthday)	F UNDER 1 YEAR	IF UNDER 24 HRS.	7 DATE	OF BIRTH			ACE (State or	
	577-01-5538 9a. FACILITY NAME (If not institution, give str	1 M 2 X F	94 YRS.	ONTHS DAYS	HOURS MIN.		n, Day, Year)	1899	Flor	ida	
œ			1,		R LOCATION OF D	EATH		9c. COUNT			
DIRECTOR	Physicians Memori	al Hospital		La Pla	ata			Ch	narle	S	
Ä	10a. STATE 10b. COUNTY		10c. CITY, 1	TOWN OR LOCAT	ION				t	od. INSIDE CI	TY
	Maryland St. M	ary's	Mech	anicsvi	lle				1	LIMITS?	NO ∑
A	10e. STREET AND NUMBER			101	ZIP CODE			10g. CITIZE	N OF WH	AT COUNTRY	7
FUNERAL	2505 Morganza Tur	ner Road			20659			U.S.	Α.		
5	11. MARITAL STATUS	12. WAS DECEDENT EVER IN FORCES? 1 YES	U.S. ARMED	13. WAS DEC	ENDENT OF HISPA	NIC ORIGII	N? (Specify Yes		4. RACE -	- American In White, atc.	dlen,
ВУ	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR DAT		t TYES	2 NO Speci		mean, atc.;		Specify:		
- 4										White	-
	15, DECEDENT'S EDUC (Specify only highest grade of	completed)	18a, DECEDENT'S US (Give kind of work life. Do NOT use n	k done during mo	N st of working	16t	. KIND OF BU	SINESS/INDU	STRY		
١٣	Elementary/Secondary (0-12)	College (1-4 or 5+)				D		0+			
COMPLETED	17. FATHER'S NAME (First, Middle, Lest)		Purchasi	ing Agei			epartm		ore		
ö	Charles Williamson	n			16. MOTHER'S NA		Middle, Maiden	Sumame)			
B	19a. INFORMANT'S NAME (Type/Print)	11	Lane Manual are	200500 (0)	Lula R						
임	James R. Waybrigh	t			Turner					MD 2	1650
	20a. METHOD OF DISPOSITION		PLACE AND DATE OF			DAT		CATION - CI			0009
	1 N Burial 2 Cremation 3 Ramo 4 Donation 5 Other (Specify)	val from Stata	tery, crematory or other umbia Gar	r place)	omotows	1.1 / 1	5 /O / A	m I d m od	ly or lown	TT days and	
	21. SIGNATURE OF FUNERAL SERVICE LICE	NSEE	A Gar	22. NAME AN	D ADDRESS OF FA	ACILITY					
	· Oliveron	1 BOD	1 -	Franci	s Gasch	's Sc					
\dashv	23. PART I. Enter tha diseasea, or co	molications that severed	the death Do not	14/39 E	altimor	e Ave	≥., Hy.	attsvi	lle,		
	shock, or heart fellura. L	iat only ona ceuse on asc	ch iina,	entar tha mo	aa or dying, suc	ch as can	diec or respi	ratory srres	Bt,	Approxim	mate Between
	IMMEDIATE CAUSE (Final disease or condition	0.		1	1		0			1 -	nd Dasth
	resulting in deeth)	DUE TO (OR AS A C	NGEST	301	HEAR	7	LAIC.	URE		FEW	MECK
_	_	100 100 100 100 100 100 100 100 100 100		001-	0 000	.1.		2100	4.0.	1	100
<u></u>	Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):										
¥ I	If any, leading to immediate cause. Enter UNDERLYING										
CERTIFICATION	CAUSE (Diseese or injury that initiated events	DUE TO (OR AS A								1	
ᇤ	resulting in death) LAST										
	PART II Other significant conditions	and the street of the street								+	
₽ I	PART II. Other significant conditions	contributing to death but	t not resulting in t	tha underlying	cause given in	Part I.	24a. WAS AN PERFOR		A	ERE AUTOPSY MILABLE PRIO	A TO
١							1 TYES 2	NO NO		DMPLETION OF F DEATH?	CAUSE
Σ	DID YOU LOSO HET CONTEN								1	YES 2 O	(NO
ğ	DID TOBACCO USE CONTR				UNCERTAI	Ν□					
BY PHYSICIAN: MEDIC	EXAMINER?	HOSPITAL:		THER:				_			
≗ ∥	1 YES 2 NO	1 Unpatient 2 ER/Outpet			5 Rasidenca	_					
۵	1 Natural 5 Pending	(Month, Day, Year)	28b. TIME O	Y WO	RK?	28d. DES	CRIBE HOW I	NJURY OCCU	RED		
	2 Accident Investigation	28- PLACE OF MUNDY			ES 2 NO						
	3 Suicide 6 Could not be datarmined	28e. PLACE OF INJURY — building, etc. (Specify	- Ar nome, term, stre	et, factory, office		28f, LOC City	ATION (Street a or Town, State)	and Number or	Rural Rou	te Number,	
9	29a, CERTIFIER		-								
COMPLETED	(Check only CERTIFYING PHYSIC	IAN: To the best of my knowled On the basis of examination of								nd menner ee	stated
	29b. SIGNATURE AND TITLE OF CERTIFIER			, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							
H H	< a	一つしつ人		_	29c. LICENSE NUI	MBEH .		Z9d. DATE S	SIGNED (M	onth, Day, Year	7)
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEAT	H (ITEM 27) (Type Pri	int)	72 .F11	/ >		- /	1/1	>/77	_
		1.D.		11345	Pembroo			Suite	104		
	21 DATE EN ED (March Day March		URE D. J. O.	Waldo	rf.Maryl	land	20603				
	NOV 1 5 1994	32. REGISTRAR'S HIGHAT	Now-Markers								



	1 - STATE OF MARYLA		TMENT OF I		ID MEN	TAL HYGIENI REG. NO.	E					
	1. DECEDENT'S; AME (First, Middle, Last) LOUISE AN	IS LE	7		M	ATE OF DEATH DAY		S. TIME OF DEATH	E -			
	57-3-50-9286 1□M2☑F 9	n yrs. last birthdayl 4	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HI HOURS MI		ATE OF BIRTH Month, Day, Year) 21 1900		BIRTHPLACE (State or Foreign Country) LABAMA	1			
TOR	SO. FACILITY NAME (If not institution, give street end number) SOUTHER MANY MANY IND I	HUSPIM	96. CITY, TOWN	NTON	OF DEATH		PRINCE GEORGE					
REC	10a. STATE 10b. COUNTY		Y, TOWN OR LOCA	TION				10d. INSIDE CITY				
0	MD PG	SU	ITLAND	. ZIP CODE			10- 0171751	1 X YES 2 NO				
FUNERAL DIRECTOR	6015 ELMENDOFF DRIVE			20746			STATES	u				
BY	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA'	8 2 NO If yes, specify Cuben, Mexican, Puerto Rican, etc.)										
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +)	16e. DECEDENT'S (Give kind of v life. Do NOT us	vork done during me			16b. KIND OF BUS	INESS/INDUS	ТПУ				
OMP	12TH 17. FATHER'S NAME (First, Middle, Last)	HOUSEW	IFE	16 MOTHER'S	S NAME /E/	NONE	Cumamai		_			
BE C	UNAVAILABLE			UNAVA			sumame)					
TOE	19a. INFORMANT'S NAME (Type/Print)					Number, City or Town						
	DONALD DARBY 200-, METHOD OF DISPOSITION 200	PLACE AND DATE	F DISPOSITION (N.			NGTON, D		0001 y or Town, State	_			
	Buriel 2 Cremation 3 Ramoval from State ceme 4 Donation 5 Other (Specify)	NCOLN C	ther place)		1	14/94 SU						
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	276	W.H.		FUNE	RAL HOME		o.c. 20010				
	23. PART I. Enter the diseases, or complications that caused shock, or haert fallure. List only one cause on ea	the death. Do n	ot enter the mo	da of dying,	such as	cardlec or respir	ratory erreat	t, Approximete	een			
	IMMEDIATE CAUSE (Final disease or condition resulting in death) s. Over TO (OR AS A CONSTRUCTION OF CONSTRUCT											
z	OVE TO (OR AS A CONSEQUENCE OF)											
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	CONSEQUENCE-OF	7:	CHT	7							
IFIC	CAUSE (Disease or injury that initiated eventa DUE TO (OR AS A	CONSEQUENCE OF										
EH	resulting in death) LAST	rket	lee									
EDICAL (PART II. Other significent conditions contributing to death but	it not resulting i	n the underlyin	g ceuse giver	n in Part i	24a. WAS AN A PERFORI	MED?	24b. WERE AUTOPSY FINDIN AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?				
Σ	DID TOBACCO USE CONTRIBUTE TO (CALISE OF	DEATH V	EC IT N	NO [1 TES 2 NO				
CIAN	25. WAS CASE REFERRED TO MEDICAL	CAUDE OF	26. P	ACE OF DEATH		ly one)			-			
PHYSICIAN:	1 YES 2 NO 1 Inpetient 2 ER/Outpe		OTHER:									
ву р	1 Netural 5 Pending (Month, Day, Year) 2 Accident Investigation		M 1	URY AT PRK? YES 2 NO	,	DESCRIBE HOW IN						
TED	3 Suicide 6 Could not be 4 Homicide determined	At home, term, s	treet, fectory, offic			LOCATION (Street ar City or Town, State)	nd Number or I	Aural Route Number,				
COMPLET	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowle 2 MEDICAL EXAMINER: On the best of examination							euse(e) end menner en stated				
TO BE	29b. SIGNATURE AND TITLE OF CERTIFIER A HERE	1		29c. LICENSE D 24	NUMBER 20	8	29d. DATE SI	IGNED (Month, Pay, Year)				
-	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Supe, Print) ASSULTASED O ANSING STELL (OCO REGISTED CAUSE) ANSING STELL (OCO REGISTED CAUSE)											
	N DATE FILED (Monty Gay, Year) July 32. REGISTRAR'S SIGNA July 2007- AST		-11120				9					



retained by the hospital or attending physician. 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should BALTIMORE, MARYLAND 21215-0020

TO BE COMPLETED BY FUNERAL DIRECTOR

DIVISION OF VITAL RECORDS, P.O. BOX 68760

LAN	y the hos	ve detach	once.
DAL LIMORE, MARTLAN	ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hos	AL PHECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach.	If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
ΔÎ	y be	age	be
2	6 ma	ector, p	must
Σ	Page	din	ner
1	death.	funera	жаш
ò	after	y the	cale
	OUIS S	d in by or rem	medi
	1 47 E	ly filler ation,	the
o,	d withi	mplete, crem.	event,
000	xecute	and co	atic
5	e pe e	sician rior to	traum
9	rtificat	iene p	ther
Ě	th ce	I Hyg	50
THE PECCHES, F.C. BOX 897 805	he dear	In PHECTOR: After this certificate has been signed by the attending physician and completely filled in by the it is necessary after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	nlury,
	that t	th and	any i
1	equires	en sign	hows
_	J WE	ept.	23 \$
(프	ate ha	lem
-	CIAN	prtific he S	0
5	HYSI	his ce	(ed,
	NG P	fter th	шаг
5	END	R: A	99
-	ATT	FCTC aft	m 28
r	57	3	ā
	ME.	45 8.0	-

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

)B			OTATE	OF	88 4 PM/I	0.010			
Zou,	DELETED	FER	MCO F	r i i i i	G-720	4/0	155	les le	

1 - FOR STAT REGI	E STRAR	STATE OF N					ALTH AND) ME	NTAL HYGIEN REG. NO.	E			
1. DECEDE	NT'S NAME (First, Middle, Li LEO	W.	Adan	13				2.	DATE OF DEATH	76,	1994	3. TIME OF DEATH 9:17A	
	SECURITY NUMBER 18-1489	5. SEX 1 😿 M 2 🗆 F	8. AGE (In yrs. les		IF UNDER t		IF UNDER 24 HRS HOURS MIN		DATE OF BIRTH (Month, Day, Year) /10/24		Count	HPLACE (Siete or Foreign ry) Son, N.C.	
Doc	ry NAME (If not institution, gittor's Comm	n. Hospit	al		9b. CITY, T		LOCATION OF		1		JNTY OF C		
RESIDE 10a. STATE		INTY			CITY, TOWN OR LOCATION						10d, INSIDE CITY		
10e, STREE	Md.	P.	G	Ne	ew C	_	collto	n		LIMITS? 1 X YES 2 NO 10g. CITIZEN OF WHAT COUNTRY?			
- 6	5409 Jodie					101.	2078	4			J.S.		
III	L STATUS Married 2 Married wed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	X YES 2 1	IMEO NO	If y	yes, spec		ilcan, P	ORIGIN? (Specify Yes uerto Rican, etc.)	or No—	14. RACI Blac Spec	E — American Indian, k, White, etc. ify: Black	
	15. DECEDENT'S E (Specify only highest gi	DUCATION) (G	CEDENT'S U ive kind of wo Do NOT use	ISUAL OCC ork done dur retired.)	UPATION ring most	of working		16b. KIND OF BUS				
	S NAME (First, Middle, Last)		Dr	iver			18. MOTHER'S	NAME	Sa:	fewa	зy		
	Willie	Adams						Eu	la Turl	ing			
	mant's name (Type/Print) a Jean Ada	ems	19				Number or Rui		Number, City or Town	n, State, Zi	ip Code)		
20a. METHO 1 DyBuriel	OD OF DISPOSITION 2 Cremation 3 R		20b. PLACE	AND DATE OF	DISPOSITI	ION (Nam	e of		DATE 20c. LO		- City or To	A-12-5-5	
	URE OF FUNERAL SERVICE		mony	22. NA	ME AND	ADDRESS OF	FACILI	21/94 T					
K	Xarry		att			_			ton & So ghs Ave			•	
IMMEDIA disease of resulting Sequenti if any, let cause. Et CAUSE (()	I. Enter the diseases, ahock, or heart failu TE CAUSE (Final or condition in dash) ally list conditions, ading to immediate the UNDERLYING Disease or Injury ited events in dash) LAST	a. Ver DUE TO DUE TO C.	TRIC	CULI OUENCE OF: CH OUENCE OF:	AR T C	F	IBR	71		ON		Approximate Interval Batween Onset and Daath	
III.	Other algnificant conditions of the conditions o							In Par	1 1 24s. WAS AN PERFOR	MED?	246	. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
	NLALGEME OBACCO USE CON		USE OF DEA		_) o 🗆	UNCERTA	AIN I				1 Dres 2 - NO	
EXAMP	SE REFERRED TO MEDICAL GER? ES 2 \(\text{NO}\)	HOSPITAL:	-		OTHER:		5 Residence	:e 8 [Other (Specify)				
OT MANUFO OF OFFICE							d. DESCRIBE HOW I	S W	CURED .	PT M			
3 Su 4 Ho	icide 8 Could not	buliding.	INJURY — At ho	me, farm, atr	reet, factory	y, offica		28	1. LOCATION (Street e City or Town, State)	nd Numbe	or or Rural I	Route Number,	
29a. CERTIF (Check one)	only 1 LECENTIFYING PH	IYSICIAN: To the best of										i) and manner as stated.	
29b. SIGNA	TURE AND TITLE OF CERTIF	FIER					29c. LICENSE N	J L	+	29d. DA	TE SIGNED	(Month, Day, Year)	
30. NAME A	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) JAMES EULIDIT, M.D.: Dischor's Unspital, LANHAM, MD 70706 31. DATE FILED (Month, Day, Year) MOV 1 0 1001												
DA O A	0 1334	1											

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH	MENTAL HYGIENE REG. NO.
1. DECEDENT'S NAME (First, Middle, Last)	FRANK JOSEPH APPELL, JR.	2. DATE OF CEATH MONTH DAY

												110.110			
Ñ		1. DECEDENT'S NAME (First,	, Middle, Last)								2. DATE MONTH	OF OEATH		YEAR 3	TIME OF DEATH
				FRANK J				₹.			NOUR	mblen		1994	6.20 "M
		4. SOCIAL SECURITY NUME		5. SEX	6. AGE (In	yrs. lest birthde		R 1 YEAR	IF UNDE		7. DATE (OF BIRTH		8. BIRTHPL	ACE (State or Foreign
- 2	1 1	095-05-2762		1 X M 2 D F		86 YRS	MONTHS	DAYS	HOURS	MIN.	June	29,19	08	Vew Y	ork
pinous		94 FACILITY NAME (If not in	stitution, give s	treet end number)			9b, CIT	Y, TOWN	OR LOCATI	ON OF DE				NTY OF DEA	
65	띩	SOUTHERN	MARI	MAND H	DSDIT	746	1	P1	wire				12	A 10	E Coulos
1, 2,	стов	RESIDENCE OF DEC	CEDENT /											re roes	C OFGCO
Pages	뿐	Many land	Design	e George	1.		Drand							10	M. INSIDE CITY
4.	ᅙ	Maryland	Prince	e George	5		Brand	ywii	ie					1	YES 2 NO
permit.	FUNERAL	10e. STREET AND NUMBER						10	H. ZIP COD	E					AT COUNTRY?
Sit	띨	11805 Earn:	shaw C	ourt					206	113			USA	1	
physician. burial-transit	5	11. MARITAL STATUS		12. WAS DECEDEN	T EVER IN U	S. ARMED	13.		CENDENT (OF HISPAN		? (Specify Yes	or No-		American Indian,
	BY F	t Never Married 2		FORCES? t	WAR OR DATE	ESXXIII	- 1		pocify Cube S 2 V NO			ican, etc.)		Specify:	Vhite, etc.
as the	D B	3 Widowed 4 Divo	исфа.				i		^						White
r atter	ш		EDENT'S EDU		1	6e. DECEDENT	'S USUAL Of work done			na	16b.	KIND OF BU	SINE SS/IND	USTRY	
for 1	Ш	Elementary/Secondary (0)-12)	College (1-4 or 5		Ille. Do NO	use retired.)				Se	elf-em	ploye	ed/Cor	ntractor
the hospit detached once.	M P	12				Self-E	nnloy	ed B	Build	er				_	
deta one	COMPLET	17. FATHER'S NAME (First, M	liddle, Last)						18. MOT	HER'S NA	ME (First, M	liddle, Maiden	Sumame)		-
d by	BE		loseph	Appe	ell Sr				E1	izabe	eth	unknow	wn T	reusc	h
hours after death. Page 6 may be retained by the hospital or attending bd in by the funeral director, page 5 should be detached for use as the or removal. medical examiner must be notified at once.	0	19a. INFORMANT'S NAME (7				19b. MAILI	NG ADDRES	S (Street	and Numbe	r or Rural I	Route Numb	er, City or Tow	n, State, Zip	Code)	
De re	۱۴۱	Gerald F. Ap	pell			11805	Ear	nsha	w Cou	ırt					
page : bage		20a. METHOD OF DISPOSIT			LACE AND DAT	E OF DISPO	SITION/N			DATE	20c. LO	CATION —	City or Town	State	
ter death. Page 6 ma the funeral director, pal. wal.		4 Donation 5 Other		oval from Stata	Tri	ery, cremetory o	r other place	ial	Gds	11/	23/9/	Wa 1	dorf	Mary	land
Pag al dir		21. SIGHATURE OF PUNERA	L SEJWYZE LIC	ENSEE	1:	inity	22	. NAME A	ND ADDRE	SS OF FA	CILITY		ш.,	Hary	Tallu
death. P tuneral examin		Nau	yapı	Haven	7		H	untt	: Fun	eral	Home	, Inc			
the oval.	\vdash	Shirley	Capora	letti MC	00844		P	P.B	ox 1	56_W	aldor	f, Ma	rylan	nd 20	604-0156
in by remo		23. PART I. Enter the di ahock, or h	aert fellure.	complications the List only one cet	it ceused t use on eac	he deeth. De h iine.	not ente	r the mo	ode of dy	ing, suc	h ss cerd	lec or respi	ratory srn	eet,	Approximats interval Between
filled i		IMMEDIATE CAUSE (Fir		0											Onset and Death
~ > \(\frac{1}{2} = -1		disesse or condition resulting in death)	→	. Seps	es										7 day
executed within and completely o burial, cremati matic event, t				s. Seps	(OR AS A C	ONSEQUENCE	OF):								- 1
executed n and con to burial, matic e	z	C		b. Arben	ation	1 th	eun	-	-						1 day
an a	CERTIFICATION	Sequentially list conditi if any, leading to imme-		DUE TO	(OR AS A C	ONSEOUENCE	OF):								1
physician ne prior to	8	cause. Enter UNDERLYi CAUSE (Disease or Inju		a CV											14 hump
certificate iding physi- Hygiene pri r other ti	E	that initiated events		DUE TO	(OR AS A C	ONSEQUENCE	OF):							_	
eath certing attending mal Hygie Y. or oth	ER	resulting in death) LAS	' L.	d											
the death the atte d Mental		PART ii. Other eignifica	nt condition	e contributing to	death but	not regultin	a in the u	ndeelule		aluan in	Bort i	04- WMC AN	ALITORAL	0.00	
T ind	DICAL	ACUD	(10)	NI,	PIA	ing resulting	g in the u	inderiyiii	ig ceuse	given in	Pert I.	24a. WAS AN PERFOR		A	ERE AUTOPSY FINDINGS MILABLE PRIOR TO
uires that signed by Health an	EDI	MITU,	2/11/	1	100	4-0						1 - YES 2	THO		OMPLETION OF CAUSE F DEATH?
requires been sign of Hea shows	Σ	515 505 100									_/		,	1	YES 2 NO
law ras be bept.	AN	DID TOBACCO		CONTRIBUTE	10 C	AUSE C	F DEA	TH Y	res _	NO	四				
PHYSICIAN: The law requirities certificate has been with the State Dept. of High the ded, or Item 23 short	SICIA	25. WAS CASE REFERRED TO EXAMINER?	O MEDICAL	HOSPITAL:			ОТНЕ		LACE OF D	EATN (Ch	eck only on	9)			
CIAN: intifica he Str	YSI	1 TYES 2 TO NO		1/12 Inpatient 2	☐ ER/Outpati	ent 3 🗆 DOA			me 5 □ R	asidenca	8 🗆 Other	(Specify)			
this ce with th	РНҮ	27. MANNER OF OEATH		28e. DATE OF (Month, E			IME OF		JURY AT		28d. DE\$	CRIBE NOW I	NJURY OCC	CURED	
Dies PHYS Ann this death with s marked	ВУ		Pending Investigation				М	1 🗆	YES 2	NO					
D 40 W	0	3 Suicide 8	Could not be	28e. PLACE C	of INJURY -	At home, farr	n, street, tac	ctory, offic	ce			TION (Street a		or Rural Rou	te Number,
OF ATTENDIA INSECTOR Action hours after death item 28 Is ma	ETE	4 Homicide	determined		,	,					Only c	ionii, dielej			
	7	290. CERTIFIER	MFYING PHYSI	CIAN: To the best of	my knowled	lge, death occ	urred at the	time dete	e and place	and due	to the cau	ee(e) and mar	nor on elek	a d	
HOSPITAL FUNEHAL WITHIN 72 P	MPL														nd manner ee stated.
FUN	8	296. SIGNATURE AND JETLE			- 57		471								
표 분들 집	H	CALL CONTRACTOR	or certifie	-						ENSE NUA					lonth, Day, Year)
2 2 3 X	2	20 NAME AND ASSESSED		0.0000					9	243	5 2		19	1 No	
1		30. NAME AND ABORESS OF	AUD				pe, Print)	1, ,	4.	-	0 -	735			
	į	UH	1	9131 Fis ca	tawa	y Rd		1/1/1	5 M	mo	1 20	130			
		31. DATE FILED (Menth, Day	19Q.	32. REGISTRA	R'S SIGNAT	UNE	9								
	- 1	11012	" 100	T	- KINKE	ישומיים ויי	4								

pital or attending physician. BALTIMORE, MARYLAND 21215-0020

Pages 1, 2, 3 should

permit.

ed for use as the burial-transit

notified

pe

must

examiner

medical

the

traumatic event,

other

6 injury,

shows any

23

Hem

0

marken

Marn. 28"

TO THE HOSPITED TO THE FURES DE SIED WITHIN Z

BY

COMPLETED

BE

9

BITUSION OF VITAL RECORDS, P.O. BOX 68760

ĕ	ach	
e e	det	
3	8	
ELEMENT THE TAW REQUIRES THAT THE DEATH CERTIFICATE DE EXECUTED WITH THOURS ARE DEATH. PAGE 6 MAY DE TETAINED BY THE DOC	The ment is certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach	
9	92	
Jay I	pag.	
9	100	
30e	direc	
4	To l	
death	funer	
Ter	the	- Constant
S	5	Ę
ğ	든	2
9	100	c
•	Y	diffe
5	ete	8
8	g	0
5	8	-
ě	and	d
ES ED	SE	00
0	Sici	· Si
2	Phy	
ē	9	-
3	B	-
Pag	arte	land
0	92	-
Ē	y th	7
nar	d b	0
SS	3ne	4610
5	S	à
ě	Deer	4.4
MP.	SE	the Party Dane At the 18th and Manhal Marian and a bearing as a second of
2	ie i	
Z	Fica	0
S	erti	the same
0	3	49
t.	4	1
į,	ä	3
3	2	1
44	馬	1

94 35745 FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH T 12 ERNEST ANSERSON 18 P M 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In vrs. last birthday) 7. DATE OF BIRTH IF UNDER 1 YEAR | IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 4026-10-640 1 X M 2 | F 9 9-3 HOW JE-HY 9a. FACILITY NAME (If not institution, give street and numbe 9b. CITY, TOWN OR LOCATION OF DEATH Sc. COUNTY OF DEATH DIRECTOR Charlotte Hall Velevans Home Southt mory's Charlotte Hall M RESIDENCE OF DECEDENT toe. STATE 10b. COUNTY 10c. CITY TOWN OR LOCATION 10d. INSIDE CITY Celifo-nia St. Mory's MO 1 TYES 2 TO NO FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? P1006 C88-6 Care Road 11. MARITAL STATUS 12. WAS DECEDENT EYER IN U.S. ARMED FORCES? t YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No- RACE — American Indien, Black, White, atc. 1 Never Married 2 Married If yes, specify Cuban, Maxican, Puerto Rican, etc.) IF YES, GIVE WAR OR DATES 1 TES 2 NO Specify: ВҮ Specify: 3 Widowed 4 Divorced White 15. DECEDENT'S EDUCATION COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify College (1-4 or 5+) 12 4 Commissioned Officer Aviation/Defense 17. FATHER'S NAME (First, Middle Last) 18. MOTHER'S NAME (First, Middle, Meiden Surne John Anderson Elizabeth O'Neill BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Margaret F. Anderson 2880 Mill Cove Road, California, Maryland 20619 20s. METHOD OF DISPOSITION
1 M Burlel 2 □ Cremetion 3 □ 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE 4 Donath on 5 [Other (Specify) ngton National Cemetery Arlington, Virginia Dille 1 22. NAME AND ADDRESS OF FACILITY on Brinsfield Funeral Home Brinsfield, Edward M00052 Jr. P.O. Box 279, Leonardtown, Maryland 20650 23. PART i. Enter the diseasea, or complicatione that caused the death. Do not enter the mode of dying, such as cerdiec or raspiratory arrest, ehock, or heart fellure. List only one ceuse on each line. Interval Between IMMEDIATE CAUSE (Finel Onset and Death diseese pr condition Encepholo nethy DUE TO (OR AS A CONSCIUENCE OF): reaulting in deeth) CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF)if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated eventaresuiting in death) LAST PART ii. Other eignificent conditions contributing to deeth but not recuiting in the underlying ceuse given in Part i. MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PERFORMED? AVAILABLE PRIOR TO Alzheme-> Bisease COMPLETION OF CAUSE 1 TYES 27 NO Seizur Disorder 1 YES 2 NO PHYSICIAN: DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES IN NO IN 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) HOSPITAL: OTHER:
4 Nursing Home 5 Residence 6 Other (Specify) 1 TYES 2 NO 1 Inpatient 2 ER/Outpatient 3 DOA 27. MANNER OF DEATH 28a. DATE OF INJURY 28b. TIME OF 28d. DESCRIBE HOW INJURY OCCURED

28c. INJURY AT 1 Natural
2 Accident 5 Pending 1 YES 2 NO Investigation 28a. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 3 Suicide 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be 4 Homicide

29e. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the beat of my knowledge, death occurred at the time, date and piece, and due to the cause(a) and menner as stated.

1.

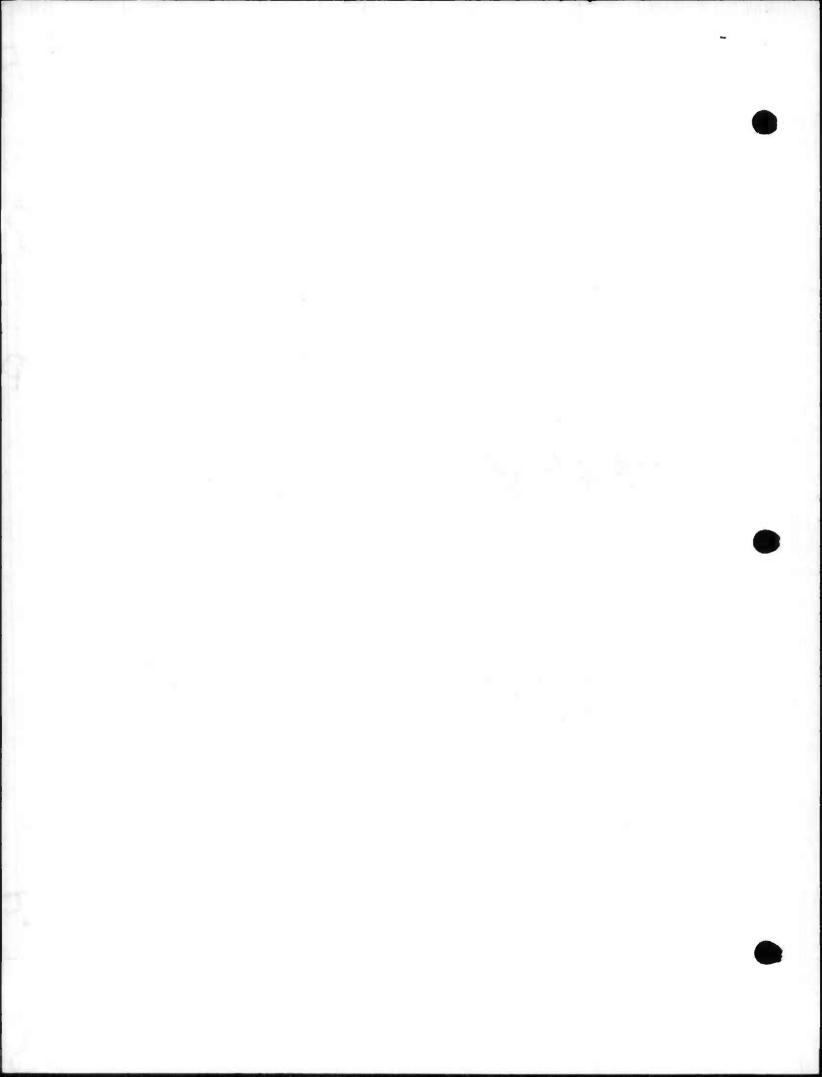
MEDICAL EXAMINEH: On the basis of axamination and/or investig	gation, in my opinion, death occured at the time, data and pic	eca, and due to the cause(s) and manner se stated
29b. SIGNATURE AND TITLE OF CERTIFIER	29c. LICENSE NUMBER	29d. DATE SIGNED (Month, Day, Year)
marken	538991	Navember 18 191

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

MICHAEL DIPR	E ms.	140 HOJOITAL	ROAD	PRINCE	FREDERICK	am
31. DATE FILED MONTH DOLY 19	94 July S	is signatures audion-hardall				

30008

Novimber 18, 1994

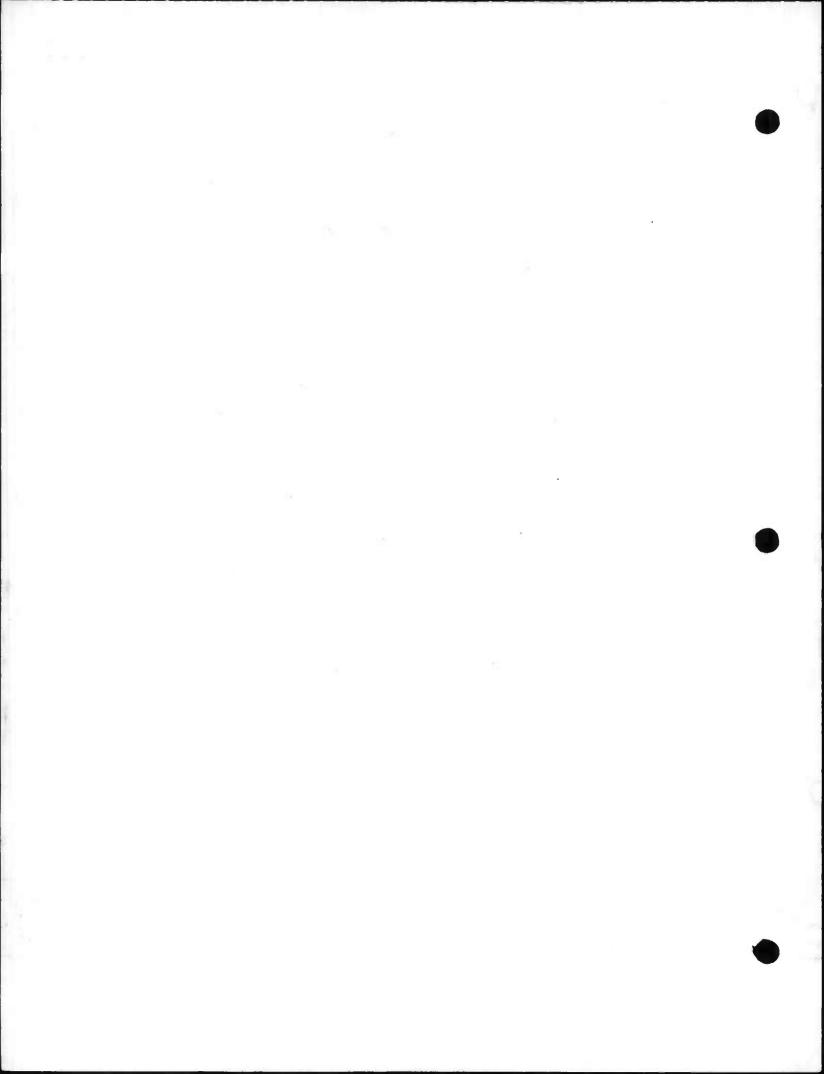


DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE FUNERAL DIRECTOR After this control by the abstraction projection and completely filed in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after them with the State Dept. of Hearth and Mercal Hydrers price to burial, companie, or removal.

IMPORTANT: If them 26 is marked, or them 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

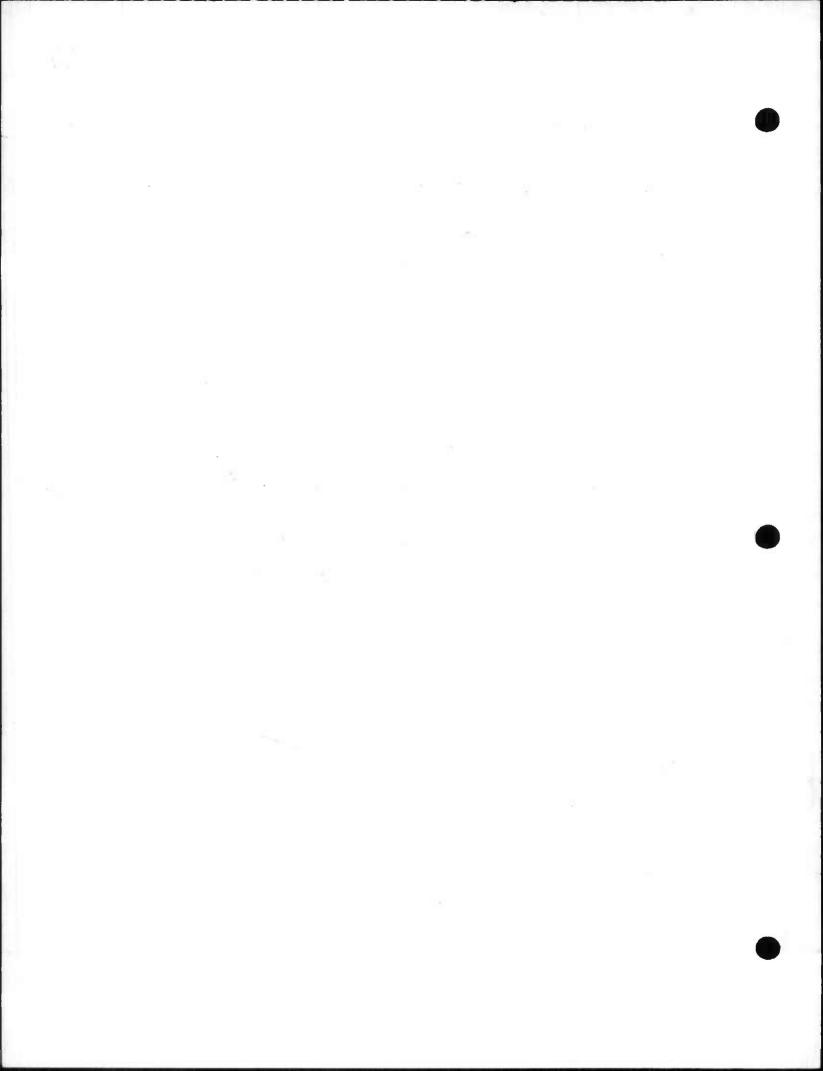
	1 - FOR STATE REGISTRAR	STATE OF MARY		MENT OF H		MENTAL HYGIEN						
	1. DECEDENT'S NAME (First, Middle, Lest)	0.				2. DATE OF DEATH		3. TIME OF DEATH				
- 0	SAMUEL	BLYTH	ER			MONTH D		1556 PM				
			(In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	8. BIRT	HPLACE (State or Foreign					
	578-14-4581 9. FACILITY NAME (If not institution, give stre	1 M 2 F	// YRS.	9b. CITY. TOWN (HOURS MIN.	2 Bish	Bishipville,S.C.					
DIRECTOR	Washington . A	dventist to		Talcoma		Taryland	and U.SA-Montgomery					
H	10e. STATE 10b. COUNTY		10c. CITY,	TOWN OR LOCAT	ION		10d. INSIDE CITY LIMITS?					
	N/	<u>'A</u>	Wa	shingto	n		1 X YES 2 NO					
FUNERAL	10e. STREET AND NUMBER			101	. ZIP CODE		WHAT COUNTRY?					
9	5122 North Capit	al Street,	N.W.		20011		USA					
5	11. MARITAL STATUS 1 Never Merried 2 Merried	12. WAS DECEDENT EVER FORCES? 1 XYES		13. WAS DEC	ENDENT OF HISPAN	IC ORIGIN? (Specify Yes	or No — 14. RAC	CE — American Indian, ck, White, etc.				
ВУ	3 Wildowed 4 Divorced	IF YES, GIVE WAR OR I			2 X NO Specify		Spe	city:				
	15. DECEDENT'S EDUCA	WWII	16e. DECEDENT'S U	ELIAL OCCUPATIO	NA1	465 KIND OF BUIL		Black				
	(Specify only highest grade of	ompleted)	(Give kind of wo	ork done during mo retired.)	st of working	166. KIND OF BU	BINESS/INDUSTRY					
2	Elementary/Secondary (0-12)	College (1-4 or 5+)		1		er Pentag	on					
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		1 odber vis	0118		ME (First, Middle, Maiden						
Ö	Saul Blyther					Briscoe						
BE (19e. INFORMANT'S NAME (Type/Print)		19b. MAILING A	ADDRESS (Street a	nd Number or Rural F	loute Number, City or Tow	n, State, Zip Code)					
임	Lillie Blyther		5122	North C	apital S	treet, N.W 2011	•					
	20e. METHOD OF DISPOSITION		b. PLACE AND DATE OF	DISPOSITION (Na			CATION — City or 1	Town, State				
	1X Buriel 2 Cremation 3 Remov		metery, crematory or oth Juantico N	_{er plece)} lational	Cemeter	v 11/12 Tr	iangle.	VA.				
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Marshall's Funeral Home 4217 9th Street, N.W.											
	DADY MI	211600	1/				4					
	23. PARTY Enter the diseases or co	mplications that cause	the deeth Do no	Wash	ington. I	D.C. 2001	7	Approximete				
	ahock, or heert failure. List only one ceuse on each line. Interval Between Onset and Deat Onset and Deat											
	IMMEDIATE CAUSE (Finel disease or condition	ORST	DUCT	1175	TAI	MAIN	D	Onset and Death				
ŀ	resulting in deeth) a.	DUE TO (OR AS	A CONSEQUENCE OF		3110	11010						
-	_	ACIA	TEP	ANCI	ZEAT	,						
0	Sequentially list conditions,	DUÉ TO (OR AS	A CONSEQUENCÉ OF			\sim	- 1					
SAT	If any, leeding to immediate TUMDR-HEAD OF PANCREAS CAUSE. Enter UNDERLYING CAUSE. ENTER UNDERLYING CAUSE. ENTER UNDER											
E	that initiated events DUE TO (OR AS A CONSEQUENCE OF):											
CERTIFICATION	reauiting in death) LAST											
	PART ii. Other significant conditions	contributing to deeth	but not resulting in	the underiving	ceuse given in	Part I. 24s. WAS AN	ALITORSV 24	b. WERE AUTOPSY FINDINGS				
CAL	CONCEST	IVE H	EART	FAI	11225	PERFOR		AVAILABLE PRIOR TO COMPLETION DF CAUSE				
		EHUDI		1 1 1 1		1 _ YES 2	□ NO	OF DEATH?				
Σ	DID TOBACCO USE CONTRI				LINICEDTAIN	1		1 YES 2 NO				
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL	BOTE TO CAUSE (26. PLACE OF DEATH		UNCERTAIN	1 🗆]						
S	EXAMINER?	HOSPITAL:		OTHER:								
¥	27. MANNER OF DEATH	28e. DATE OF INJURY	26b. TIME		e 5 Residence	28d. DESCRIBE HOW 1	N KIBY OCCUBED					
	1 Natural 5 Pending	(Month, Day, Year)	INJU	RY WO	RK?	230. DESCRIBE NOW I	NJUNI OCCURED					
BY	2 Accident Investigation 3 Suicide & Could not be	28e. PLACE OF INJUR	Y — At home, ferm, str			281, LOCATION (Street a	and Number or Rural	Route Number				
	4 Homicide 6 Could not be	building, atc. (Spe	ecify)	, , , , , , , , , , , , , , , , , , , ,		City or Town, State)		,				
COMPLETED	29e, CERTIFIER 1 CERTIFYING PHYSICI	AN: To the heat of my trans	wladge death seem	at the time of	and alone is diff							
Z	(Check only one) 2 MEDICAL EXAMINER:							(a) and manner or stated				
BE												
၉	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF D	EATH (ITEM 27) (Tame 4	Print)	17 - 47	100	- 11	11 14				
	A12VIMD M- 31. DATE FILED (Month, Day, Year) 1004	MEHTA 1 32. REGISTRAR'S SIGN	7100	Bult	impre	Ave, #	504, li	164 160 K				



TO THE HOSPITAL OF TO THE FUNERAL be filed within 72

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1	1. DECEDENT'S NAME (First	, Middle, Last)								2. DATE OF DEATH	au.		3. TIME OF DEATH
	ľ	JOHNNI	E BL	AIR							NOV. 9,	199	94 ^{AR}	7:15 Am
	-	4. SOCIAL SECURITY NUME		5. SEX	6. AGE (In yrs. las	t birthday)	IF UNDER		IF UNDER		7. DATE OF BIRTH		6. BIRTH	PLACE (State or Foreign
	i	255-01-03	371	1 📉 M 2 🗌 F	81	YRS.	MONTHS	DAYS	HOURS	MIN.	JAN. 13,	1913	AUGU	JSTA, GEORGIA
		9e. FACILITY NAME (If not in	stitution, give s	treet and number)	#30	2	9b. CITY,	TOWN C	R LOCATI	ON OF DE		_	NTY OF DI	
	5	5646 WH		LD CHAI	PEL ROA	D		LA	NHAI	M		PRI	NCE	GEORGE'S
[3	RESIDENCE OF DEC	10b. COUNTY			10c CIT	Y, TOWN O	BLOCAT	ION					10d, INSIDE CITY
DIBECTOR		MARYLAND	PRINC	E GEOR	GE'S		.,		NHA:	M				LIMITS?
	- 10	10e. STREET AND NUMBER	<u> </u>						ZIP COD			10a, CITI	ZEN OF W	NAT COUNTRY?
FINEDA		5646 WHIT	FIELD	CHAPE	L ROAD	APT	#302		20706 U.S.A					
Z	5	11. MARITAL STATUS		12. WAS DECEDEN	T EVER IN U.S. AR	MED	13. V	WAS DEC	ENDENT C	F HISPAN	IIC ORIGIN? (Specify Yes	or No-	14. RACE	- American Indian.
\ \frac{\pi}{\pi}		1 Never Married 2 3 Widowed 4 Divo			YES 2 X N	10				n, Maxics Specify	n, Puerto Rican, stc.)		Specil	, Whits, stc.
15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working) 16b. KIND OF BUSINESS/INDUSTRY										BLACK				
1 2		Elementary/Secondary (0)-12)	College (1-4 or 5	+)		AN P	O D m	ממ			DDT	(7.7km);	,
once.		17. FATHER'S NAME (First, M	liddle, Last)		PU	1111111	AN P	URT		HER'S NA	ME (First, Middle, Maiden		VATE	
		HENRY BLA	IR							LIA	TANKLEY			
TO BE		19a. INFORMANT'S NAME (7	ype/Print)		198	. MAILING	ADDRESS	(Street a			Route Number, City or Tow		(Code)	
	2	JACQUELINE	E. BLA	IR (DAUG										YT.AND 20706
20 14	-11	20s. METHOD OF DISPOSITE	ION		20b. PLACE	NDDATE	FDISPOSI					CATION —		
Ē		4 Donation 5 Dother	(Specify)		MARYLA	ND N	her placa) ATIO	VAL	CEME	TERY	11/14/94	LAU	REL,	MARYLAND
examiner must	ļ	4 Denetion 5 Other (Specify) MARYLAND NATIONAL CEMETERY 11/14/94 LAUREL, MARYLAND 22. NAME AND ADDRESS OF FACILITY J.B. JENKINS FUNERAL HOME												
	i ;	Jugi	wan	an	Das	(18)	174	74 L	ANDO	VER	RD, LANDOVE	ER, M	ARYL	AND 20785
23. PART i. Enter tha diseases, or complications that caused the death. Do not anter the mode of dying, such as cerdiac or respiratory arrest, shock, or heart fellure. List only one cause on each line.									Approximate					
	- ()	IMMEDIATE CAUSE (Final disease or condition												
it, me]	disease or condition	→ ,		COR AS A CONSEC	NOW	4	us	uf	fice	elue			
ever						-	7: \		V	V)			
ATION		Sequantially list conditi			tos Jal		Ce	ane	M	100	14		~~	
ATI		if any, leading to imma- cause. Enter UNDERLYI		002 10	(OII AO A GORGEO	OLIVOL OF	<i>r</i>							j .
TIFIC		CAUSE (Disease or injuthat initiated events	iry C	DUE TO	(OR AS A CONSEC	UENCE OF	ን:							
CERTIFICATION		reaulting in death) LAS	Т	d										
		PART II. Other significa	ont condition	e contributing to	death but not a	anultina i	in the area	do alcalo a			Part i. 24a, WAS AN		1	
MEDICAL		The state of the s	THE CONTROLL	a contributing to	daath but not n	esuiting i	n ma un	ueriying	cause (Jiven in	PERFOR		245.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE
MEDI											1 □ YES 2	NO		OF DEATH?
E -	. 11	DID TOBACCO U	SE CONTE	DIRLITE TO CA	TISE OF DEV	TH VE	s \square »	10 -	LINIC	ERTAIN		`		1 TYES 2 NO
III CIAN		25. WAS CASE REFERRED TO		CIBOTE TO CA			H (Check o		UNC	EKIAII	<u> </u>			
SIC		EXAMINER?		HOSPITAL:	ER/Outpatient 3	DOA	OTHER		5 0	Monca	6 Other (Specify)			
H		27 MANNER OF DEATH		26s. DATE OF (Month, D	INJURY	28b. TIM		28c. INJU	JRY AT		28d. DESCRIBE HOW II	NJURY OC	CURED	
BY PHYSICIAN:			Pending Investigation	(1007117), 2	ay, roury	ING	M	1 N	ES 2	NO				
SED B	1	3 Suicide 6	Could not be	28e. PLACE O building,	F INJURY — At hor stc. (Specify)	me, term, a	treet, tecto	ry, office			281, LOCATION (Street a City or Town, State)	and Number	or Rural R	oute Number,
			datermined											
1 2											to the cause(s) and man			
COMPLE		2 MEDI	CAL EXAMINE	R: On the basis of e	xsminetion and/or i	nveatigatio	n, In my op	inion, de	sth occur	ad at the	tims, date end placs, an	d dus to th	e csuse(s)	and manner as stated.
BE COM		29b. SIGNATURE AND TITLE	DF CERTIFIER	0000	1 /				29c. LICE	ENSE NUM	BER	29d. DATI	E SIGNED	(Month, Day, Year)
<u> </u>	- 11	a certa	0.0	XXXXX	~~				hs	- >))4'S	> \	119	94
-		30. NAME AND ADDRESS OF	DERSON WHO	COMPLETED CAU	SE OF DEATH (ITEM	27) (Typo.	-	(7	Dr.	()	9100,0100	0+ 1	Mh	21700
	-	31. DATE FILED (Month, Day,	Year)	32. REGISTRA	AR'S SIGNATURE		~)	~	<i>G v</i>	-	Junior	W	- 1/1	0120
		NOV 1 5 1994		che Davidso	~ Pandell	,					_			1
		TILL TO	- 40											



BALTIMORE, MARYLAND 21215-0020	The law requires that the death certificate be executed within cours after death. Page 6 may be retained by the hospital or attending physician.	ite has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	ni examiner must be notified at once.	TO BE COMPLETED BY FUNERAL DIRECTOR
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPINL ON PHYSICIAN: The law requires that the death certificate be executed within cours after	TO THE FAMENC DIRECTOR After this certificate has been signed by the attending physician and completely filled in by the	IMPORTANT II Imm 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

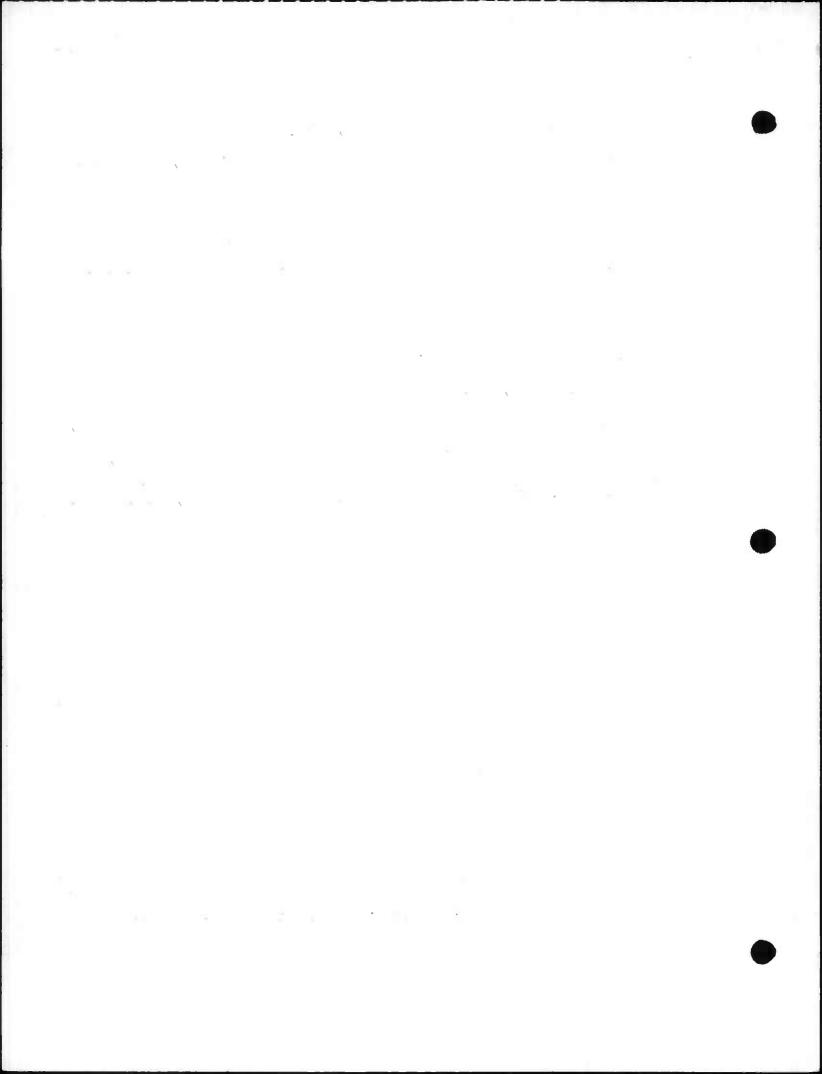
FOR STATE REGISTRAR 1. TO BE COMPLETED BY FUNERAL DIRECTOR TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO.

1. DECEDENT'S NAME (First, Middle, Lest) 2. DATE OF DEATH 3. TIME OF DEATN														
KERMIT	Р	ROW	INI.	JR.		NOV.	DA	09 1994 8:31 P						
4. SOCIAL SECURITY NUMB	t birthday)		IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLA						NPLACE (State or Foreign					
250-46-27	YRS.	MONTHS	DAY	HOURS	MIN.	July	18	. 37	Countr	S.C.				
9e. FACILITY NAME (If not in	stitution, give st	treet and number)		9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATN										
633 N.AIS	COLLEGE	и стрыы												
RESIDENCE OF DEC	EDENT	1 SIKEE	1			BALTIMORE BALTIMORE								IMORE
10c. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS?												10d. INSIDE CITY		
MD BALTIMORE BALTIMORE 1 XYES 2 NO												Committee of the commit		
10s. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY?												WHAT COUNTRY?		
633 N. AISQUITH # 9F UNK. U.S.A.												. A .		
11. MARITAL STATUS 12. WAS DECEDENT EYER IN U.S. ARMED 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yee or No — 14. RACE — American Indian,														
BLACK														
15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working) 16b. KIND OF BUSINESS/INDUSTRY														
Elementary/Secondary (0 UNK	-12)	College (1-4 or 5	+)		Do NOT us									
				5	ECU!	RIT	Y C	FFIC	ER					
17. FATNER'S NAME (First, M.		OLDI CI								ME (First, Midd		,		
KERMIT		LOWN, SI	≺•							AVAI				
19e. INFORMANT'S NAME (7)		ID T10/01/								Floute Number,			Code)	
TONI BROW				2	649	SH	ADY	SIDE	AV]	ENUE	#T-3	S	UITI	LAND, MD
28a, METNOD OF DISPOSITI	n 3 🗆 Remo	oval from State			ND DATE O					DATE	20c. LO	CATION —	Cify or To	own, State
4 Donation 5 Other	(Specify)	- 4	_ H.	ARM	ONY			IAL	_		LA	NDO'	VER,	MD
21. SIGNATURE OF FUNERA		alle						AND ADDRE		icium ERS F1	INTED	7\ T 1	LIOME	3
WULLIA	M O.	ABLES								a Ave				
23. PART I. Enter the di ehock, or h IMMEDIATE CAUSE (Fin disease or condition recuiting in death)	eart fallure. I	n	A the	1050	clerc	atie		4		scu (a				Approximata interval Between Onset and Death
Sequentially lifet condition of the course. Enter UNDERLY! CAUSE (Disease or injuthat initiated events resulting in deeth) LAS	diate NG ry		(OR AS A											
PART II. Other algolfica	nt conditions	a contributing to	death bu	t not re	eaulting I	n the u	nderiv	ing cause	olven in	Part i. 24	. WAS AN	ALITOPSY	24h	. WERE AUTOPSY FINDINGS
											PERFOR			AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
DID TOBACCO U	SE CONTR	RIBUTE TO CA	USE OF	DEA	TH YE	S 🗆	NO	UNC	ERTAII	N 🔲				
25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	HOSPITAL:	2	8. PLAC	E OF DEAT			ne)						
1 TY YES 2 - NO		1 Inpetient 2	ER/Outpa	ntient 3	□ DOA	4 Nu		ome 5X Re	sidence	a Other (Sp	ecify)			
	Pending investigation	28e. DATE OF (Month, D	INJURY lay, Yeer)		28b. TIMI INJ	E OF URY M	1	NJURY AT WORK? YES 2	NO NO	2ad. DEŞCRI	BE NOW IN	JURY OC	CURED	
3 Suictde a	Could not ba determined	28e. PLACE O building,	F INJURY - etc. (Special	— At hor	ne, ferm, s	treet, fac	ctory, of	fice		281. LOCATIO City or To	N (Street a wn, Stete)	nd Number	or Rural F	Route Number,
		CIAN: To the bast of												e) end menner ee stated.
296. SIGNATURE AND TITLE	OF CERTIFIER	101						29c. LICI	ENSE NUR	MBER	T	29d. DAT	E SIGNED	(Month, Day, Year)
Nen	nin	L Chan	ton	P				0.	C.M	.E.		NO	V.10	0,1994
30. NAME AND ADDRESS OF		COMPLETED CAUS					ree	et, B	alt	imore	, Ma	rv]	and	21201
31. DATE FILED (Month, Day.	/	32. REGISTRA		_								1		

DHMH-16 Rev 1/89



BALTIMORE, MARYLAND 21215-0020

ION OF VITAL RECORDS P.O. ROX 68760

BALLINGRE, MARTLAND 21213-0020	hours after death. Page 6 may be retained by the hospital or attending physician.	After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	or removal.	medical examiner must be notified at once.
THE PERCENTS, F.O. BOX 66760	HTTP OING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	The After this certificate has been signed by the attending physician and completely	Meath with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

5 D THE N

ROINTAN

	FOR 1 - STATE REGISTRAR	STATE OF I	MARYLAND	/ DEPAR						IYGIEN REG. NO.	Ε		
	1. DECEDENT'S NAME (First, Middle, Lest)					-			2. DATE OF	DEATH			3. TIME OF DEATH
	Veronica Mary Bo	ne.						November 13, 1994				11:40 P.M	
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. I	lest birthday)	IF UNDER 1	YEAR	IF UNDER	24 HRS.	7. DATE OF I	BURTH		8. BIRTH	PLACE (Stata or Foreign
- 9	032 10 6420	1 🗆 M 2 💢 🛣	85	YRS.	MONTHS	DAYS	HOURS	MIN.	Dec.	5 .	1908	Count	n achusetts
1	9e. FACILITY NAME (If not institution, give s	treet and number)		-	9b. CITY,	TOWN O	R LOCATI	ON OF DE			9c. COU	NTY OF D	EATH
S.	Doctors' Communi	tv Hospi	tal		I.an	ham					Pri	nco	George's
DIRECTOR	RESIDENCE OF DECEDENT										1 1 1 1	nce	George 5
H	10a. STATE 10b. COUNT			10c. CIT	Y, TOWN OF	LOCAT	ION						10d. INSIDE CITY LIMITS?
		e George	S	Во	wie								TXXYES 2 NO
FUNERAL	10e. STREET AND NUMBER						ZIP CODI				10g. CIT	IZEN OF V	VHAT COUNTRY?
Ä	12418 Shawmont						2071					ited	States
F	11. MARITAL STATUS 1 Never Merried 2 X Merried	12. WAS DECEDEN	T EVER IN U.S. A		13. W	AS DECI	ENDENT C	OF HISPAN	NIC ORIGIN? (S	pecify Yes	or No-	14. RACE Black	— American Indian, c, White, etc.
ВУ	3 Widowed 4 Divorced		MAR OR DATES	No			2 😿 NO					Speci	ty:
	15. DECEDENT'S EDU	CATION		DECEDENT'S	USUAL OC	HIDATIO	M.				SINESS/ING	Distance	White
H	(Specify only highest grade	completed)		(Give kind of the Do NOT us	work done du			ng	100. KIN	IO OF BUS	DINESS/IN	DUSTRY	
2	1 2	Elementary/Secondary (0-12) Coffege (1-4 or 5+)				rot	ary		D	C D	ubli	a II.	0.1 4-1-
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		1 11	curca	T DEC	166		HER'S NA	ME (First, Middl			с пе	altii
	Robert M. Daley								McCart		our name,		
BE	19a. INFORMANT'S NAME (Type/Print)		1	19b. MAILING	ADDRESS (Street at			Route Number, (n. Stete. Zic	Code)	
2	Ralph Ballentine								Bowie				
1	20a. METHOD OF DISPOSITION			EANDDATE	OF DISPOSIT			-	DATE		CATION —		wn, State
	1 Surial 2 Cremation 3 Rem 4 Donetion 5 Other (Specify)	oval from State	Sacr	ed He	^{ther place)} art C	hur	ch C	emet	ery		Bow	ie M	aryland
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE		$\widehat{}$	22. N	AME AN	D ADDRES	SS OF FA	CILITY				7 2 4 1 1 1 1
	KMMENT &	Clm	~ /	Par					uneral				
	23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory errest, Approximate												
	ahock, or heart failure. List only one cause on each line.											intarvsi Between	
	IMMEDIATE CAUSE (Final disease or condition SEPS)										Onset and Dasth		
ŀ	resulting in desth) DUE TO (OR AS A CONSEQUENCE OF):											1 4010	
_	Sequentially let conditions To Chronic obstructive Pulmonary disease 10%.												
Ó	DIJE TO (OR AS A CONSEQUENCE OF).												
¥	if sny, leading to immediate cause. Enter UNDERLYING Dementia											1 5 Y.	
Ĕ	CAUSE (Disessa or injury that initiated events		(OR AS A CONS		F):								
CERTIFICATION	resulting in death) LAST	d.											
	DADT II Other elegiticant conditions contributing to death but any analysis of the second sec												
PHYSICIAN: MEDICAL	PART ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24s. WAS AN AUTOPSY PRIOR TO AMILABLE PRIOR TO AMILABLE PRIOR TO												
ă	<u></u>								10	YES 2	NO		OF DEATH?
×	1 □ YES 2 DAO												1 TYES 2 THO
AN	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES ☑ NO ☐ UNCERTAIN ☐												
2	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	28. PLACE OF DEATH (Check only one) OSPITAL: OTHER:										
4	1 YES 2 NO 27. MANNER OF DEATH	1 Napatient 2		_				sidence	8 Other (Sp			011050	
	1 Natural 5 Pending	(Month Day Year) IN HIRY WORK?											
BY	2 Accident Investigation 1 TES 2 NO 28s PLACE OF INJURY — At home form street factors office										brush Alumbar		
8	3 Suicide 8 Could not be determined 28s. PLACE OF INJURY — At home, farm, atreet, factory, office building, atc. (Specify) 28s. PLACE OF INJURY — At home, farm, atreet, factory, office City or Town, State)										oute number,		
9	290. CERTIFIER 1 CERTIFYING DUVEICIAN, T. II.												
COMPLET	Charling Physician: To the best of my knowledge, death occurred at the time, date end piece, and due to the ceuse(e) end menner as stated. (Check only one) 2 MEDICAL EXAMINER: On the best of examination end/or investigation, in my opinion, death occurred at the time, date and piece, and due to the cause(e) end menner as stated.												
8				yello	, at any opi	inori, de				piece, an			
H	296. SIGNATURE AND TITLE OF CERTIFIER 296. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Your) D43446 11/14/94									(Month Day, Year)			
2	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CALL	SE OF DEATH #T	EM 27 /E	Dried)		0	734	76			11/1	7/ 71
. 1	THE THE PROPERTY OF LEUSON MA	- SOMPLETED GAU	OF DEATH (IT	Em ∠/ j (lype,	rTITI()								

-FAR M.D. 400 32. REGISTRAR'S SIGNATURE Julia Davidson-Randale

FARAHI-FAR

1994

DHMH-16 Rev 1/89

MD 20716

Bowie

4000 Mitchellville Road B216

000	윤	6	6
-	3	Z	8
F VITAL RE	CIAN: The law req	ficate has been	he State Dept. of
	E	e	te
=	÷	Cal	Sta
>	A	10	2
Ä	8	ü	Ξ.
0	8	£	붛.
2-	÷	÷	6
10	聂	5	8
160	Z	1	10
113	νŒ	F	舞
	a	¥	耸
MB/	Rb.	雪	24
1	쑛	G,	ď.
700	葩	瘛	6
-	8	3	£ :
	I	III.	3
	THE HO	O THE FL	be filed with
	0	ō	9
	-	-	7
	1	7	1
	1	4	-)
	1	- [- /

### ACCOUNT NUMBER ### AC		- STATE REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last)	-	CE	ERTIFI	CATE	OF	DEAT	ГН	REG. NO).	A TIME OF DE	-744	ed:
SOUR SCOUNTY VANABLE PLANS AND ADDRESS AND		Deborah P	1, Boss	sard	,							YEAR	5 pg m	
Secretary The Same of moderations give steet and number; Second Samaritan Hospital Baltimore Second Samaritan Hospital Baltimore Second Samaritan Hospital Second Samaritan Hospi		4. SOCIAL SECURITY NUMBER	5. SEX 8.	. AGE (In yrs. las		$\overline{}$		1			~	a. BIRTHPLACE (State or	Foreign	-
SO GAND STREET AND GUIDENCE OF DECEDENTY 100- STREET AND GUIDENCE OF DECEDENTY 100- STREET AND GUIDENCE OF DECEDENTY 100- STREET AND GUIDENCE OF DECEDENTY 100- STREET AND GUIDENCE OF DECEDENTY 100- STREET AND GUIDENCE OF DECEDENTY 100- STREET AND GUIDENCE OF DECEDENTY 100- STREET AND GUIDENCE OF WAR COUNTY 100- STREET AND GUIDENCE OF WAR AND GUIDENCE OF WAR COUNTY 100- STREET AND GUIDENCE OF WAR AND GUIDENCE OF WA		213822337		30	2 YRS.		3.00			4-11-6		Washington	DC	-
THE STREET NO. COUNTY 100. COUNTY 100.	œ		•						ON OF DE	ATH				١
No. STREET AND NUMBERS 68.78 MCClean Blvd	5					_								
No. STREET AND NUMBERS 68.78 MCClean Blvd	HE	10e. STATE 10b. COUNTY	1		27.00			TION					TY	-
Second Press Pre					Bal	timo							NO	,
Second Press Pre	RAI	10.27 002)	
Second Press Pre	NE -	11. MARITAL STATUS 12 WAS DECEMENT EVED IN ILS ADMED 14 MAS DECEMBENT OF HIGHARD OF ALL PLANTS OF THE PARTY O											-10	
S. DECERTS EQUATION State December State	- 41	1 Never Married 2 Married	FORCES? 1	YES 2	NO	11	t yes, spe	ecify Cube	n, Mexican	, Puerto Rican, etc.)	s or No-	Black, White, etc.	dlen,	
S. DECEDENT'S EDUCATION Sementary/Secondary (9-17) 17-15 17-15 17-16		3 Widowed 4 Divorced										-		
Sequentially list conditions, Family Secolary (3-12) College (1-4 or 5-1) Inemployed 16. NOTHER'S NAME (First, Mickells, Makken Surmany)	TED	15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)	(Gi	live kind of w	vork done di			ra .	16b. KIND OF BU	ISINESS/INDU			1
George Bossard The MALLING ADDRESS (Street and Number or Rural Route Number, City or Town, Steek, Zip Code) Ruth Bossard Pack Rethod of Disposition The MALLING ADDRESS (Street and Number or Rural Route Number, City or Town, Steek, Zip Code) Pack Rethod of Disposition The Malling Address (Street and Number or Rural Route Number, City or Town, Steek, Zip Code) Pack Table Bossard Pack Rethod of Disposition The Malling Address (Street and Number or Rural Route Number, City or Town, Steek Pack Table Bossard Pack Ta	Z.E.							-						
George Bossard The MALLING ADDRESS (Street and Number or Rural Route Number, City or Town, Steek, Zip Code) Ruth Bossard Pack Rethod of Disposition The MALLING ADDRESS (Street and Number or Rural Route Number, City or Town, Steek, Zip Code) Pack Rethod of Disposition The Malling Address (Street and Number or Rural Route Number, City or Town, Steek, Zip Code) Pack Table Bossard Pack Rethod of Disposition The Malling Address (Street and Number or Rural Route Number, City or Town, Steek Pack Table Bossard Pack Ta	MO			II	nempl	oyed		44 MOTI	HED'S NAM	e reme Miridia Maider	O-manual			_
192. INFORMANT'S NAME (TyperPrint) 192. INFORMANT'S NAME (TyperPrint) 193. METHOD OF DISPOSITION 204. METHOD OF DISPOSITION 205. PLACE AND DATE OF DISPOSITION (Name of a function of the principle) 205. PLACE AND DATE OF DISPOSITION (Name of a function of the principle) 206. PLACE AND DATE OF DISPOSITION (Name of a function of the principle) 207. PLACE AND DATE OF DISPOSITION (Name of a function of the principle) 208. PLACE AND DATE OF DISPOSITION (Name of a function of the principle) 208. PLACE AND DATE OF DISPOSITION (Name of a function of the principle) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY MATSHALL'S Funeral Home, 42.17 9th Street, N. W.,	ш									_	Summy			
RULLI BOSSATO 20s. METHOD OF DISPOSITION 1	0			191	b. MAILING	ADORESS	(Street a				vn, Stete, Zip (Code)		1
Burlet 220 Cremetion 3 Removal from State Confidence of the	- 1			92	58 Gr	capew	/ine	Cour	rt (Columbia,	Md.	21045		
A Donation 5 Other (Specify) Metropolitan Crematory 11-19 Alexandria Va.		20s. METHOD OF DISPOSITION 1 General Date 20s. Date												1
23. PART II. Cither significent conditions contributing to deeth but not resulting in the underlying cause given in Part I. 25. WAS CASE REFERRED TO MEDICAL EXAMBER OF CEATH 25. WAS CASE REFERRED TO MEDICAL EXAMBER OF CEATH 27. WANNER OF CEATH 1 No Spring I No		4 Donation 5 Other (Specify)		Metro	polit	can (Ì
23. PART II. Cither significent conditions contributing to deeth but not resulting in the underlying cause given in Part I. 25. WAS CASE REFERRED TO MEDICAL EXAMBER OF CEATH 25. WAS CASE REFERRED TO MEDICAL EXAMBER OF CEATH 27. WANNER OF CEATH 1 No Spring I No		21. SIGNATURE OF PUNETAL SERVICE LICE	ENSEE	00.		22. N	IAME AN	O ADDRES	SS OF FAU	ur Marsha. 4217 9	ll's F	uneral Hom	e, I	1
23. PART /I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, abock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): APPLY THAT I are in this part of the conditions, as a Consequence of the consequence of th		1.1.1/has	sha	KK	<u> </u>					Washingto	on. D.	C. 20011		
IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): ARCHYTHMA DUE TO (OR AS A CONSEQUENCE OF): ARCHYTHMA DUE TO (OR AS A CONSEQUENCE OF): ARCHYTHMA DUE TO (OR AS A CONSEQUENCE OF): HYPERVALEMA DUE TO (OR AS A CONSEQUENCE OF): HYPERVALEMA DUE TO (OR AS A CONSEQUENCE OF): HYPERVALEMA DUE TO (OR AS A CONSEQUENCE OF): DUE T		23. PARTY. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, ahock, or heart failure. List only one cause on each line. Approximate interval Between												
DUE TO (OR AS A CONSEQUENCE OF): ACAINSE (Disease or Injury that initiated events resulting in deeth) LAST PART II. Other algnificent conditione contributing to deeth but not resulting in the undarlying cause given in Part i. PART III. Other algnificent conditione contributing to deeth but not resulting in the undarlying cause given in Part i. PART III. Other algnificent conditione contributing to deeth but not resulting in the undarlying cause given in Part i. PART III. Other algnificent conditione contributing to deeth but not resulting in the undarlying cause given in Part i. PART III. Other algnificent conditione contributing to deeth but not resulting in the undarlying cause given in Part i. PART III. Other algnificent conditione contributing to deeth but not resulting in the undarlying cause given in Part i. PART III. Other algnificent conditione contributing to deeth but not resulting in the undarlying cause given in Part i. PART III. Other algnificent conditione contributing to deeth but not resulting in the undarlying cause given in Part i. PART III. Other algnificent conditione contributing to deeth but not resulting in the undarlying cause given in Part i. PART III. Other algnificent conditione contributing to deeth but not resulting in the undarlying cause given in Part i. PART III. Other algnificent conditione contributing to deeth but not resulting in the undarlying cause given in Part i. PART III. Other algnificent conditione contributing to deeth but not resulting in the undarlying cause given in Part i. PART III. Other algnificent conditione contributing to deeth but not resulting in the undarlying cause given in Part i. PART III. Other algnificent conditione contributing to deeth but not resulting in the undarlying cause given in Part i. PART III. Other algnificent conditione contributing to deeth but not resulting in the undarlying cause given in Part i. PART III. Other algnificent conditione contributing to deeth but not resulting in the undarlying cause given in Part i. PA		IMMEDIATE CAUSE (Final disease or condition) C.AO.D.: A. A.O.D.: T.												
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST PART II. Other significent conditions contributing to deeth but not resulting in the underlying cause given in Part I. PART III. Other significent conditions contributing to deeth but not resulting in the underlying cause given in Part I. PART III. Other significent conditions contributing to deeth but not resulting in the underlying cause given in Part I. PART III. Other significent conditions contributing to deeth but not resulting in the underlying cause given in Part I. PART III. Other significent conditions contributing to deeth but not resulting in the underlying cause given in Part I. PART III. Other significent conditions contributing to deeth but not resulting in the underlying cause given in Part I. PART III. Other significent conditions contributing to deeth but not resulting in the underlying cause given in Part I. PART III. Other significent conditions contributing to deeth but not resulting in the underlying cause given in Part I. PART III. Other significent conditions contributing to deeth but not resulting in the underlying cause given in Part I. PART III. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part I. PART III. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part I. PART III. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part I. PART III. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part I. PART III. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part I. PART III. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part I. PART III. Other significant conditions contributing to deeth but not resulti														
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST PART II. Other algnificent conditione contributing to daeth but not resulting in the underlying cause given in Part i. PART II. Other algnificent conditione contributing to daeth but not resulting in the underlying cause given in Part i. PART II. Other algnificent conditione contributing to daeth but not resulting in the underlying cause given in Part i. PART II. Other algnificent conditione contributing to daeth but not resulting in the underlying cause given in Part i. PART II. Other algnificent conditione contributing to daeth but not resulting in the underlying cause given in Part i. PART II. Other algnificent conditione contributing to daeth but not resulting in the underlying cause given in Part i. PART II. Other algnificent conditione contributing to daeth but not resulting in the underlying cause given in Part i. PART II. Other algnificent conditione contributing to daeth but not resulting in the underlying cause given in Part i. PART II. Other algnificent conditione contributing to daeth but not resulting in the underlying cause given in Part i. PART II. Other algnificent conditione contributing to daeth but not resulting in the underlying cause given in Part i. PART II. Other algnificent conditione contributing to daeth but not resulting in the underlying cause given in Part i. PART II. Other algnificent conditione contributing to daeth but not resulting in the underlying cause given in Part i. PART II. Other algnificent conditions PART II. Other algnificent conditions PART II. Other algnificent conditions PART II. Other algnificent conditions PART II. Other algnificent conditions PART II. Other algnificent conditions PART II. Other algnificent conditions PART II. Other algnificent conditions PART II. Other algnificent conditions PART II. Other algnificent conditions PART II. Other algnificent conditions PART II. Other algnif	-	<u> </u>	AR	RYTT					Min	J				
PART II. Other algnificent conditions contributing to death but not resulting in the underlying cause given in Part i.	5	Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF):												-
PART II. Other algnificent conditions contributing to death but not resulting in the underlying cause given in Part i.	S	cause. Enter UNDERLYING	HY1	PERI	KAL		44	L				Hou	57 -	-
PART II. Other algnificent conditions contributing to death but not resulting in the underlying cause given in Part i.	TIE	that initiated events	OUE TO (OR				·M	0.7		r=		YEA	15	
PART II. Other algnificent conditions contributing to death but not resulting in the undarlying cause given in Part i.	SER	Tooling in cooling	ルーレリ	2170	JE "	1	Inc	. UK	152	15		144	57	-
ANALEL PRIOR TO COMPLETION OF CAU OF DEATH? YES 2 NO					esulting in	n the unc	darlying	g cause ç	given in F			24b. WERE AUTOPSY	FINDINGS	1
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	DEC.	- NON WI	urun	set							21	COMPLETION OF	R TO	
27. MANNER OF OEATH 1 Netural 5 Panding Investigation 3 Suicide 8 Could not be determined 28. PLACE OF INJURY At home, farm, street, factory, office 28. LOCATION (Street and Number or Rural Route Number, City or Town, State)	M	- HYPERT	ENSION	J									NO	
27. MANNER OF OEATH 1 Netural 5 Panding Investigation 3 Suicide 8 Could not be determined 28. PLACE OF INJURY At home, farm, street, factory, office 28. LOCATION (Street and Number or Rural Route Number, City or Town, State)	AN	- AN EM	A											
27. MANNER OF OEATH 1 Netural 5 Panding Investigation 3 Suicide 8 Could not be determined 28. PLACE OF INJURY At home, farm, street, factory, office 28. LOCATION (Street and Number or Rural Route Number, City or Town, State)	NC.	EXAMINER?	HOSPITAL:	167			1:	1 2						1
M 1 VES 2 NO 2 Accident Investigation 3 Suicide 8 Could not be determined 26a. PLACE OF INJURY — At home, farm, street, factory, office building, afc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)	> II		26e. DATE OF INJ	JURY	28b. TIME	OF :	28c. INJU	URY AT			INJURY OCCL	IRFD		1
3 Suicide 8 Could not be determined 28a. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 28s. LOCATION (Street end Number or Rural Route Number, City or Town, State)						JRY	WOI	RK?		Ave. way	Inou	Theo		
4 Homicide determined		3 Suicide 8 Could not be	26a. PLACE OF IN	NJURY — At hor	me, farm, st	treet, facto	ry, office			28f. LOCATION (Street	end Number o	or Rural Route Number,		1
		4 Homicide determined	100	n (upro,						Olly or rown, sweet)			
29e. CERTIFIER (Check only 1) CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, end due to the cause(e) end manner as stated.													1	
one) 2 MEDICAL EXAMINER: On the basic of axamination end/or investigation, in my opinion, death occurred at the time, data and place, end due to the cause(e) end menner as stated	유비	2 MEDICAL EXAMINER	R: On the basie of axami	nination end/or i	Investigation	ı, in my op	olnion, de	eath occur	ed at the t	ime, data and place, e	nd due to the	cause(e) end menner ae	stated.	
29b. SIGNATURE AND TITLE OF CERTIFIED 29d. DATE SIGNED (Month, Day, Year)	NOX L	296. SIGNATURE AND TITLE OF CERTIFIE	L. NS)				29c. LICE	NSE NUM	BER		A A	r)	1
	ш ј	11117	VIIIA				1		15	160	> 11	12190		1
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print) LUTS F-GIMENT, MD 5601 WCHTGWEN RWD JUTTE 400 21239	BE	W. F. U	Alexander						-			110/11		٩
31. DATE FILED (Month) Day May 1	BE	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE O	OF DEATH (ITEN	M 27) (Type, 1	Print)	<u></u>	'ME	N 6	PWD JUI	TE 40	0 2123	7	

neral

Pages 1, 2, 3 should

•	de	7	
	R ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a hours after de	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fu	hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
	7	3	E
	5	.⊑	-
	ĕ	led	0
	1	Ų.	101
Į	4	9	nat
)	皇	plet	reg
•	p	E	_
	3	0	iria
)	Xec	and	ă
	80	S	2
)	۵	ici	è
1	ate	E	0
	ij	0	еп
	e	if.	8
	£	en	Ξ
-	dea	1E	THE
	9	the	ž
	##	8	P
	tha	P	t a
,	83	gne	alt
ĺ	Ē	S	뿐
	Je C	Ben	ō
	₹.	A	pg.
	10	has	ది
	E	te	ate
	ż	Fica	S
	SA	2	he
	S	5	E
	F	EP.	3
	5	9	듩
	ON	Aff	de
	EN	œ	er
	F	E	af
	OC.	8	E S
	9	ē	5

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR CERTIFICATE OF DEATH REG NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH November 23, 1994 Madeline May Brown 3:50 6. AGE (In yrs. last birthday) 4. SOCIAL SECURITY NUMBER 5. SEX 7. DATE OF BIRTH IF UNDER 1 YEAR 8. BIRTHPLACE (State or Foreign IF UNDER 24 HRS. July 28,1908 1 M 2 X F 214-09-2144 86 Maryland 9a. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Reeders Memorial Home Boonsboro Washington RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10b. COUNTY 10a. STATE 10d. INSIDE CITY Washington Maryland Hagerstown 1 X YES 2 | NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 414 North Locust Street 21740 U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 XNO IF YES, OIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE --- American Indian, Black, White, atc. It yes, specify Cuben, Maxican, Puarto Rican, etc.)

1 YES 2 NO Specify: 1 Never Married 2 Married В 3 X Widowed 4 Divorced Specify: White COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade completed) 18s. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working 16b, KIND OF BUSINESS/INDUSTRY (Give kind of work done life. Do NOT use retired.) Elementery/Secondary (0-12) College (1-4 or 5+) 8 Floor Lady Mfg. Organ Parts once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Roy ĕ Hoffman Hoover Bessie Sprankle May BE notified ; 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 9 Linda K. 414 North Locust Street, Hagerstown, Md. 21740 Shilling be 20a, METHOD OF DISPOSITION

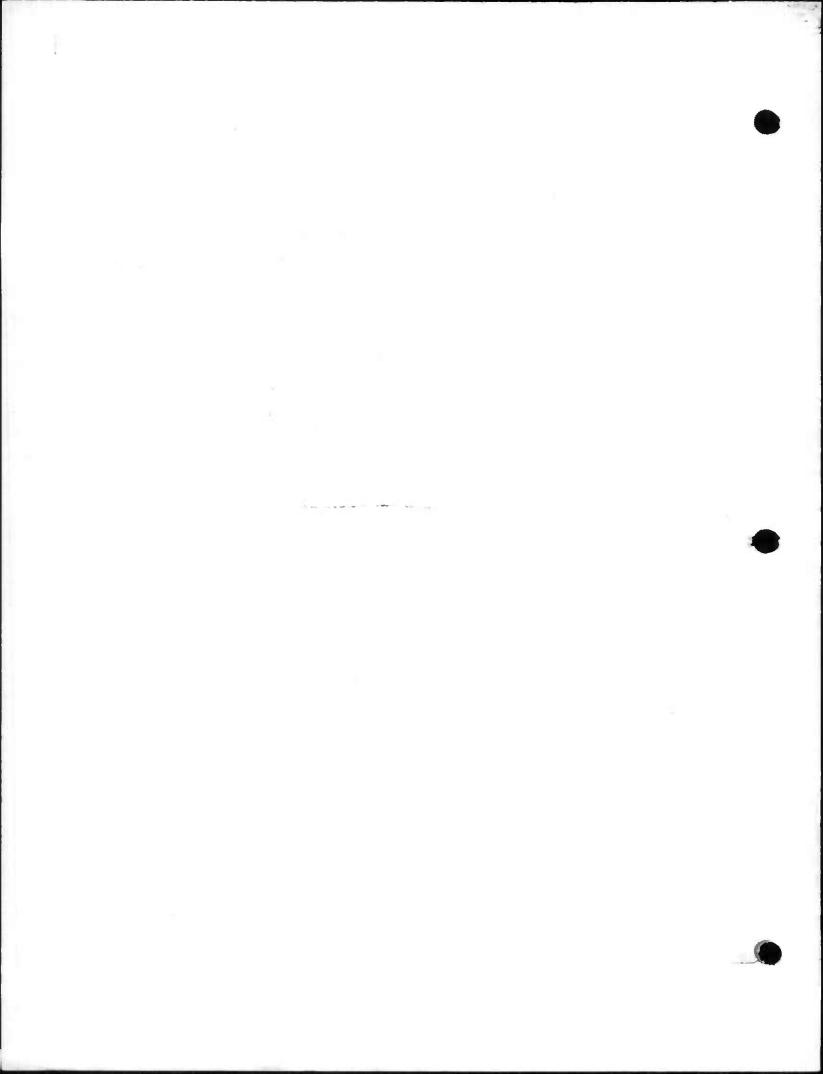
X Burlal 2 □ Cremation 3 □ Ramoval from State 20c. LOCATION -- City or Town, State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE must Rest Haven Cemetery Donation 5 Other (Specify) 11-26-94 Hagerstown, Maryland examiner 21. SIONATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Andrew K. Coffman Funeral Home, Inc heel Braa 40 E. Antietam Street, Hagerstówn, Md. 21740 23. PART I. Enter the diseases, or complications that caded the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, medical Approximata shock, or heart fatture. List only one cause on each line. interval Between IMMEDIATE CAUSE (Finel Onset and Death the disease or condition Respiratory Britan event, reculting in death) DUE TO (OR AS A CONSEQUENCE OF): ho do traumatic autorajanh Acaida CERTIFICATION Sequentially list conditions, DUE TO (DR AS A CONSEQUENCE DE): if any, leeding to immediate cause. Enter UNDERLYING other t CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF) that initieted events resulting in death) LAST 6 injury, PART II. Other eignificent conditions contributing to deeth but not recuiting in the underlying ceuse given in Part i. MEDICAL 24a, WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE PERFORMED? 23 shows any Algheim anem Diahis malliting 1 TYES 2 4-NO OF DEATH? 1 TES 2 NO PHYSICIAN: DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) item ; HOSPITAL: OTHER: 1 YES 2 DINO 1 Inpatient 2 ER/Outpatient 3 DOA ng Home 5 - Residence 6 - Other (Specify) 9 27. MANNER OF DEATH 28a. DATE OF INJURY 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED is marked, 1 Natural м 1 YES 2 NO BY Investigation 2 Accident 26s. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 3 Suicide 28t, LOCATION (Street and Number or Rural Route Number, City or Town, State) ETED 8 Could not be 28 4 Homicide tem 29a. CERTIFIER COMPL 1 (1) CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the basis of axamination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and menner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE VIDRE MS 018019 112394 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Dr. Vasant Datta 334 Mill Street Hagerstown, MD 21740 301-739-7100

32. REGISTRAR'S SIGNATURE

his Davidson-Randard

31, DATE FILED (Month, Day, Year) NOV 23 1994



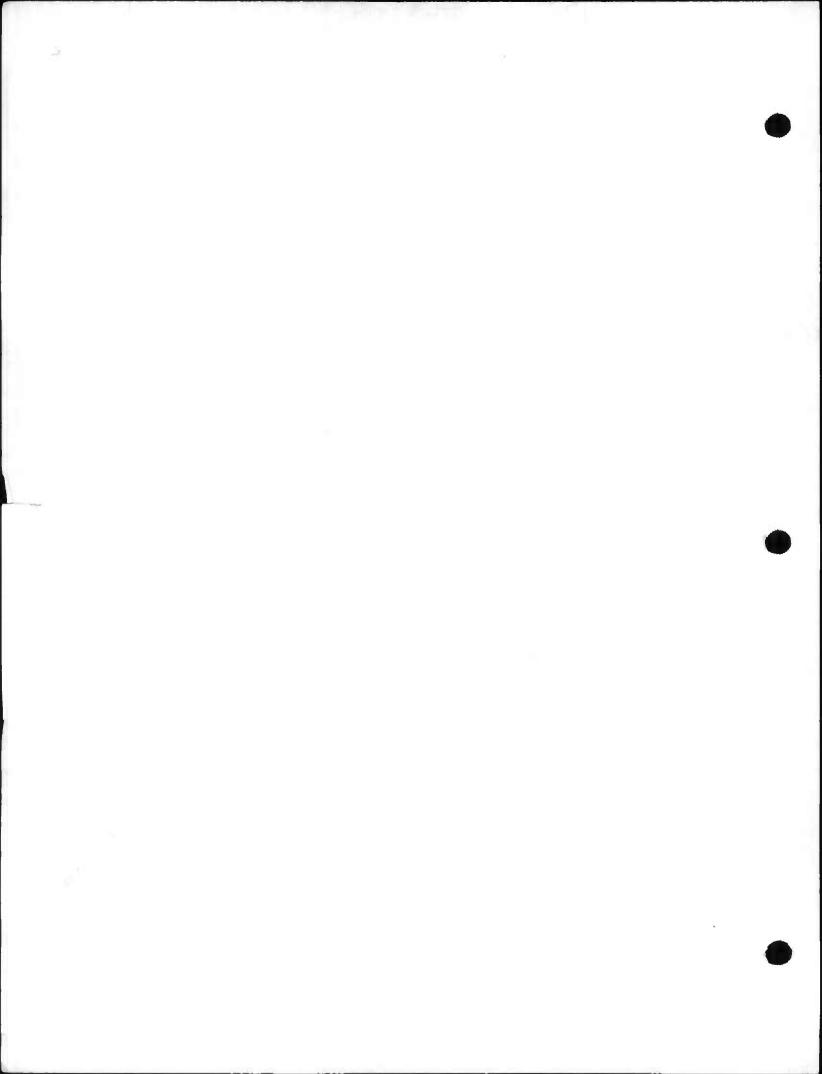
TO THE HOSEN OF VITAL RECORDS, P.O. BOX 13146, BALTIMORE, MARYLAND 21203-3146

TO THE HOSEN CHARGE AND ACTIONAL THE law requires that the death certificate be executed within 12-most after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNE MARKET AND THE CONTRACT OF THE PROPERTY OF THE

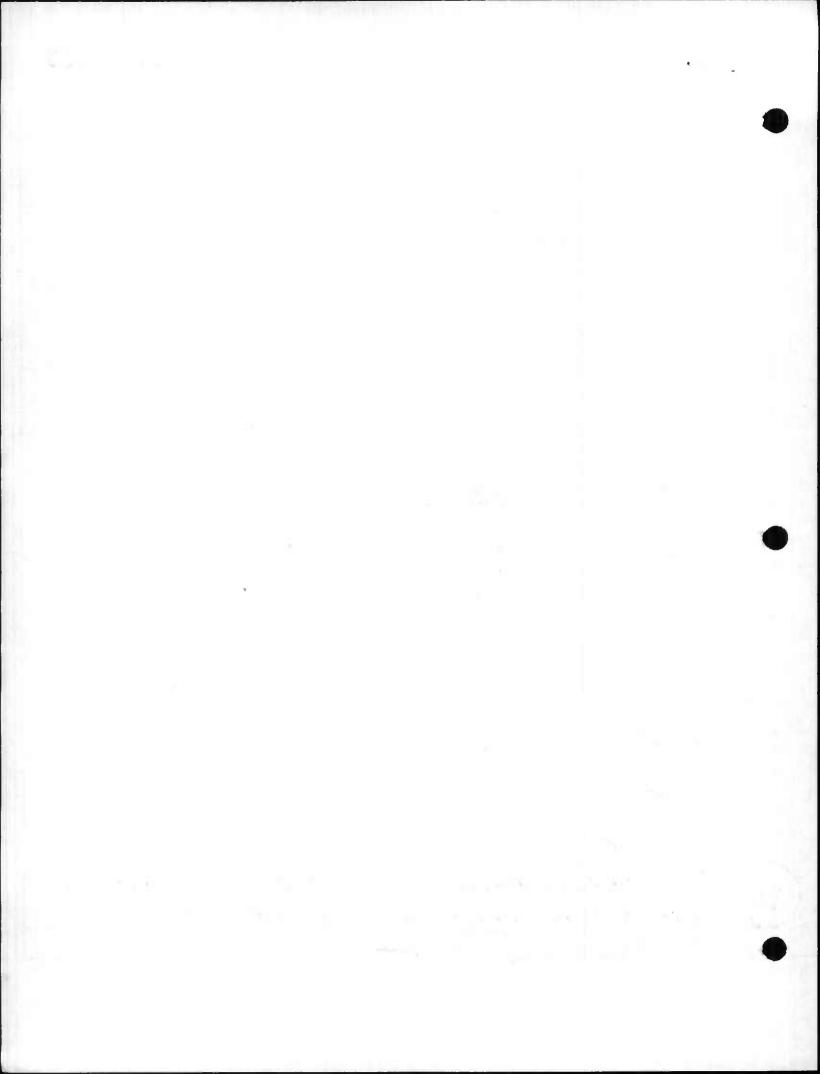
	FOR STATE	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
-	REGISTRAR	CERTIFICATE OF DEATH	REG. NO.

	1 - STATE REGISTRAR	SIAIE UP IV	IARTLAND / DE CER	TIF	ICATE	OF	DEA	AND P	WENTAL	REG. NO.	Ė			
	1. DECEDENT'S NAME (First, Middle, Last)									OF OEATH		3	. TIME OF QEATH	
	EDNA HORTENSE BU	EDNA HORTENSE BUHRMAN								NOVEMBER 23, 1994 7:50				
					IF UNDER	F UNDER 1 YEAR IF UNDER 24 HRS.			7. DATE OF BIRTH 8. BIRT			A. BIRTHPL	ACE (State or Foreign	
	549-58-4320	□ M 2 💢 F	95	YRS.	MONTHS	DAYS	HOURS	MIH.	Oct.	2. 189	9	Mari	yland	
	9a. FACILITY NAME (if not institution, give street	and number)			9b. CITY,	TOWN O	R LOCATI	ON OF OE				INTY OF DEA		
DIRECTOR	Williamsport Nursing Home Williamsport Washing													
EG	10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d.												Od. INSIDE CITY	
E	Md. Wasi	hington			На	gers	town	1				1	LIMITS?	
FUNERAL	100. STREET AND NUMBER 12805 The Terrace 109. CITIZEN OF WHAT U.S.										AT COUNTRY?			
BY FUNE	11. MARITAL STATUS 12 1 Never Merried 2 Merried 3XX Widowed 4 Divorced	. WAS DECEDEN FORCES? 1 IF YES, GIVE W		YES 2 X NO If yes, speci				CENDENT OF HISPANIC ORIGIN? (Specify Yea pecify Cuben, Mexican, Puerto Rican, etc.) s 2XXNO Specify:				or No— 14. RACE — American Indian, Black, White, etc. Specify:, White		
	15. DECEDENT'S EDUCATI		16a. DECED	ENT'S	USUAL O	CUPATIO	N		16b	KIND OF BU	SINESS/IN	DUSTRY		
COMPLETED	(Specify only highest grade con Elementary/Secondary (0-12)	ollege (1-4 or 5 a	(Give I life. Do HO	and of v NOT us MON	work done of retired.)	during mo	st of world	ng			Но	me		
M	17. FATHER'S NAME (First, Middle, Last)				_		40 1407	TARRIO MA	90F (F) A	Middle, Melden				
	George Oliver	Poffinb	erger							grace				
) BE	19a. INFORMANT'S NAME (Type/Print)		19b. M	AILING	ADDRESS	(Street a	nd Numbe	r or Rural I	Route Numi	ber, City or Tow	n, State, Z	ip Code)		
5	Robert Abraham		144	05	Towe	r Ro	d. Si	mith.	sburg	g,Md.	2178	3		
	20a. METHOD OF DISPOSITION	from State	20b. PLACE OF							20c. LO	CATION -	- City or Town	n, State	
	1 (Burlet 2 Cremetton 3 Removal from Marian Cemetery 11-27-94 Foxville, Md. Morian Cemetery 11-27-94													
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Davis Funeral Home Smithsburg, Md.												Ave.	
	Tennis L.	par	20		Da	wis	Fun	eral	Home	e Smit	hsbu	ra.Md.	21783	
	23. PART I. Enter the diseases, or com			. Do r									Approximata	
	shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Finel												Onset and Death	
	disease or condition CARDIAC ARREST													
	DUE TO (OR AS A CONSEQUENCE OF):													
Z													36 HOURS	
NT I	if eny, leading to immediate cause. Enter UNDERLYING	DUE TO	(OR AS A CONSEQUE	NCE O	F):									
2	CAUSE (Disease or Injury \$ c	OUE TO	(OR AS A CONSEQUE	NCE O	e.									
CERTIFICATION	that initiated events resulting in death) LAST				. ,.								1	
CEI	- d													
PHYSICIAN: MEDICAL	PERFORMED? AW											VERE AUTOPSY FINDINGS NAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
ME												1	☐ YES 2 ☐ NO	
ä														
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	IOSPITAL:			OTHE		ACE OF	OEATH (Ch	eck only o	ne)				
YSI	Α	-	ER/Outpatient 3		4XXVu			Residence	_					
/ PH	27. MANNER OF DEATH 1 Natural 5 Pending	26a. DATE OF (Month, L	26s. DATE OF INJURY (Month, Day, Year) 26b. TIME OF INJURY					□ NO	28d. OE	SCRIBE HOW	INJURY O	CCURED		
D BY	2 Accident Investigation 3 Suicide 5 Could not be building, stc. (Specify)												ute Number,	
COMPLETED	4 Homicide determined		(A.2.1 i.e. ii											
PL	29a. CERTIFIER (Check only	N: To the best of	my knowledge, death	occur	red at the t	lime, data	and plac	e, and due	to the ca	use(a) and me	nner aa st	teted.		
2 MEDICAL EXAMINER: On the besis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and									nd due 10	the cause(s)	and menner as stated.			
ш	29b. HIGHER HID TITLE OF CERTIFIER						29c. LIC	CENSE NU	MBER		29d. D/	ATE SIGNED (Month, Day, Year)	
0	109bue							D 33	3700		N	OVEMBE	R 24, 1994	
5	30. NAME AND ADDRESS OF PERSON WHO													
	TED E. HOWE, M.			LA	NE,	OLNI	EY, I	MD 2	20832	2				
	31. DATE FILED (Month, Day, Year)	32 REGISTR	AR'S SIGNATURE											
	NOV 28 1994	palia D	inden Rand	al la										



THE FUNERAL OR ATTR THE FUNERAL DIRECTO THO WITHIN 72 HOURS Aft PORTANT: If Item 28
THE FUNERAL OR ATTENDING PHY THE FUNERAL DIRECTOR: After this floor within 72 hours after death with PORTANT: If Item 28 is market
THE FUNERAL DIRECTOR AT THE FUNERAL DIRECTOR WITHIN 72 hours PORTANT: If Item
THE CONE

	FOR 1 - STATE REGISTRAR	STATE OF MARYLA			HEALTH AND I	MENTAL HYGIE					
	1. DECEDENT'S NAME (First, Middle, Last) Pierson Walte	r Bigelow				2. DATE OF DEATH OCTOBER 30		YEAR	:53 a. M		
	4. SOCIAL SECURITY NUMBER 218-13-0217	· ·	n yrs. lest birthday) 5 YRS.	IF UNDER 1 YEAR		7. DATE OF BIRTH (Month, Day, Year) Sept. 18		8. BIRTHPLACE (S Country) Mary 18	State or Foreign		
OR	90. FACILITY NAME (# not institution, give st 196 School Street	,		96. CITY, TOW Milli	n on Location of DE	ATH	e. coun Ken	TY OF DEATH			
IRECT	RESIDENCE OF DECEDENT 10a. STATE Maryland Kent			, TOWN OR LO	1.11			LIA	SIDE CITY MITS?		
FUNERAL DIRECTOR	196 School Stree		MII	llingt	10f. ZIP CODE			EN OF WHAT CO	ES 2 NQ		
	11. MARITAL STATUS 1)XXNever Married 2 Married	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	ZVIXINO	If yes	21651 ECENDENT OF HISPAN specify Cuben, Mexica (ES XXNO Specify	n, Puerto Rican, etc.)	_	USA 14. RACE — American Black, White, Specify:	rican Indian, etc.		
TED BY	3 Widowed 4 Divorced 15. DECEDENT'S EDUC (Specify only highest grade	completed)	16a. DECEDENT'S (Give kind of w life. Do NOT us	USUAL OCCUP			BUSINESS/INDU	Wh:	ite		
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	Carpent		7		nstruct	tion			
BE CO	17. FATHER'S NAME (First, Middle, Last) Pierson W. Big	elow				ME (First, Middle, Meio e Walbert	fen Sumame)				
0	19a. INFORMANT'S NAME (Type/Print) Pierson Bigelow				Neck Road			mestertown, Maryland			
20a. METHOD OF DISPOSITION 1						1/94 Do	94 Dover, Delaware				
	21. SIGNATURE OF FUNERAL SERVICE LIC William L. Ki	/	91	Fell	AND ADDRESS OF FA DWS - Well W. High St	ls Funera		own Mai	ryland		
	23. PART I. Enter the diseases, or c shock, or heart felture. I IMMEDIATE CAUSE (Finel disease or condition resulting in death)	a. Sursi	ich lime	ot enter the	mode of dyling, suc	h ss cardlec or re	spiratory arre	est, A	approximate interval Between inset and Death		
CERTIFICATION	Sequentially list conditions, if sny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury										
SERTIF	that initiated events resulting in desth) LAST	DUE TO (OR AS A	CONSEQUENCE OF	CONSEQUENCE OF):							
PHYSICIAN: MEDICAL (PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED?								SULE PRIOR TO ETION OF CAUSE ITH?		
ICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:		OTHER:	PLACE OF DEATH (Ch						
B	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	1 Inpatient 2 ER/Outpi 28a. DATE OF INJURY (Month, Day, Year) 10/30/94	26b. TIM INJ 1:5:	Ba M 1	iome 5 X Residence INJURY AT WORK? YES 2 NO	Self in	flicte	ed			
ETED	4 Homicide detarmined	28a. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) At Home 28a. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State) 196 School Street						noer,			
3 Suicide 6 Could not be detarmined At Home 28t. LOCATION (Street and Number of Rural F 196 School Street 196 School Street 1 Check only one) 29c. CERTIFFIER (Check only one) 29c. CERTIFFIER (Check only one) 29c. MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner ea stated.									inner se stated.		
TO BE	SHO. SHOWATURE AND TITLE OF CENTRIES	who MA		٤	29c. LICENSE NUI	. /	29d. DATE	SIGNED (Month)	Day, Year)		
1	30. NAME AND ADDRESS OF PERSON WHO	INDHON	120	Spes	Rd, S:	A Chr	tuhn	ml.			
63	0CT 3 1 '94	32. REGISTRAR'S SIGNA		22							



FOR STATE

	REGISTRAR		CERTIFIC	CATE OF I	DEATH	REG. N	0.		
	1. DECEDENT'S NAME (First, Middle, Less Elsie Etta Be					2. DATE OF DEATH MONTH	DAY Y	3. TIME OF DEATH	
						November	r 4 19	94 1:50 A	M
	4. SOCIAL SECURITY NUMBER		E (In yrs. lest birthday)		F UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	8	BIRTHPLACE (State or Foreign Country)	
	218-16-7528 De. FACILITY NAME (If not institution, give		3.4 YRS.			Feb. 10,			
Œ				9b. CITY, TOWN OR		DEATH		Y OF DEATH	
5	Kent and Queen	n Annes Hos	spital [Cheste	rtown		Kent		
DIRECTOR	10a. STATE 10b. COUN	TY	10c. CITY,	TOWN OR LOCATIO	N			10d. INSIDE CITY	
	Maryland Kei	nt	Ches	stertow	n			LIMITS?	
AL	10e. STREET AND NUMBER			101. 2	IP CODE		10g. CITIZE	N OF WHAT COUNTRY?	
FUNERAL	205 Radcliffe	Dr.		2	1620		USA		
5	11. MARITAL STATUS 1XXX Never Married 2 Married	12. WAS DECEDENT EVER FORCES? 1 YE				ANIC ORIGIN? (Specify)	fes or No- 14	I. RACE - American Indian, Black, White, etc.	
ВУ	3 Widowed 4 Divorced	IF YES, GIVE WAR OR			NO Speci			Specify:	
ED I	15. DECEDENT'S ED	UCATION	16a, DECEDENT'S U	SUAL OCCUPATION		165 KIND OF B	USINESS/INDUS	White	_
E	(Specify only highest gra-	de completed) College (1-4 or 5 +)	(Give kind of wo	ork done during most retired.)	of working				
AP.	7		Hostess	3		Food 9	Servic		
COMPLET	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S N	AME (First, Middle, Maide			
BE	James Kirby Bo	enton			Bertha	May Tho	ompson	Benton	
0	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street and	Number or Rural	Route Number, City or To	own, State, Zip Co	ode)	
	Irma J. Hadawa							wn.MD.2162	0
	20s. METHOD OF DISPOSITION 1/E Burlel 2 Cremation 3 Re	moval from State	Ob. PLACE AND DATE OF emetery, crematory or oth	er place)				y or Town, State	
	4 Donation 6 Other (Specify)	ICENSEE /	Stevensy	lle Ce	Metery ADDRESS OF F	7 111/7 St	evens	ville,MD	
	10-1	2/1/	10	Helfe	nbein	Funeral	Home	130	
	Aux St.	gelfort	ein			Chesterto			
	23. PART I. Enter the disesses, or shock, or heart fellure	complications that ceus List only one ceuse on	ed the death. Do no each line.	ot enter the mode	of dying, su	ch as cerdisc or res	piratory srres	t, Approximate interval Between	en
	IMMEDIATE CAUSE (Fine)	0 15						Onset and Dea	
	resulting in death)	· PNEUN						5 day	5
_		DUE TO (OR AS	A CONSEQUENCE OF)	:					
CERTIFICATION	Sequentially list conditions, if sny, lesding to immediate	b. DUE TO (OR AS	A CONSEQUENCE OF)	:					-
CAT	cause, Enter UNDERLYING	e.							
Ē	CAUSE (Disesse or Injury that initiated events	DUE TO (OR AS	A CONSEQUENCE OF)	:					
EH	resulting in deeth) LAST	d							
	PART II. Other significent condition	one contributing to deeth	but not resulting in	the underlying of	cause given in	Part I. 24e, WAS A	IN AUTOPSY	24b. WERE AUTOPSY FINDING	28
MEDICAL	CONGESTIVE	HEART		_		PERF	ORMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE	
ED		PRILLATIO				1 TES	2 M NO	OF DEATH?	
2		ELLITUS	, -					1 TYES 2 NO	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL			26. PLAC	CE OF DEATH (C	theck only one)			
SIC	EXAMINER?	HOSPITAL:		OTHER:	5 Residence	8 Other (Specify)			
H	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year	28b, TIME	OF 28c, INJUR	TA Y	28d. DESCRIBE HOW	INJURY OCCU	RED	
ВУ	1 Natural 5 Pending 2 Accident Investigation				8 2 NO				
ED	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJUI building, etc. (Sp	RY — At home, farm, sto pecify)	reet, fectory, office		28t, LOCATION (Stree City or Town, Stat		Rural Route Number,	
ETE	NE SECOND								
IPL.	and a	SICIAN: To the best of my kno							
COMPL	2 MEDICAL EXAMI	NER: On the basis of axeminat	ion and/or investigation	, in my opinion, dea	th occured at the	e time, data and place,	and due to the o	cause(a) and manner as stated.	
BE C	29b. SIGNATURE AND TITLE OF CERTIF			2	Pec. LICENSE NU	JMBER	29d. DATE S	BIGNED (Month, Day, Year)	
TO B	18W A1	oble m.			D415	587	11-	-7-94	
F	30. NAME AND ADDRESS OF PERSON W								
	Helen Noble, M				ctown,	Marylan	d 216	20	
	NOV 7 '94	32. REGISTRAR'S SIG	SNATURE Son-Pandell						
	HUV 734	7 60100 10100 11	A201 1 1000						1

BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

HYSICIAN: The law requires that the death certificate be executed within ours after death. Page 6 may be retained by the hospital or attending physician.	ils certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should sit has given been at Health and Marrial Haringa price to burial companion or associated.	to be case copy, or regain and resident to other traumatic event, the medical examiner must be notified at once.
e death certificate be executed with	certificate has been signed by the attending physician and completely filled in by the fit the Cost Dark of Health and Mannal Uniting principle of build compared to the Cost Dark of Health and Mannal Uniting principles of building principles of the Cost Dark of Health and Mannal United to t	jury, or other traumatic ever
SICIAN: The law requires that the	certificate has been signed by the	d, or item 23 shows any in
THESPITAL OR ATTENDING PHY	MINERAL DIRECTOR: After this	HANT II Item 28 is marke

	1 - FOR STATE REGISTRAR	STATE OF MARYLA			HEALTH AND	MENTA	L HYGIEN			
45999	1. DECEDENT'S NAME (First, Middle, Leat) IDA MAE BROOKS					2. DATE MONTO		1994	YEAR	3. TIME OF DEATH
TOR	213-18-5230	M 2 0 F 81	yrs. last birthday) YRS.	IF UNDER E YEAR	8 HOURS MIN.	7. DATE (Monti	OF BIRTH h, Day, Year) 22,1	912	Country) QUAK	ER NECK MD
	9a. FACILITY NAME (If not institution, give stree MAGNOLIA HALL N RESIDENCE OF DECEMENT				N OR LOCATION OF D ESTERTOWN	DEATH		9c. COUNT		ATH
DIRECTOR	MD 106. STATE 106. COUNTY KEN		TOWN OR LO						INSIDE CITY LIMITS? YES 2 NO	
FUNERAL	316 ROOSEVELT D	RIVE			10f. ZIP CODE 21620		2	10g. CITIZE		IAT COUNTRY?
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	2. WAS DECEDENT EVER IN U FORCES? 1 TYPES IF YES, GIVE WAR OR DATE	2 X NO	If yes,	DECENDENT OF HISPA specify Cuben, Maxic ZES 2 X NO Speci	an, Puerto	1? (Specify Yes Rican, etc.)	or No-		- American Indian, White, atc. BLACK
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade co Elementary/Secondary (0-12)	(Give kind of w	DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working line. Do NOT use retired.) LECAL TEXAL EXCEPTION				SINESS/INDUS	STRY		
NO.	17. FATHER'S NAME (First, Middle, Last)		HOLIH E	исци	16. MOTHER'S N.					
BE (F.D. JOHNSON					A HYNS			
2	GEORGE E. BR	OOKS		ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) ROOSEVELT DRIVE, CHESTERTOWN MD 21620						20
	20a. METHOD OF DISPOSITION Buriel 2 Cremation 3 Remove A Donation 6 Other (Specify)	ACEAND DATEO bry, cremetory or oth MONA CEM	er place)	(Name of	DAT	100	CATION CH STERT(
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY BENNIE SMITH FUNERAL HOME P.O. 691 DOVER DE 19903									
CERTIFICATION	disease or condition resulting in death) a.									
PHYSICIAN: MEDICAL CEN	PART II. Other algnificent conditions contributing to death but not resulting in the underlying cause given Dementic (2) ASHD						24e. WAS AN PERFOR 1 YES 2	MED?	0	VERE AUTOPSY FINDINGS MARLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
CIAP	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				PLACE OF DEATH (C	heck only on	·e)			
YSI	1 □ YES 2 12 NO 1	OSPITAL: Inpatient 2 ER/Outpati		OTHER: 4 Nursing H	ome 5 🗆 Residence	6 🗆 Othe	r (Specify)			
ВУ РН	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	26a. DATE OF INJURY (Month, Day, Year)	26b. TIME INJU	RY	NJURY AT WORK? YES 2 NO	28d. DES	CRIBE HOW I	NJURY OCCU	RED	
	3 Suicide 8 Could not be building, stc. (Specify) 28a. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify)						ATION (Street a or Town, State)	and Number or	Rural Ro	ute Number,
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated.									
IO BE C	296. SIGNATURE AND TITLE OF CERTIFIER 16 (Milen,	V	(LT)		29c. LICENSE NU D 2/3			29d. DATE S	SIGNED (M	Month, Day, Year)
-	30. NAME AND ADDRESS OF PERSON WHO	OMPLETED CAUSE OF DEATH	H (ITEM 27) (Type,	Olies	lulown	n	d. 5	162	0	
	31. DATE FILED NOV. 9", '94	216 Heg 32. REGISTRAP'S SIGNAT JUNE DAY	URE Son-Rand	elle.					6	

	ath
	9
	tificate be executed within 2s hours after death
	2
	DOL 4
ı	K
	Thin
	3
	Irted
	PXPC
	80
1	ate
	Tiffe
,	90
	Path
)	9 0
!	th th
)	#
	CHAIRE
	84 /
1	law.
	Ē
	IAN-
	R ATTENDING PHYSICIAN: The law requires that the death certifi
	NOING
	ATTE
	CC

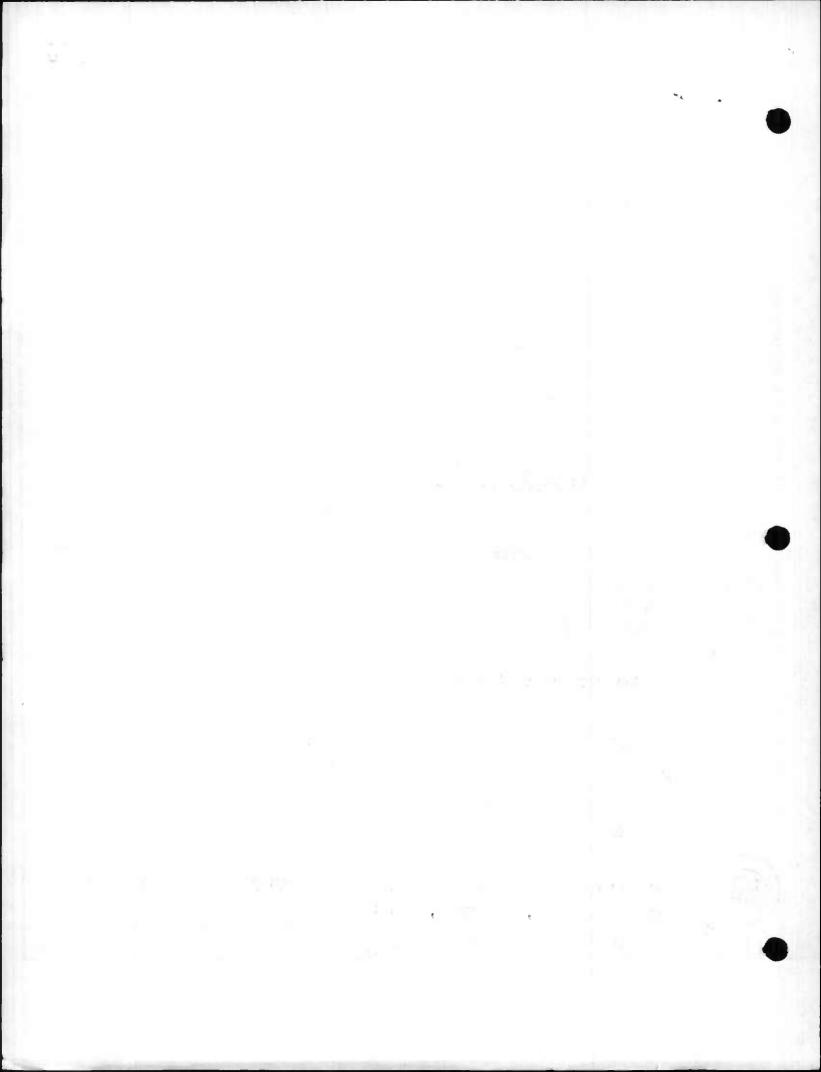
SENTAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-frous after death. Page 6 may be retained by the hospital or attending physician.

FRAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be for cash with the Sizae Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.

FILL IN INEM 28 Is marked, or Nem 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND	/ DEPARTMENT	OF HEALTH	AND	MENTAL	HYGIENE
C	ERTIFICATE	OF DEAT	TH		REG. NO.

	FOR STATE REGISTRAR	STATE OF MARYL		MENT OF H		ENTAL HYGIEN	E			
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH		
	Samuel Thomas Blan	nchfield Jr.				October 2	5. 1994	0705 M		
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	8. BIFF	THPLACE (State or Foreign		
	217-36-3243	1 M 2 □ F 73	yrs.	ONTHS DAYS		May 7, 19		yland		
DIRECTOR	98. FACILITY NAME (II not institution, give street and number) 33 Kitty Knight Boulevard (AT HOME) Long Point - Earleville Cecil									
<u> </u>	10a. STATE 10b. COUNTY		10c. CITY,	TOWN OR LOCAT	ION			10d. INSIDE CITY		
	Maryland Co	ecil Long Point - Ea				ville	1 TES ENO			
FUNERAL				101.	. ZIP CODE			WHAT COUNTRY?		
N.	33 Kitty Knight Bo	oulevard	1110 40450	1 42 1470 270	21919		United			
교	1 Never Married 2 Married	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 NO	If yes, spe	ecity Cuban, Maxican,	C ORIGIN? (Specify Yea Puarto Rican, etc.)	Ble	CE — American Indian, ick, Whita, etc.		
ВУ	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DA	VE WAR OR DATES 1 ☐ YES 2∑(NO Sp				Spi	White		
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)	16a. DECEDENT'S U	rk done during mo:		16b. KIND OF BUS	BINESS/INDUSTRY			
7	Elementary/Secondary (0-12)	College (1-4 or 5+)	ille. Do NOT use			TT: 1	77 1			
Ž	17. FATHER'S NAME (First, Middle, Last)		Truck D	river	40 1107117010 1141	H1gnWa	y Worker			
Ö	Samuel Thomas Blan	nchfield Sr.				ret Green	Sumame)			
BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING A	ADDRESS (Street a		oute Number, City or Tow	n State Zin Code)	01.01.0		
2	Earle H. Blanchfie	eld						le, Maryland		
	20a. METHOD OF DISPOSITION 1 X Burlal 2 Cremation 3 Ramo	20b	PLACE AND DATE OF	DISPOSITION (Na			CATION City or			
	4 Donation 5 Other (Specify)	Zi	on Ceretery	- Octob	er 28, 1994		Itan, Mar	yland		
- 1	(1)	1111	Kuff	Fello	ws Funera	1 Homes,	P.A.			
\dashv	William L.		7					Maryland		
	23. PART i. Enter the diseasea, or o ahock, or heart fellure.	complications that ceused List only one ceuse on e	the deeth. Do no ech line.	t enter the mo	de of dying, auch	ea cardiec or respi	retory erreet,	Approximeta interval Between		
	IMMEDIATE CAUSE (Final disease or condition							Onset and Death 4 yrs		
ì	resulting in death)	DUE TO (OR AS A	CONSEQUENCE OF)					7 715		
Z	Sequentially list conditions,									
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING									
E S	CAUSE (Disease or injury that initiated events	DUE TO (OR AS A	CONSEQUENCE OF):							
E	reaulting in death) LAST	d.								
	PART II. Other aignificent condition	a contributing to death h	ut not requiting in	the underlying	name alum In D					
SAL		tery disease	ut not resulting in	the underlying	, ceuse given in P	ert i. 24s. WAS AN PERFOR		AMILABLE PRIOR TO COMPLETION OF CAUSE		
PHYSICIAN: MEDIC	V					1 🗆 YES 2	₩ NO	DF DEATH?		
2						-		1 TYES 2 NO		
NA.	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				ACE OF OEATH (Chec	k only one)				
YSIC	1 YES 2 NO	HOSPITAL: 1 Inpetient 2 ER/Outp	etlent 3 DOA	OTHER: Nursing Home	e 5 Residence 8	Other (Specify)				
	27_MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME INJU	RY WO	RK?	28d. DESCRIBE HOW I	NJURY OCCURED			
BY	2 Accident Investigation	28s. PLACE OF INJURY	At home form of		ES 2 NO					
COMPLETED	3 Suicide 8 Could not be 4 Homicide detarmined	building, etc. (Spec	effy)	wer, ractory, orner		28I. LOCATION (Street a City or Town, State)	ind Number of Hura	Houte Number,		
ZE.	29a. CERTIFIER 1 XXCERTIFYING PHYSI	CIAN: To the best of my know	ledge, death occurred	at the time, data	and place, and due to	the cause(s) and man	inar sa etelad			
29a. CERTIFUNG PHYSICIAN: To the best of my knowledge, death occurred at the time, data and placa, and dua to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, data and placa, and dua to the cause(a) and manner as							(a) and manner as stated.			
W C	29b. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NUMB	BER	29d. DATE SIGNE	D (Month, Day, Year)		
70-BE	Walloce 0	Verstain	m.p.		D 07129	9	▶ 27 0	et 94		
1	30. NAME AND ADDRESS OF PERSON WHO	in.MD Cecilt	on Md 21	7rint) 913						
4										
	31. DATE FILED (Month, Day, Year) 27 '94	I Irlia 1	Tavidson-Ran	d.00						
			· · · · · · · · · · · · · · · · · · ·	-						



S
S
œ
C
2
H
œ
7
7
>
ш
0
7
0
\simeq
S
5
=

15		FOR STATE REGISTRAR	STATE OF MARYL		TMENT OF I		MENTAL HYGIEN		
	1	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH MONTH D	AY)	3. TIME OF DEATH
		Arthur	Leo	n [<u>Brown</u>	Jr.	October		94 2:50 pm
		4. SOCIAL SECURITY NUMBER 218-14-8061	1 → M 2 □ F -	(In yrs. lest birthday) 7 3 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) Oct. 29	,192D	Country) Maryland Chestertown
-	e l	96. FACILITY NAME (If not institution, given The Kent and Quee		pital,Ind		or Location of DE Chestert(of DEATH
	DIRECTOR	RESIDENCE OF DECEDENT 10e. STATE 10b. COUN		10c. CIT	y, TOWN OR LOCA urch Hi				10d. INSIDE CITY LIMITS?
	- 16	100. STREET AND NUMBER 300 Browns Far			10	1. ZIP CODE 2 1 6 2 3		10g. CITIZE USA	1 _ YES 2 _ NO
70	BY FUNERAL	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Nidowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 TYES IF YES, GIVE WAR OR O	24 NO	13. WAS DEC	CENDENT OF HISPAN	IIC ORIGIN? (Specify Year, Puerto Ricen, etc.)	e or No — 14	4. RACE — American Indien, Black, White, etc. Specify:
2		15. DECEDENT'S ED		16a. DECEOENT'S	USUAL OCCUPATION	ON	16b. KIND OF BU	SINESS/INDUS	White
1	2	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	Farme:		ost of working	Agricu	ıltur	e
once	5	17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, Maiden	,	
F 1	מב	Arthur Leon Br	own, SR.				Chomsen E		
	2	190. INFORMANT'S NAME (Type/Print) Thomsen Brown		3 0 0	Browns	Farm La	noute Number, City or Tow Ane Churc	on, State, Zip Co Ch Hi	11,MD.21623
Hust		20e. METHOD OF OISPOSITION 1 Quitel 2		o. PLACE AND DATE of the state			1		rtown, State
ai. examiner		21. SIGNATURE OF FUNERAL SERVICE L	Helferts		Helfe Rd. C	Chestert	Funeral F cown.MD 2	Home 21620	130 Speer 778-0055
Merital Hygere prof to bunal, cremation, of removal lighty, or other traumatic event, the medical CEDITECATION	ENITION	23. PART I. Enter the disease, or shock, or heart failure iMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events reaulting in deeth) LAST	a. DUE TO (OR AS)	A CONSEQUENCE OF	SKIN EASE 3	FISSUR FROB	A 20 T LING FUNGU	ro	Interval Between Onset and Death
shows any injury,	Į	PART II. Other algnificant condition	ona contributing to deeth b	out not resulting I	in the underlying	g ceuse given in	Part I. 24a. WAS AN PERFOR	RMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE DF DEATH?
sho s		DID TOBACCO USE CON	TRIBUTE TO CAUSE O	F DEATH YE	S \square NO \square	UNCERTAIN			1 WES 2 NO
d, or item 23 s	200	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 10		26. PLACE OF DEAT	H (Check only one) OTHER:	e 5 🗆 Reeldence			
Ked, o		27. MANNER OF DEATH 1 Netural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)	28b. TIM	E OF 28c. INJ URY WO		28d. DESCRIBE HOW I	NJURY OCCUP	RED
28 is	3	2 Accident Inventigation 3 Suicide 8 Could not be determined	28e. PLACE OF INJURY building, atc. (Spec	— At home, farm, s			281. LOCATION (Street a City or Town, State)	and Number or	Rural Route Number,
If Item			SICIAN: To the best of my know						
IMPORTANT:		30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE OF OE	MD	Over	29c. LICENSE NUM DIO	201	10	SIGNEO (Monih, Day, Year)
10		HARRY P. 1 31. DATE FILEO (Month, Day, Year)		516	· ·	vator 1	Ave Ches	fector	IN MD 21620
1.6		OCT 20 '94	Julia Dav	idson-Rand	282				

•

3. TIME OF DEATH

10d, INSIDE CITY

1 - YES 2 X NO

8. BIRTNPLACE (State or Foreign

11:45P. M

n. ansit i	ER	31510 MT. HER	MON ROAD			218	301		Ţ	J.S.A.	
	В	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 X YES	2 NO	If yes, s	pecify Cuben, Maxica	in, Puerto	i? (Specify Yea o Ricen, atc.)	ж No 14	Black, White, etc. Specify:	
ID 21215 ospital or atten hed for use as	15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)									STRY	
/LA by the be det	ш	17. FATNER'S NAME (First, Middle, Last) WARREN	P. BRUNT							HIER	
	The process of the			21801							
ALTIMORE, leath. Page 6 may be funeral director, page xaminer must be		1 Donation 8 Other (Specify)	oval from State cemer	PLACE AND DATE OF DIS	POSITION (PIGE) MEM • 22. NAME (PARK AND ADDRESS OF FA	11/	20c. LOCA	ATION — CITY	URY, MD.	
ours afficed in by nation, or remo		immediate cause (Final	List only one ceuse on ee	Can c c -						t, Approxi interval Onset a	mete Between and Daath
P.O. BOX 68 h certificate be execunding physician and Hygiene prior to bur or other traumatif	ERTIFICATION	if any, laading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	с								
ORDS, that the dea ed by the at th and Merita							Part i.	PERFORM	NED?	COMPLETION OF DEATH?	OR TO
AL R he law re thas bee e Dept. o	IAN:	25. WAS CASE REFERRED TO MEDICAL		CAUSE OF D				ne)			
F VIT	HYSIC	1 D YES 2 NO	1 Inpatient 2 ER/Outpar	tient 3 DOA 4 D	Nursing No				IIIBY OCCUI	DEN.	
NG PHYS sath with		2 Accident Investigation	(Month, Day, Year)	INJURY	M 1 🗆	YES 2 NO					
VISIC ATTENDI ECTOR: A rs after do n 28 is			28e. PLACE OF INJURY - building, stc. (Specif	— At home, farm, street y)	, factory, off	Ice	28f. LOC City	ATION (Street an or Town, State)	d Number or	Rural Route Number,	
E 3 2 =	SOMPLE	(Check only									stated.
KEESE	BE	7- 5	/						29d. DATE S	IGNED (Month, Day, Yea	ir)
log!		Jones E.	na-tin . M.	0. 14.		. Curror	11 5	t. ,5a	1:35	U-7 ME	2
AU A		NOV 15 199									

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

IF UNDER 1 YEAR IF UNDER 24 HRS.

SALISBURY

9b. CITY, TOWN OR LOCATION OF DEATH

10f. ZIP CODE

DAYS

JR.

10c. CITY, TOWN OR LOCATION

SALISBURY

BRUNT,

8. AGE (In yrs. lest birthday)

48

FOR STATE REGISTRAR

Pages 1, 2, 3 should

DIRECTOR

1. DECEDENT'S NAME (First, Middle, Last)

4. SOCIAL SECURITY NUMBER

032-34-6945

RESIDENCE OF DECEDENT

MD.

10e. STREET AND NUMBER

WARREN

Sa. FACILITY NAME (If high institution, give street and number)

31510 MT. HERMON ROAD

5. SEX

WICOMICO

1 M 2 F

94 35758

1994

9c. COUNTY OF DEATN

WICOMICO

10g. CITIZEN OF WHAT COUNTRY? U.S.A. 14. RACE — American Indian, Black, White, atc.

REG. NO.

14

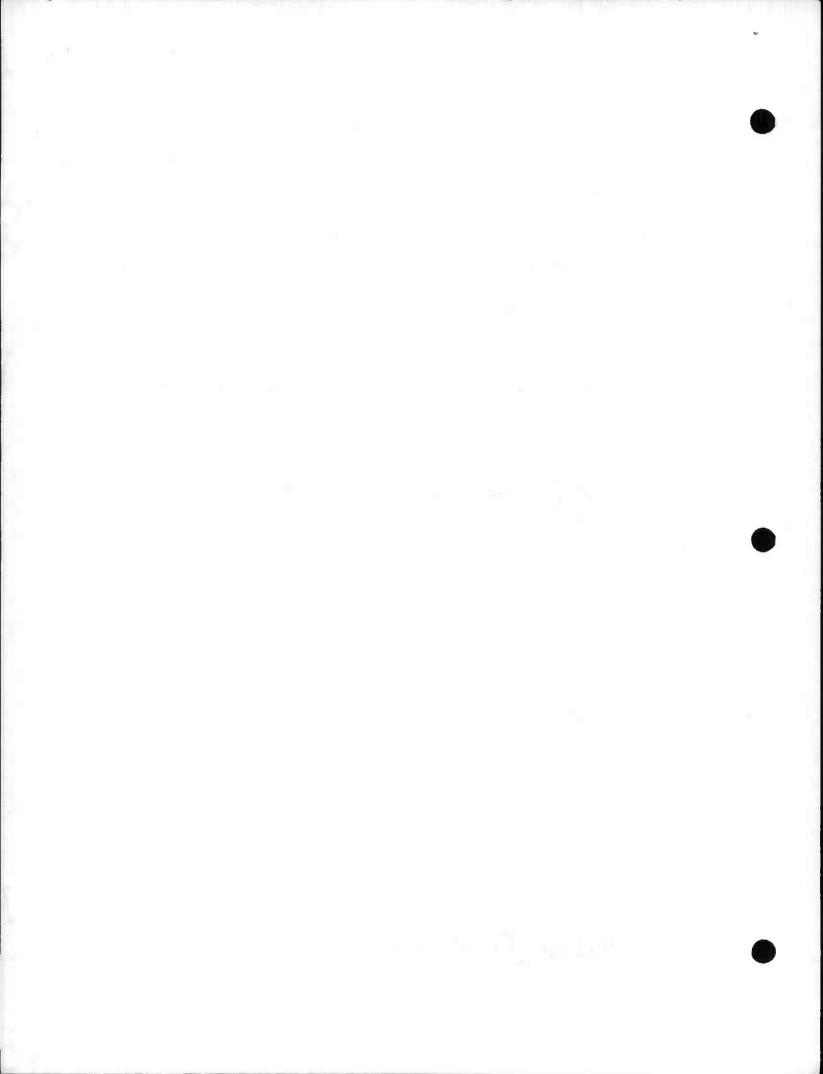
2. DATE OF DEATH

7. DATE OF BIRTN (Month, Day, Year)

10-2-1946

MONTH 11

DHMH-18 Rev 1/89



urs after death. Page 6 may be retained by the hospital or attending physician. in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should BALTIMORE, MARYLAND 21215-0020

BALTIMORE, MARYLAN	OSCIAL OF ATTENDING PRYSICIAN: The law requires that the death certificate be executed with wours after death. Page 6 may be retained by the ho	MEDIA DIRECTOR After this continuous has been signed by the attending physician and compating filled in by the funeral director, page 5 should be detaction in 2 hours after death with the State Dept. of Health and Mental Hygiene prior to hurtal, cremation, or remoral.	PORTANT. If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once
3,1	á	pe pe	d at
AA	etaine	shou	otifie
ωî ωî	De /	age 5	pe n
S.	5 may	tor, p	nst
×	Page	direc	er m
Ļ	eath.	uneral	ашіш
BA	fter de	the foral.	al ex
	ours a	in by	nedic
•	Ď	Mary of Mary	the
0	ŧ	de la composito de la composit	Ħ,
876	uted	B 16	8
×	98	E P	mar
80	青	prior prior	프
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	Settle	d by	all o
۵	HER	A Marie	y, or
DS	90	A Ma	흪
O	100	d per	any
2	8	A Kas	NOWE
L	W. IS	N IN	23 85
TA	Æ	現の報告	E
>	CAN	manufacture State	ò
Ö	PHYS	資量	rked,
O	DIME	After death	E
25	DEN.	長量	28
100	8	Dille	E
1600	PH.	12	= 2
1 KD	量	36	BTAN
1	O(D)	TO TREMAINSACT DIRECTOR. After this certificate has been signed by the attending physician and competitely filled in by the be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to buriel, cremation, or removal.	6
		م ښ	=

											94	3	5/59
	FOR 1 STATE	STATE OF I	MARYLAND /	DEPAR	TMENT	OF HE	ALTH	AND I	MENTAL	HYGIENI	F		
	REGISTRAR		CE	RTIF	ICATE	OF	DEAT	ГН		REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last								2. DATE (OF DEATH	Y	YEAR	3. TIME OF DEATH
	SIDNEY	WATSON	В	ELOT:	Ē	JR.				ber 10,			6:25 a M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. lesi		IF UNDER		IF UNDER	24 HRS.	7. DATE C	Dey, Year)		8. BIRTNPI Country)	LACE (State or Foreign
	213-14-6065	1 🔀 M 2 🗌 F	79	YRS.	MONTHS	DATS	MOURS	Merre,		ber 6, l	915		ginia
-	9e. FACILITY NAME (If not institution, give	street and number)			9b. CITY	TOWN OR	LOCATIO	ON OF DE	ATH		9c. COU	NTY OF DEA	
Į E	312 Locust Teri	ace	ce Salisbury Wicomico					00					
[[RESIDENCE OF DECEDENT 10e. STATE 10b. COUN	TY		10c CIT	Y TOWN C	OR LOCATIO	M.						and maint ditt
E	Maryland Wi	icomico			alist								IOd. INSIDE CITY LIMITS?
FUNERAL DIRECTOR	10e. STREET AND NUMBER	LCOMICO			arrot		IP CODE	-			10a CITI		I X YES 2 ☐ NO
E.	312 Locust Teri	are					2 180				log. Citi	USA	IAI COONTATT
Ž	11. MARITAL STATUS		IT EVER IN U.S. ARI	MED	12				IIC OBIGINS	? (Specify Yes	No. T		A
Ē	1 Never Married 2 K Merried	FORCES? 1	X YES 2 N	10		If yes, speci	Ify Cuber	n, Mexice	n, Puerto R	ican, etc.)	or No.		- American Indian, White, atc.
₽	3 Widowed 4 Divorced	WW				1 ∐ 1E3 2	NO	Specify	<i>/</i> :			Spec#y: Whit	
COMPLETED	15. DECEDENT'S ED (Specify only highest grad	UCATION to completed)	16a. OE	CEDENT'S	USUAL O	CCUPATION during most	of workin		16b.	KIND OF BUS	INESS/IND		
	Elementary/Secondary (0-12)	College (1-4 or 5	J/Sm	Do NOT us	se retired.)	dening most	OI WOLKIN	y					
M P	12	4	Pr	inte	r				Co	mmerc	ial E	Print:	ing
SO	17. FATNER'S NAME (First, Middle, Last)					1				liddle, Maiden	,		
BE	Sidney Watson	Belote								ice R			
10	19e. INFORMANT'S NAME (Type/Print)									er, City or Town			
	Lula Belote 312 Locust Terrace, Salisbury, MD 21801												
T Sall	20e. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of commeter), cremetory or other place) 4 Donatton 5 Other (Specify) 20c. LOCATION — City or Town, State 20c. LOCATION — City or Town, State												
Wicomico Memorial Park 11/14 Salisbury, M				MD									
	Holloway Funeral Home												
S CX	11. K	tolada	Jag			501	Snov	v Hi	11 Rd	l., Sa	lisbu	ıry, l	MD 21801
200	23 PART I. Enter the diseeses, or shock, or heart fallure	complications the	t caused the de	ath. Do r	not enter	the mode	of dyl	ng, sucl	h as cerdi	ac or respin	retory arr	est,	Approximate Interval Between
2	IMMEDIATE CAUSE (Finsi												Onset and Death
1	disesse or condition resulting in deeth)	Carcii	VOMA 0	F	Colo	n w	sith	N	leta	staso	95		6 yes.
		DUE TO	(OR AS A CONSEC	DUENCE O	F):								/
NO NO	Sequentially list conditions,	b.	(OR AS A CONSEC	VIENCE O	D:								
ERTIFICATION	If any, leeding to immediate cause. Enter UNDERLYING	00E 10	(OH AS A CONSEC	IUENCE O	-):								
임	CAUSE (Disease or Injury that Initiated events	c. DUE TO	(OR AS A CONSEC	UENCE O	F):								
	reaulting in death) LAST		14 14 151.5		,								İ
빙		d											
A P	PART II. Other algorificent condition	ona contributing to	death but not re	eaulting	In the un	derlying	ceuse g	iven in	Pert I.	24a. WAS AN A			VERE AUTOPSY FINDINGS
MEDICAL									_	1 YES 2	XNO	C	COMPLETION OF CAUSE OF DEATH?
M												1	YES 2 NO
	DID TOBACCO USE	CONTRIBUT	E TO CAU	SE O	F DEA	TH YE	ES [] NO					
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER		CE OF DI	EATH (Che	ock only one)			
L X	1 TES 2 NO		ER/Outpatient 3	□ DOA	OTHER	sing Nome	5 Re	sidence	6 Other	(Specify)			
PH	27. MANNER OF OEATH 1 Netural 5 Pending	26e. DATE OF (Month, D		28b. TIM INJ	E OF URY	28c. INJUR WORK			28d. OE\$6	CRIBE HOW IN	JURY OCC	CURED	
B	1 Natural 5 Pending 2 Accident Investigation				М	1 TYES	S 2 [NO NO					
- 1	3 Suicide 6 Could not be	28e. PLACE O building,	of INJURY — At hor etc. (Specify)	me, ferm, :	street, fect	ory, office				TION (Street e. Town, State)	nd Number	or Rural Rou	ute Number,
				_									
귤		SICIAN: To the bast of											
COMPLETED	2 MEDICAL EXAMIN	IER: On the basis of s	xamination end/or i	rrveatigatio	n, In my o	pinion, deat	th occur	ed at the	time, date	end place, end	d due to th	e ceuse(e) e	and menner ee stated.
ш	29b. SIGNATURE AND TITLE OF CERTIFI	ER A /	1. 1. 7	20		2		NSE NUN	_		29d. DATI		Month, Day, Year)
0 8	Thomas C He	er Jr. AH	Buding	They	sicio	24	D	080	2008		1	1-1	1-94
$\perp \in \mathbb{R}$	30, NAME AND ADDRESS OF PERSON W	HO COMPLETED CALL	SE OF DEATH ATEN	1 27) /3-4	(Deiest)								

Physician TEM 27) (1916, Prim)

12. REGISTRAR'S SIGNATURE

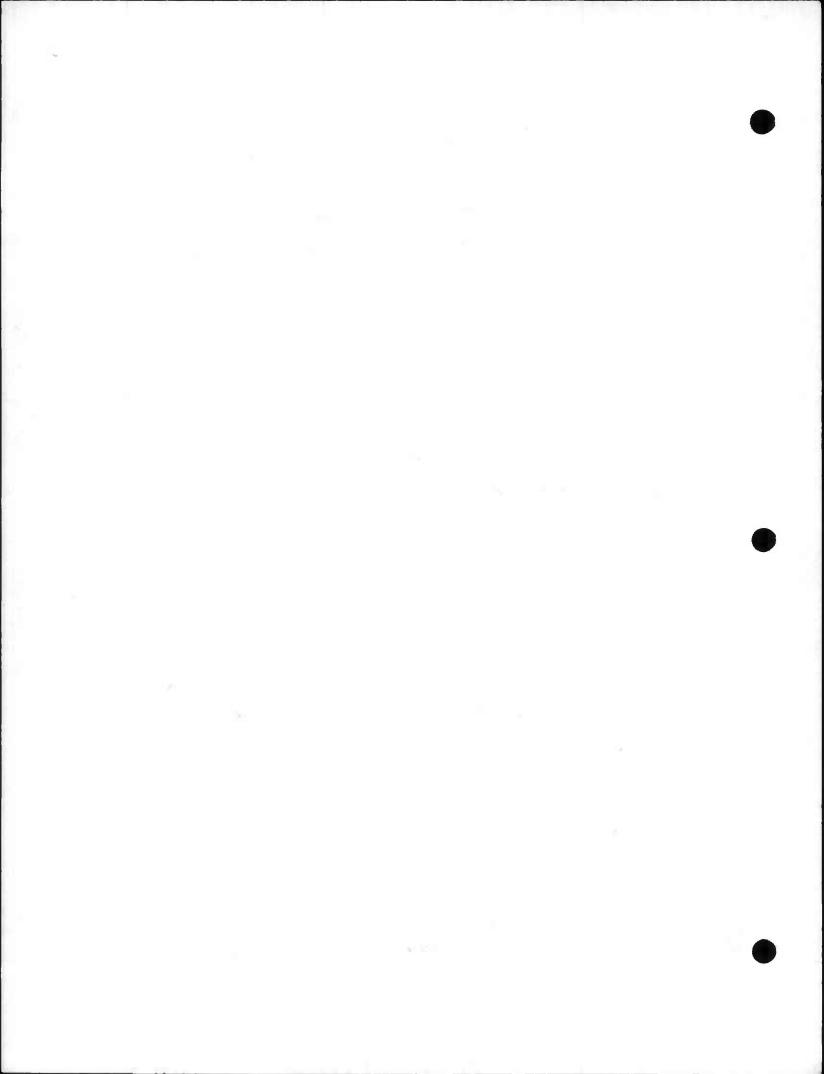
Seli Dawdson Radall

DE PINE BluFF Rd, Salisbury, Md. 21801

111

THOMAS C.
31. OATE FILED (Month, Day, Year,

NOV 16 1994



3. TIME OF DEATH

REG. NO.

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First Middle Last)

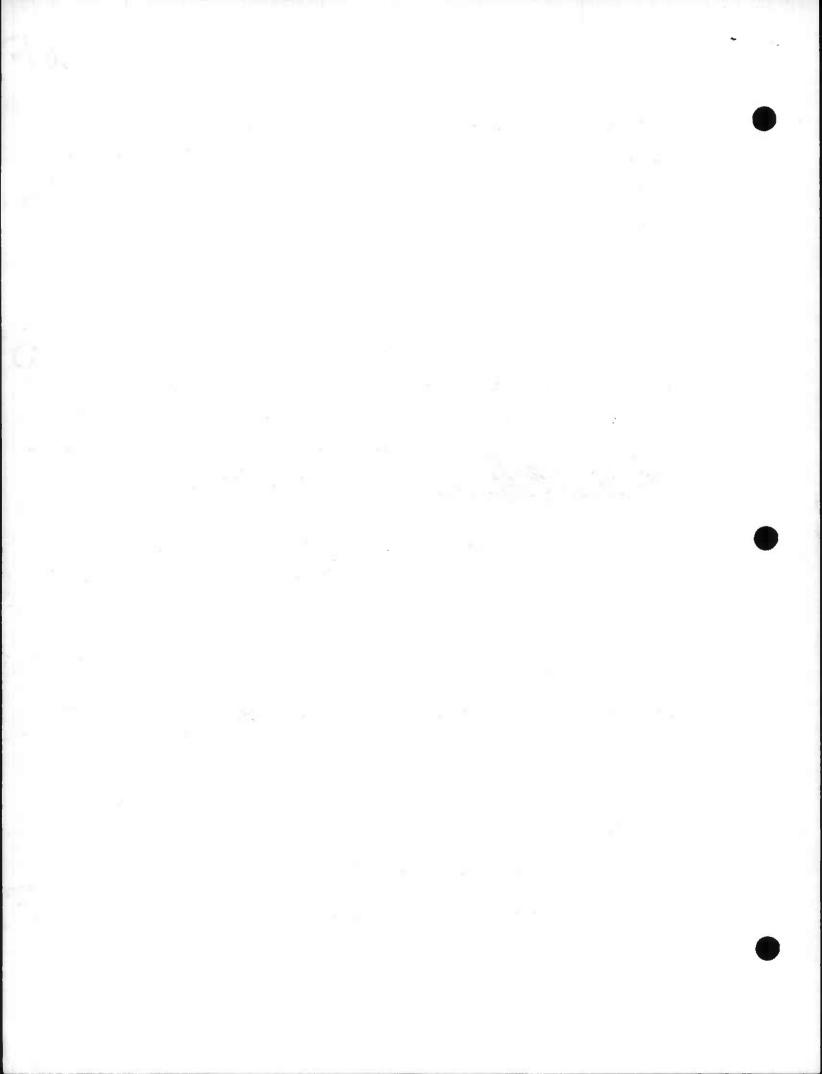
20	A STORY
6876	Patrion
	finate he evenified
BOX	ta h
	Partifica
<u> </u>	death
	the
<u> </u>	that
I AL KECOKUS	The law requires that the d
_	38.8
A	P.
<u> </u>	C DUVCICIAN.
S	NG DI
DIVISIO	STENDING
5	9

31. DATE FILED./M

1994

2. DATE OF DEATH YEAR Madeleine РМ Gertrude Cusic 1994 4:05 18 November 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year) IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign DAYS 1 🗌 M 2 🔯 F 100 1894 Maryland 220-34-3621 permit. Pages 1, 2, 3 should Se. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH St. Mary's Nursing Center DIRECTOR St. Mary's Leonardtown 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland St. Mary's Leonardtown 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? P.O. Box 38 use as the burial-transit 20650 U.S.A. retained by the hospital or attending physician. 5 should be detached for use as the burial-tran 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-12. WAS DECEDENT EVER IN U.S. ARMED 14. RACE — American Indien, Black, White, atc. FORCES? 1 YES 2
IF YES, GIVE WAR OR DATES If yes, specify Cuban, Maxican, Puarto Rican, stc.) 1 Never Married 2 Married 1 YES 2 NO Specify: Specify: BY 3 Wildowed 4 Divorced White 15. DECEDENT'S EDUCATION COMPLETED 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comp (Give kind at work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) 7th Grade Homemaker **Home** 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) æ Clarence BE Thompson Wible Mary Agnes notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Mary Henrietta Delozier Box 38, Leonardtown, Maryland 20650 page e 20a. METNOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Nama of DATE 20c. LOCATION - City or Town, State 1 N Burial 2 ☐ Cremation 3 ☐ Ramoval from State must director, Aloysius Cemetery 4 Donetion 5 Other (Specify) 11/21/94 Leonardtown, Maryland examiner 21. SIGNATUJE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY
Mattingley-Gardiner Funeral Home, P.A. funeral rehael ener P.O. Box 270, Leonardtown, Maryland in by the 1 medical 23. PART /. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, Approximata shock, Dr heart fallura/ List Dnly Dna cause Dn aach line. Interval Between 5 filled IMMEDIATE CAUSE (Final Onset and Death cremation. other traumatic event, the Sulmonary Failurs disease or condition a completely resulting in death) DUE TO OR AS A CONSEQUENCE burial. Eumonia CERTIFICATION pue Sequentially list conditions, TO (OR AS A CONSEQUENCE OF): 2 if any, leading to immediate cause. Enter UNDERLYING prior CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated avents reaulting in death) LAST 6 PART II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE A PE 5 shows any signed Health a 1 TES 2 NO OF DEATH? 1 TES 00 PHYSICIAN: DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO has be 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATN (Check only one) Item HOSPITAL . QTHER: 1 - YES 2 NO Inpetient 2 ER/Outpetient 3 DOA Nursing Nome 5 Residence 6 Other (Specify) 6 the 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED marked, With W 1 Natural 2 Accident 5 Pending Investigation 1 YES 2 NO BY death 28a. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 60 COMPLETED 8 Could not be after DIRECTOR 28 4 Homicide Bem 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, TO THE BOOKING OF TO THE PLANE OF THE WITHOUT IN IN INCIDENCE OF THE WITHOUT IN IN INCIDENCE OF THE PLANE OF 2 MEDICAL AXAMINER: On the 29b. SIGNATURE AND TITLE OF 29d. DATE SIGNED (Month, Day, Yes 29c. LICENSE NUMBER B 9 30. NAME AND ADDRESS OF OF DEATH (ITEM 27) (Type, Print) Jarboe, M.D. James P. Leonardtown, Maryland 20650

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH



BALTIMORE, MARYL	
•	
68760	
BOX	
, P.O.	
7,	

AND 21215-0020

WISION OF VITAL RECORDS

5 5 2

4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. DAY8 214-32-9310 79 HOURS 1 X M 2 | F YRS. permit, Pages 1, 2, 3 should 9e. FACILITY NAME (If not institution, give street end number 9b. CITY, TOWN OR LOCATION OF DEATH DIRECTOR St. Mary's Hospital Leonardtown RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10e. STATE 10b. COUNTY Maryland St. Mary's Lexingtion Park 10e. STREET AND NUMBER FUNERAL 10f. ZIP CODE 1609 Liberty Street director, page 5 should be detached for use as the burial-transit 20653 the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 1 Never Merried 2 Merried BY 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complet 18e. DECEDENT'S USUAL OCCUPATION Elementary/Secondary (0-12) College (1-4 or 5 +) Farmer 17. FATHER'S NAME (First, Middle, Last) Joseph Ignatius Countiss Elizabeth notified at Page 6 may be retained by BE 19e. INFORMANT'S NAME (Type/Print) 2 Mary L. Martin 9 20b. PLACE AND DATE OF DISPOSITION (Name of DATE must SIGNATURE OF FUNERAL SERVICE LICENSEE examiner filled in by the funeral schae ener after medical SUNO shock, Dr heert feilure. List only one cause on sech line. 0 IMMEDIATE CAUSE (Final the disease or condition and completely fir burial, cremation event, resulting in death) traumatic CERTIFICATION Sequentielly list conditions, 2 if any, leading to immadiate cause. Enter UNDERLYING signed by the attending physician Health and Mental Hygiene prior to death certificate CAUSE (Disease Dr injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 9 PART II. Other algoriticent conditions contributing to deeth but not resulting in the underlying cause given in Part i. MEDICAL any has been a DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) certificate h Hem HOSPITAL: OTHER: 1 TES 2 NO TENDING PHYSICIAN: 1 | Inpetient 2 | ER/Oulpetient 3 | DOA 4 ☐ Nursing Home 5 ☐ Residence 8 ☐ Other (Specify) 6 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) this c 28b. TIME OF INJURY 28c. INJURY AT WORK? marked, 1 Natural 1 YES 2 NO BY Investigation After 1 2 Accident 28e. PLACE OF INJURY - At home, lerm, street, factory, office 3 Suicide 22 <u>D</u> 8 Could not be 4 Homicide 22 ᆸ

1 - FOR STATE REGISTRAR CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH November 19, 1994 7:38p. Countiss Insenh Ignatius Sr 8. BIRTHPLACE (State or Foreign (Month, Day, Year) Maryland 9c. COUNTY OF DEATH St. Mary's 10d. INSIDE CITY 1 YES 2 X NO 10g. CITIZEN OF WHAT COUNTRY? U.S.A. 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No—II yee, specify Cuben, Mexicen, Puerto Ricen, etc.)
1 □ YES 2 및 NO Specify: 14. RACE — American Indian, Black, White, etc. Specify: Black 16b. KIND OF BUSINESS/INDUSTRY Farm 18. MOTHER'S NAME (First, Middle, Maiden Surneme) Lee 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 77 Coral Place, Lexington Park, Maryland 20653 20c. LOCATION - Cify or Town, State Commolerly, cremetory or other place)
Immaculate Heart of Mary 11/23/94 Lexington Park, Md. 22. NAME AND ADDRESS OF FACILITY
Mattingley-Gardiner Funeral Home, P.A. P.O. Box 270 Leonardtown, Maryland 20650 23. PART / Enter the diseases, Dr complications that caused the death. Do not enter the property daying, such according to the property of the property daying. Approximate Interval Between Onset and Death chrowe Pulm disease 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE 1 TYES 2 NO 1 TYES 2 NO 28d. DESCRIBE HOW INJURY OCCURED 28I. LOCATION (Street end Number or Rural Route Number, City or Town, State) 29e, CERTIFIER BECOMPL 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(e) and manner ee stated. 2 MEDICAL EXAMINER: On the investigation, in my opinion, death occured at the lime, date end place, end due to the ceuse(e) end menner ee stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year) 29c. LICENSE NUMBER 121 D 33470 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Bhasker Jhaveri D Leonardtown, Maryland 20650 32. DEGISTRAR'S SIGNATURA
Julia Davidson Rardall 31. DATE FILED (Month, Day, Year) NOV 22 1994

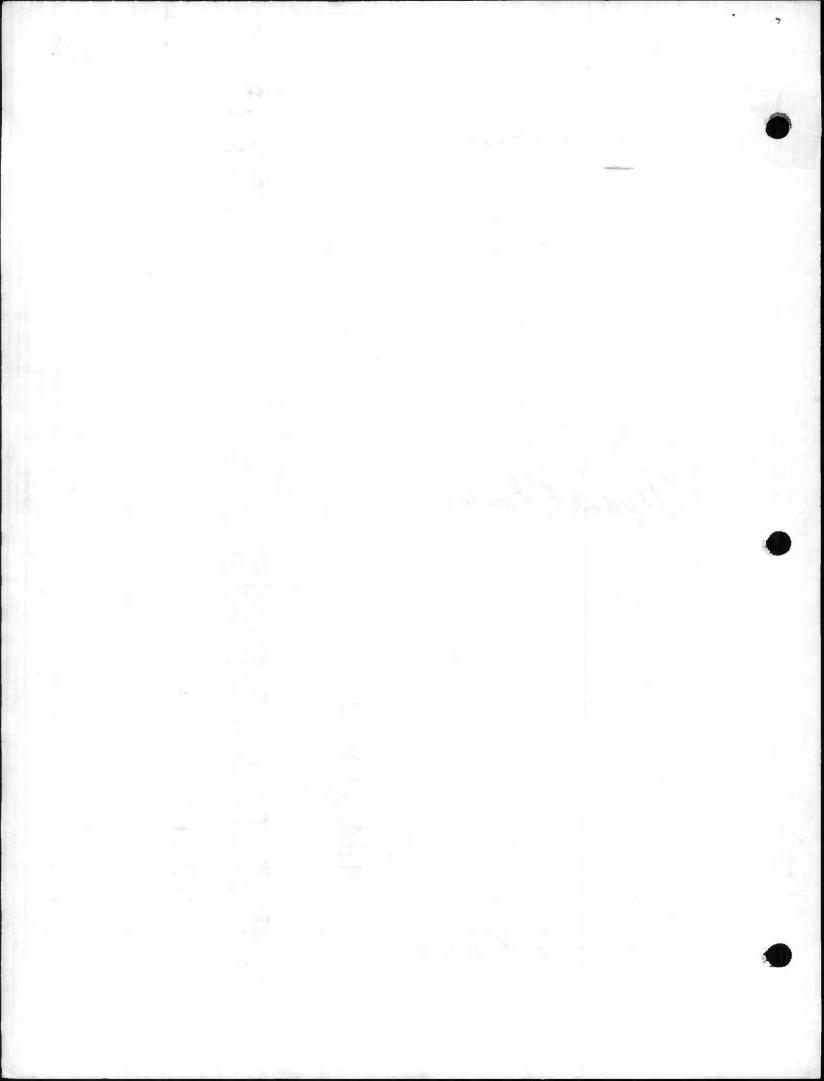
4 =

31. DATE FILED (Month, Dey, Year) DEC -1

1994

32. REGISTRAR'S SIGNATURE | Julia Dhurlson Randall

	1 - FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTM CERTIFIC			IENTAL HYGIEN REG. NO.	E							
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF OEATH		3. TIME OF OEATH						
	PAUL J	BAILEY	Paul Tacc	h Baile	277	MONTH DA		AR 6:00 AM						
- 8							30 199							
		M 2 □ F 80	MO	UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) Oct. 30,		BIRTHPLACE (State or Foreign Country)						
	9a. FACILITY NAME (If not institution, give street	t and number)	91	L CITY, TOWN OF	LOCATION OF DEA	ATH	9c. COUNTY	OF DEATH						
TOR E	Charlotte Hall Vet	erans Home		Charlot	te Hall		St.	Mary's						
S I	10a, STATE 10b, COUNTY		10c CITY T	OWN OR LOCATIO	OM			10d. INSIDE CITY						
DIRECTOR		. Mary's		nanicsvi				1 YES 2 NO						
7	10e. STREET AND NUMBER			101.	ZIP CODE	-	10g. CITIZEN	OF WHAT COUNTRY?						
FUNERAL	6700 Trent Hall Roa				20659		U.S	.A.						
5		2. WAS DECEDENT EVER IN U FORCES? 1 1 YES				C ORIGIN? (Specify Yea	or No- 14.	RACE — American Indian, Black, White, etc.						
ВХ	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR DAT			2 NO Specify:	, Puerto Rican, etc.)		Specify: White						
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade cor	mpleted)	16a. DECEDENT'S US (Give kind of work life. Do NOT use re	done during most	t of working	16b. KIND OF BUS	INESS/INDUST							
7		College (1-4 or 5+) Years	Lawyer			Law	Firm							
2		years	Dawyer											
	17. FATHER'S NAME (First, Middle, Last) Charles Henry	y BAil	ey		Lillian	NE (First, Middle, Maiden	Sumame) Alwin	e						
BE	19a. INFORMANT'S NAME (Type/Print)		195 MAII ING AD	DRESS (Street on	d Number or Burni B	oute Number, City or Town	State Zin Cov	(a)						
2	Verna P. Bailey													
								laryland 20659						
	20a. METHOD OF DISPOSITION 1 X Burial 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) 20b. PLACE AND DATE of DISPOSITION (Name DATE OF DISPOSITION (Name DATE DISCOPAL CHAPT) OF DATE OF DISPOSITION (Name DATE DATE DATE DATE DATE OF DISPOSITION (Name DATE DATE DATE DATE DATE DATE DATE DATE													
21. SIGNATURE FUNERAL SERVICE LICENSEE, //						ILITY								
	Muchael K	Harden	ev	P.O. B	ox 270,		n, Mar	yland 20650						
	23. PART I writer the diseases, or con	nplicatione that ceused	the death. Do not	enter the mod	le of dying, such	ea cardiac or respi	ratory arrest	Approximate						
	interval Between IMMEDIATE CAUSE (Final Onset and Death													
	diseese or condition a	Corebro	Vascul	Lan A	ccude	- Li		1 year						
	roading in death)	DUE TO (OR AS A	CONSEQUENCE OF):					1						
_	disease or condition reaulting in death) Due to (or as a consequence of): Carebro Vascular Accudant 1 yeu Carebro Vascular desenue.													
6	Sequentially hat conditions,	DUE TO (OR AS A (CONSEQUENCE OF):				•							
F	if any, leading to immediate cause. Enter UNDERLYING	502 TO (611 A6 A C	onideodenide or j.											
<u></u> 2	CAUSE (Disease or injury													
CERTIFICATION	that initiated events	DUE TO (OR AS A C	CONSEQUENCE OF):											
出	resulting in death) LAST													
2														
4	PART II. Other aignificent conditions	contributing to death ou			cause given in i	Part I. 24a. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO						
3 Corenes arle Disease						1 TYES 2	No	COMPLETION OF CAUSE OF DEATH?						
S	Conference Hear Failure							1 D YES 2 NO						
EDIC	er ceru													
MEDIC	Confine	- O-Ward												
AN: MEDIC	Confirme	o const												
CIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				ACE OF DEATH (Che	ck only one)								
SICIAN: MEDIC	EXAMINER?	HOSPITAL:		THER:	ACE OF DEATH (Che	Janes Lange								
HYSICIAN: MEDIC	EXAMINER?	HOSPITAL: Inpetient 2 ER/Outpet 26s. DATE OF INJURY	tient 3 DOA 4	Nursing Home	6 Rasidence	Janes Lange	NJURY OCCUR	ED						
Y PHYSICIAN: MEDICAL	EXAMINER? 1 YES 2 NO 1 27. MANNER OF DEATH 1- Natural 5 Pending	HOSPITAL:	tient 3 DOA 4	Nursing Home OF 28c. INJU	6 Rasidence	6 Other (Specify)	NJURY OCCUR	ED						
ВУ	EXAMINER? 1 YES 2 NO 1 27. MANNER OF DEATH 1- Natural 5 Pending 2 Accident Investigation	HOSPITAL: Inpetient 2 ER/Outpet 26e. DATE OF INJURY (Month, Day, Year)	26b. TIME C	OF 28c. INJURY WOF	6 Rasidence	8 Other (Specify) 28d. OESCRIBE HOW I								
ВУ	EXAMINER? 1 YES 2 NO 1 27. MANNER OF DEATH 1- Natural 5 Pending	HOSPITAL: Inpetient 2 ER/Outpet 26s. DATE OF INJURY	26b. TIME C	OF 28c. INJURY WOF	6 Rasidence	6 Other (Specify)	and Number or i							
ВУ	EXAMINER? 1 YES 2 NO 1 27. MANNER OF DEATH 1. Retural 5 Pending Investigation 2 Accident Investigation 3 Suicide 6 Could not be detarmined	HOSPITAL: Inpatient 2 ER/Outpe 26e. DATE OF INJURY (Month, Day, Year)	26b. TIME C	OF 28c. INJURY WOF	6 Rasidence	6 Other (Specify) 28d. OESCRIBE HOW I	and Number or i							
ВУ	EXAMINER? 1 YES 2 NO 1. Natural 5 Pending Investigation 2 Accident Investigation 3 Suicide 6 Could not be detarmined	HOSPITAL: Inpatient 2 ER/Outpe 26e. DATE OF INJURY (Month, Day, Year)	26b. TIME (INJUR	VIHER: Vursing Home DF 28c. INJU WOF M 1 Y Net, factory, office	6 Rasidence JRY AT NK? ES 2 NO	6 Other (Specify) 28d. OE\$CRIBE HOW I 28f. LOCATION (Street City or Town, State)	and Number or i							
ВУ	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1. Astural 5 Pending Investigation 2 Accident Investigation 3 Suicide 6 Could not be determined 29a. CERTIFIER (Check only	HOSPITAL: Inpatient 2 ER/Outper 26e. DATE OF INJURY (Month, Day, Year) 26e. PLACE OF INJURY - building, etc. (Specif	26b. TIME (INJUR At home, farm, strey)	OF Versing Home OF 28c. INJU WOF M 1 7 Neet, factory, office at the time, date	6 G Residence	6 Other (Specify) 28d. OE\$CRIBE HOW I 28f. LOCATION (Street City or Town, State)	and Number or i							
COMPLETED BY	EXAMINER? 1 YES 2 NO 1 27. MANNER OF DEATH 1. Retural 5 Pending investigation 3 Suicide 6 Could not be detarmined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER:	HOSPITAL: Inpatient 2 ER/Outper 26e. DATE OF INJURY (Month, Day, Year) 26e. PLACE OF INJURY - building, etc. (Specif	26b. TIME (INJUR At home, farm, strey)	OF Versing Home OF 28c. INJU WOF M 1 7 Neet, factory, office at the time, date	6 G Residence IRY AT RK? ES 2 NO and place, and due that occurred at the	6 Other (Specify) 28d. OE\$CRIBE HOW is 28f. LOCATION (Street City or Town, State) to the cause(a) and max time, data and place, an	and Number or o	Rural Route Number,						
BE COMPLETED BY	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1. Astural 5 Pending Investigation 2 Accident Investigation 3 Suicide 6 Could not be determined 29a. CERTIFIER (Check only	HOSPITAL: Inpatient 2 ER/Outper 26e. DATE OF INJURY (Month, Day, Year) 26e. PLACE OF INJURY - building, etc. (Specif	26b. TIME (INJUR At home, farm, strey)	OF Versing Home OF 28c. INJU WOF M 1 7 Neet, factory, office at the time, date	6 G Residence	6 Other (Specify) 28d. OE\$CRIBE HOW is 28f. LOCATION (Street City or Town, State) to the cause(a) and max time, data and place, an	and Number or o	Rural Route Number,						
COMPLETED BY	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1- Natural 5 Pending Investigation 3 Suicide 6 Could not be determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: 29b. SIONATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHO	HOSPITAL: Inpatient 2 ER/Outpet 26e. DATE OF INJURY (Month, Day, Year) 26e. PLACE OF INJURY building, etc. (Specifical Control of the basis of examination of examination of the basis of examination of the basis of examination of the basis of examination of the basis of examination of examination of examination of the basis of examination of exami	At home, farm, strey) At home, farm, strey) dge, death occurred and/or investigation,	Wirsing Home F 28c. INJU WOF M 1 7 Net, factory, office at the time, date in my opinion, de	of 6 Residence PRY AT NK? ES 2 NO and place, and due path occured at the 29c. LICENSE NUM	6 Other (Specify) 28d. OE\$CRIBE HOW I 28f. LOCATION (Street. City or Town, State) to the cause(a) and mai time, data and place, ar BER	and Number or o	Rural Route Number, suse(s) and menner as stated. GNED (Month, Day, Year)						



	ı
	7
0	•
9	
	ľ
00	
10	
-	
×	
BOX 68760,	
U	ľ
m	
-	
- 1	1
Ο.	
۳.	
P.O.	
_	ı
10	,
٧,	
\Box	
m.	
~	
O	
()	
\sim	١
щ	
0	
_	
_	
1	
_	i
⊏.	ď
$\overline{}$	1
OF VITAL RECORDS, P	1
LL.	1
$\overline{}$	1
U	3
_	The second second
0	1
$\overline{}$	1
U	i
	1

BALTIMORE, MARYLAND 21215-0020 MARYLAND 21215-0020 MARYLAND 21215-0020 MARYLAND 21215-0020 MARYLAND 21215-0020 MARYLAND 21215-0020 MARYLAND 21215-0020 MARYLAND 21215-0020 MARYLAND 21215-0020 MARYLAND 21215-0020 MARYLAND 21215-0020 MARYLAND 21215-0020 MARYLAND 21215-0020 MARYLAND 21215-0020	TO BE COMPLETED BY FUNERAL DIRECTOR
DIVISION OF VITAL RECORDS, P.O. BOX 68760, DIVISION OF VITAL RECORDS, P.O. BOX 68760, DIVISION OF VITAL RECORDS, P.O. BOX 68760, DIVISION OF VITAL BANK AND 21215-0020 DIVISION OF VITAL BANK AND STATEMENT OF THE TANK AND STATEMENT OF THE TANK AND STATEMENT OF THE TANK AND TH	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

	1 - FOR STATE REGISTRAR	STATE OF MARYL		TMENT OF		MENTAL HYGIEI REG. NO				
	DECEDENT'S NAME (First, Middle, Last) WILLIAM	BERNARD		TTERBUC	K	2. DATE OF DEATH MONTH NOV 2	2"1994 "	3. TIME OF DEATH 4:02 pm		
	4. SOCIAL SECURITY NUMBER 213-20-0985 90. FACILITY NAME (If not institution, give	1√2 M 2 □ F	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$							
TOR	Saint Joseph Med			vaon, Mary		9c. COUNTY	of DEATH			
DIRECTOR	10e. STATE 10b. COUNT			v, TOWN OR LOC Vestini			10d. INSIDE CITY LIMITS? 1 YES 2 NO			
	Maryland (10g. CITIZEN OF WHA			
FUNERAL	201 St Mark			21158		US				
B	11. MARITAL STATUS 1 Never Married 2 Merried 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER HE FORCES? 1 X YES IF YES, GIVE WAR OR DO WWIII	2 NO	If yes, s	ECENDENT OF HISPA specify Cuben, Mexico S 2 2 NO Specif	NIC ORIGIN? (Specify Youn, Puerlo Rican, etc.) fy:	ne or No— 14.	RACE — American Indian, Black, White, etc. Specify: White		
COMPLETED	15. DECEDENT'S EOI (Specify only highest grad Elementery/Secondary (0-12)	UCATION le completed) College (1-4 or 5+)	life. Do NOT us	vork done during r se retired.)	nost of working	-0.00	USINESS/INDUST	ectric Co.		
NOC	17. FATHER'S NAME (First, Middle, Last)		неачу	Equip	ment Re	ME (First, Middle, Meide		ectific co.		
BE	William C. 190. INFORMANT'S NAME (Type/Print)	Clatterbuc				M. Evans				
2	Hazel E. Cla	tterbuck	201 S	St. Ma	rk Way	Apt 211,	West.	^{Md} 21158		
	20e, METHOD OF DISPOSITION 1	noval from Stata	PLACE AND DATE OF OR CHEST LA	of Disposition (interplace)	Vame of etery 1	DATE 20c. L	ocation — city Marric	or Town, State ottsville, Mo		
	1 State 2 Cremetton 3 Removal from State Cremettery, crematory or other place Crestlawn Cemetery 11-26-94 Marriottsville, M									
	23. PART I. Enter the diseasea, or ahock, or heert feliure iMMEDIATE CAUSE (Final disease or condition resulting in death)	a. ACUTE MYO	ech line.	NEARCTI		ch ss cardiac or resp	piratory arrest	Approximets Interval Batween Onset end Death 24hours		
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST b. SEVERE CORONARY ARTERY DISEASE DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): d.									
AL	PART ii. Other significent condition	ne contributing to deeth b	ut not resulting i	n the underlyl	ng csuse given in		N AUTOPSY PRMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO		
PHYSICIAN: MEDIC						1 🗆 YES 2 NO		COMPLETION OF CAUSE OF DEATH?		
AN: N	DID TOBACCO USE CONT	7				N D		1 123 2 2 100		
SICI/	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 WAYO	HOSPITAL:	26. PLACE OF DEAT	OTHER:	me 5 Residence	8 Other (Specify)				
ву РНУ	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIM	E OF 28c. IN	JURY AT ORK? YES 2 NO	28d. DESCRIBE HOW	INJURY OCCUR	:D		
	3 Suicide 8 Could not be 4 Homicide datermined	— At home, farm, a	street, factory, off	lca	281. LOCATION (Street and Number or Rural Route Number, City or Town, State)					
COMPLETED		SICIAN: To the best of my knowlers: On the bests of exemination						use(a) end manner as stated.		
BE	29b. SIGNATURE AND TITLE OF CERTIFIE			29c. LICENSE NU	MBER	GNED (Month, Day, Year) . 22.94				
۵	30. NAME AND ADDRESS OF PERSON WI				SON.MAF	YLAND 2120	•			
	31. DATE FILED (Month, Day Year)	32. REGISTRAR'S SIGN. 1994 Julia Daw	ATURE							
								DHMH-16 Rev 1/89		

F DEATH

ite or Foreign

after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020

use as the burlal-transit permit. Pages 1, 2, 3 should

N	Isl o	P		l
BALLIMORE, MARYLAND Z	ospi	ched	ed .	
A	the	deta	Ouc	l
_	3	200	at at	l
AH	ained	hou	Hille	l
Σ	e ret	5 5	10	l
Ę	lay b	pag	t be	l
Ŝ	9 9	ector,	mus	l
Σ	Page	II din	ner	l
-	ath.	unera	ami	l
NA NA	ler de	the f	e ex	Ļ
	TS at	Tamber of the	dica	l
_	9	pa d	=	l
	2	ely fil	#	l
CO.	with	nplet	vent	l
Ø	partic	d con	ic e	l
9	96	T 2n	ıma	l
5	te be	Sicia	Iz	l
	tifica	40 0	ther	l
י ר	h cer	H	0 0	l
ń	deat	e affe	ě,	ı
Ĵ	t the	A A	E	l
5	s tha	hed I	amy	l
	Julre	Sign	OWS	l
r	W re	bee	3 sh	l
4	he la	has Pe	m 2	l
=	W. T	ficati	- te	
_	SICI	Cert	0,0	
2	PHY	this with	arke	
5	DING	Afte	E	ŀ
2	EN	BR.	28	
2	S A	THE SHA	E	l
-	事	3 1	=	
	8	8	1	
Ś	里里	E 3	DRT	
DIVISION OF VITAL RECORDS, P.O. BOX 88760,	IN THE HOSPINL OF ATTENDING PHYSICIAN: The law requires that the death certificate be executed with Anous after death. Page 6 may be retained by the hospital or	TO THE TONETAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for he find within 20 hours after death with the State Bent of Health and Mental Hanlane notor to burial cremation or named.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
-	-		-	

										91	4	357
FOR STATE REGISTRAR		STATE OF			RTMENT				MENTAL HYGIEN REG. NO.			
1. DECEDENT'S NAME LILLIAN	E (First, Middle, Last) PEARL C	OLLINS			(-1N	c	2. DATE OF DEATH MONTH DA		YEAR	3. TIME
4. SOCIAL SECURITY 214-10-8	25 01-30	5. SEX 6. AGE (In yrs. last birthday) F UNDER 1 YEAR F UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year)		7. DATE OF BIRTH								
96. FACILITY NAME (If not institution, give street and number) PENINSULA REGIONAL MEDICAL CENTER						9b. CITY, TOWN OR LOCATION OF DEATH SALISBURY 9c. COUNTY OF DE. WICOMIC						
				γ, τοwn c							10d. INS	
27858 Little Lane					101	zip cod	€ 1801		10g. CIT		WHAT COU	
11. MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 4 Divorced 12. WAS DECEDENT EVER FORCES? 1 YES, GIVE WAR OR I			1 YES 2 X		13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No— If yee, specify Cuban, Mexican, Puerlo Rican, atc.) 1 VES 2 NO Specify:			14. RAC Blec Spec	CE — Americk, White, e			
15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +)			+) (G	live kind of . Do NOT u	work done (see retired.)	luring mo	ast of worki		Wicomico			Scho

BY FUNERAL DIRECTOR DE CITY 2 NO NTRY? en Indien, e COMPLETED ols 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Lee V. Shockley Lucy Cinda Hearne Shockley BE 190. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Jerry Collins 27819 Little Lane, Salisbury, Md. 21801 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION — City or Town, State Parsons Cemetery Salisbury, Md. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Short Funeral Home, Inc. William 13 E. Grove St. Delmar, De. 19940 23. PART I. Enter the diseases, or complications that gaused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximata interval Between IMMEDIATE CAUSE (Finei **Onset and Death** disease or condition resulting in death) MYOCORDIAL INFARCTION DUE TO (OR AS A CONSEQUENCE OF) LUNG COLLAPSE WK-CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other aignificant conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY PERFORMED? MEDICAL 100 AATHRITIS 1 TYES 2 NO OF DEATH? A-PIAL FIBRILL ATISM 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 YES 2 NO 1 Manpatient 2 - ER/Outpatient 3 - DOA 4 - Nursi ng Home 5 - Residence 6 - Other (Specify) 27. MANNER OF DEATH 28a. OATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 26d. DESCRIBE HOW INJURY OCCURED 1 Natural 1 YES 2 NO BY 2 Accident Investigation 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be determined BE COMPLETED 4 Homicide 29e, CERTIFIER 1 CERTIFYING PHYSICIAN: To the bast of my knowledge, death occurred at the time, date end place, and due to the cause(e) end manner se stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 029168 0 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 560 RIVEXSIDE DR. A204 DK. ROBERT 31. DATE FILEO (Month,

32 MEGISTRAR'S SIGNATURE

10

and the second of the

TO THE TOTAL OF TITENDING PHYSICIAN: The law requires that the death certificate be executed within mours after death. Page 6 may be retained by the hospital or attending physician.

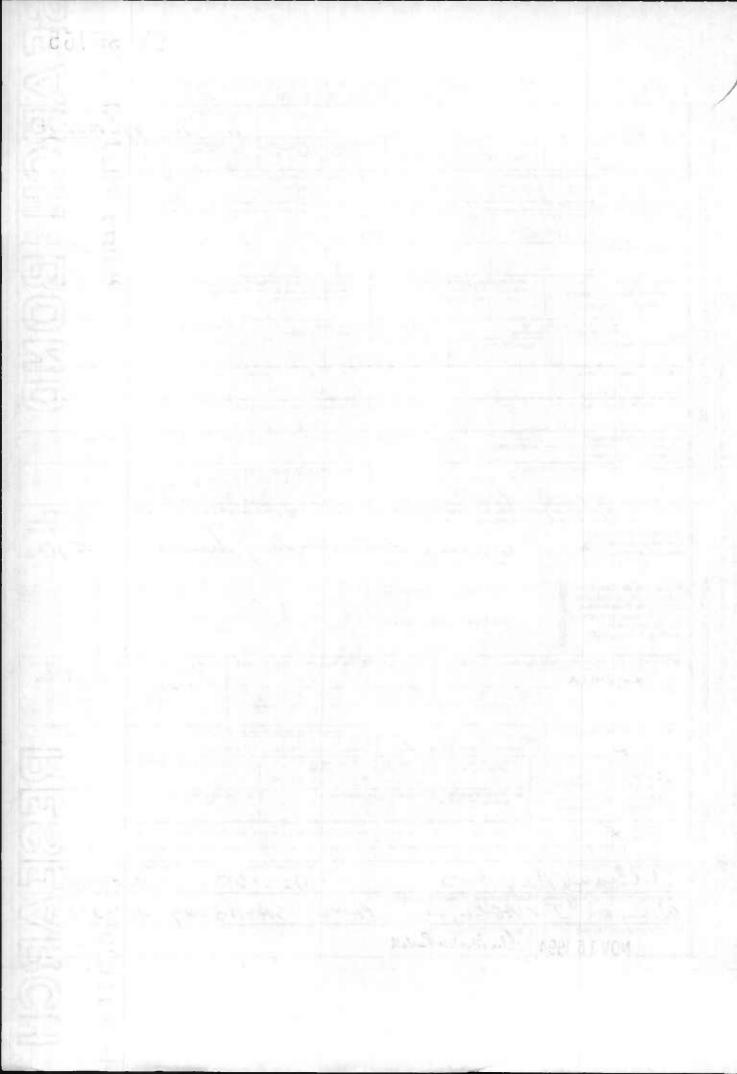
TO THE TOTAL OFFECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be the with 72 hours after death with the State Dept. of Health and Memtal Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Ifem 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be netified at once. **BALTIMORE, MARYLAND 21215-0020**

_	
0	
10	
~	
-	
00	
75	
w	
×	
-	
0	
-	
333	
_	
~	
P.O. BOX 68760	
ш	
- 5	
G)	
0	
000	
ш.	
0	
0	
00	
U	
111	
1	
~	
_	
a	
-	
_	
VITAL RECORDS	
_	
>	
-	
11	
_	
\circ	
O	
_	
ISION	
_	
S	
-	ø
-	í

1	-	FOR STATE REGISTRAR
,	1. D	ECEDENT'S NAM
		CROI

HEGISTHAH		CEI	KIIFIC	AIE OF	DEATH	REG. NO),	
1. DECEDENT'S NAME (First, Middle CROCKE)	-	IN CROCK	CETT			11	0 99	3. TIME OF DEATH 1035 A M
4. SOCIAL SECURITY NUMBER 214-28-1564	5. SEX 6	. AGE (In yrs. last b		UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	C	IRTHPLACE (State or Foreign puntry)
	21	67				5-10-27		d.
9a. FACILITY NAME (II not institute PENINSULA RE	GIONAL MEDICA	L CENTER		SALIS	BURY	EATN	9c. COUNTY O	COMICO
RESIDENCE OF DECED								
PENINSULA RE RESIDENCE OF DECED 10a. STATE 10b De.	Sussex		Deli	own on locat nar	TON			10d. INSIDE CITY LIMITS? 1 YES 2 X NO
10a. STREET AND NUMBER				101	. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
10a. STREET AND NUMBER RD#2 Box 482 11. MARITAL STATUS					19940		USA	
3 Widowed 4 Divorced	12. WAS DECEDENT I FORCES? 1X IF YES, GIVE WAF WWII	YES 2 NO		If yes, sp		NIC ORIGIN? (Specify Ye an, Puerto Rican, etc.) y:		RACE — American Indian, Black, White, atc. Specify: White
(OM	IT'S EDUCATION est grade completed)	16a. DECE	DENT'S US	JAL OCCUPATION	ON .	16b. KIND OF BU	SINESS/INDUSTF	IY .
Elementary/Secondary (0-12)	College (1-4 or 5 +)			done during mo tired.)	st or working			
11 17. FATHER'S NAME (First, Middle,	Last	Post	al Cl	lerk	40. 14.000140010 144		ostal S	ervice
- C D C						ME (First, Middle, Meiden ce French (
40. INFORMANTIO NAME (Tour		196. 1	MAILINO AD	DRESS (Street a		Route Number, City or Tow	-	
Lelah M. Crock	kett					De. 19940		
20a. METHOD OF DISPOSITION 1 XBurlel 2 Cremetton 3 4 Donation 5 Other (Spe		20b. PLACE AN	DDATEOFD	ISPOSITION /Na	me of	DATE 20c. LC	elmar.	
21. SIONATURE OF FUNERAL SE	RVICE LICENSEE			22. NAME A	D ADDRESS OF FA			DC.
23. PART I. Enter the disease	M. Skar	17		13 E.	Grove S	St. Delmar	De. 19	9940
ahock, or heart IMMEDIATE CAUSE (Final disease or condition reaulting in death)	a. Chr	on each line.	obs			y dies		Approximate Interval Between Onset and Death
Sequentisity list conditions if any, leeding to immediate cause. Enter UNDERLYING		R AS A CONSEQU	ENCE OF):				-11/4	
Sequentisity list conditions if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	d	R AS A CONSEOU	ENCE OF):					
PART II. Other significant of		eath but not res	uiting in t	he underlyin	g cause given in	Part I. 24e. WAS AN PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATN?
					-	-		1 YES 2 NO
25. WAS CASE REFERRED TO ME EXAMINER? 1 YES 2 MO 27. MANNER OF DEATH	HOSPITAL:				ACE OF DEATH (C	neck only one)		
1 TYES 2 WNO	1 Inpetient 2 E	R/Outpatient 3 5		THER: Numling Nor	e 5 🗆 Residence	6 Other (Specify)		
	28s. DATE OF IN (Month, Day,	JURY Year)	28b. TIME O	WC	URY AT PRIC?	28d. DEŞCRIBE NOW	INJURY OCCURE	0
2 Actions	28a, PLACE OF	INJURY — At home c. (Specify)	, ferm, stree	et, factory, offic	•	281. LOCATION (Street City or Town, State		rel Route Number,
one)	IO PNYSICIAN: To the best of m							ree(a) and mattner as stated.
William	Magch	~			29c. LICENSE NU	160	> 11-	NED (Month, Day, Year)
30. NAME AND ADDRESS OF PER WILLIAM	T NAGE	OF DEATH (ITEM :	27) (Type, Pri	PRMC	54	LISBUR	y m	1 2180/
31. DATE FILED (Month, Day, Year)	1994 Julia da	S SIGNATURE	lath		1/2/2			0. 1



DIVISION OF VITAL RECORDS, P.O. BOX 68760, TAL DRIATTENDING PHYSICIAN: The law requires that the death certificate be ex-

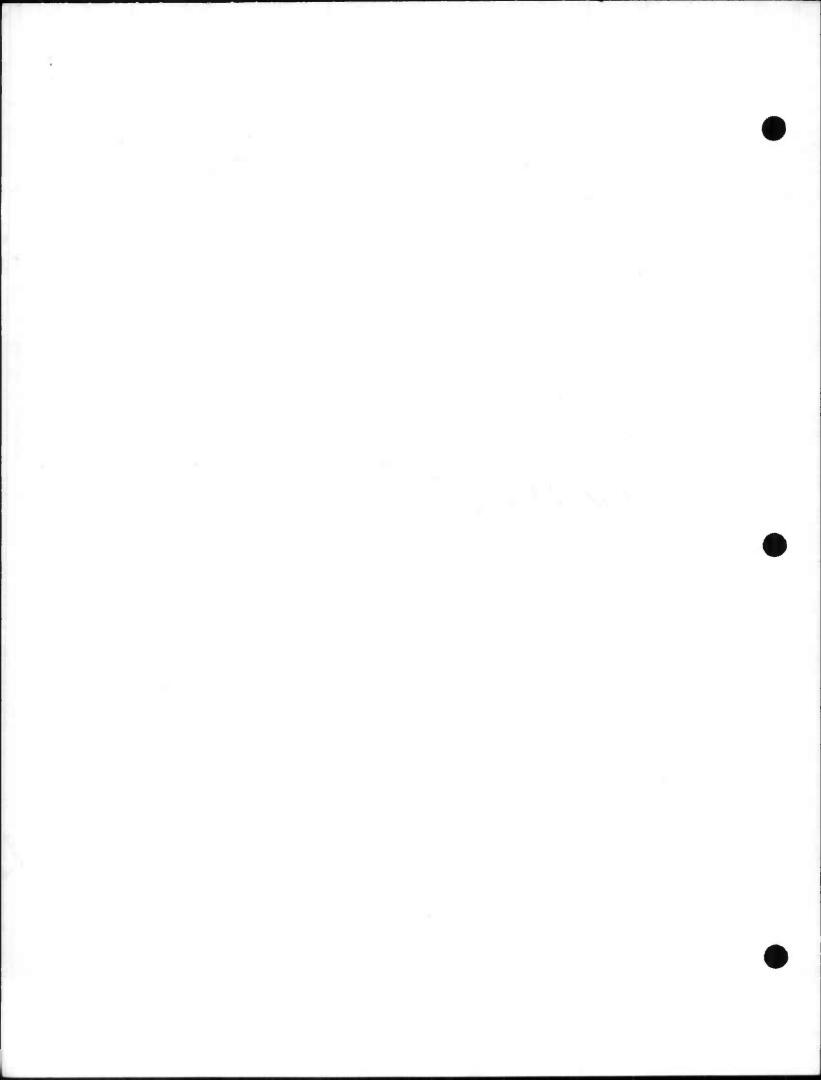
	hould		
	62		
	1.2		
	Pages		
	for use as the burial-transit permit. Pages 1.		
an.	ransit		
ySici	Jrial-		
0	9		
all Duri	as th		
atte	use		
O IP	Q		
5	ched		
1	deta		000
5	2		1
3	pno		Rad
200	5 Sh		Minor a
3	906		į
9	Dr. p		Total Park
200	irect		8
area ucass. rage o may be retained by the	raid		ine
Call	fune		Vam
190	幸	oval.	-
0	5	FIBE	ğ
200	led i	7, 0	Ē
2	hy fil	ation	th.
100	plete	Слет	ant.
200	E00	Tal.	9
SALT	and	ng c	nati
3	cian	ior to	100
Care	Shirt	e pr	ar h
in io	Bui	rgien	ŧ
100	tend	al H	ç
27	he at	Ment	7
70	7	and	
5	paul	afth	200
dinh.	n Sig	f He	MU
2	bee	n the State Dept. of Health	3 ch
0	has	6 6	2
	Ficate	Stat	I
200	certi	the	5
	this	W	rked
with a more and the law tequites that the death columnal	After III	r death	a marked or item 23 shows any injury or other traumatic event the medical evaminar must be no
Ε.	DR. A	À	
7	53	the st	6
1	DIRECT	f 72 hours after	Her
ļ.	EPAL DIRE	4 72	100
3	BRINE	od withly	Š
1	9	ğ	OBJ.

	FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPART CERTIFIC	MENT OF I	HEALTH AND	MENTAI	HYGIENI REG. NO.	E	
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE			3. TIME OF DEATH
	Clarence Wilso				The second	00	t 27	7 19	94 5:00AM
	235-34-6197 9a. FACILITY NAME (If not institution, give to	1 M 2 □ F	98 YRS.	IF UNDER 1 YEAR MONTHS DAYS	HOURS MIN.	NO V	OF BIRTH 1, Day, Year) 21 18	395 W	REST PLACE (State or Foreign Country) Vest Virgini
TOR	96. CTY, TOWN OR LOCATION OF DEATH 110 Creston Road Chester Harbor Chestertown Queen Ann RESIDENCE OF DECEMENT								
DIRECTOR	10a. STATE 10b. COUNT		10c. CITY,	nester	TION			1	10d, INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	100. STREET AND NUMBER 110 Creston Ro	ad Chester	Harbor		21620	-		USA	EN OF WHAT COUNTRY?
₽	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IF FORCES? 1 YES	2 NO	If yes, sp	CENDENT OF HISPA pecify Cuban, Mexico S 2 NO Speci	an, Puarto F	? (Specify Yea lican, atc.)	or No- 1	4. RACE — American Indian, Black, Whita, atc. Specify: White
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)		Iffe. Do NOT use	ork done during ma retired.)	ION ost of working		KIND OF BUS		STRY
OMF	17. FATHER'S NAME (First, Middle, Leet)		Farn	mer			Agricu		ce
	Charles Curren	000			Celest				rance
) BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING A	ADDRESS (Street a	and Number or Rural				
٤	Martha Blackis				Road Ch				
	20a, METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 Rem		b. PLACE AND DATE OF metery, cremetory or other	er plece)		DATE			ty or Town, Stata
	4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LIKE	CENSEE	Whetstor	Ceme	etery 1	01/30	Manr	ningt	on .WVA
	Kink of	Helfent	lein	Road	enbein Cheste	rtow	n, MI	216	
	23. PART i. Enter the diseases, or	annually office of the same							
	shock, or heart feilure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Arterio.	sclery		de of dying, suc		•		Approximate interval Between Onset and Death
ATION	immediate Cause (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate	a. Arleno. Due to (or as a	each line.	tic i			•		interval Between Onset and Death
ERTIFICATION	iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions,	a. A Levi V. DUE TO (OR AS A DUE TO (OR AS A	SCLEV S A CONSEQUENCE OF):	tic i			•		interval Between Onset and Death
L CE	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST	b. DUE TO (OR AS A DUE TO (OR AS A d.	A CONSEQUENCE OF):	tic i	Heni	to	Pesca	12	interval Between Onset and Death
MEDICAL CE	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events	b. DUE TO (OR AS A DUE TO (OR AS A d.	A CONSEQUENCE OF):	tic i	Heni	to	•	MITOPSY MED?	interval Between Onset and Death
MEDICAL CE	iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition	b. DUE TO (OR AS A DUE TO (OR AS A d.	A CONSEQUENCE OF):	the underlying	Reactive desired in	Part i.	240. WAS AN A PERFORM	MITOPSY MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
SICIAN: MEDICAL CE	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST PART II. Other significant condition	b. DUE TO (OR AS A DUE TO (OR AS A d.	A CONSEQUENCE OF): A CONSEQUENCE OF): Dut not resulting in	the underlying	g cause given in	Part i.	24e. WAS AN A PERFORM 1 UPES 2	MITOPSY MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
SICIAN: MEDICAL CE	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 100 27. MANNER OF DEATH	b. DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A E. DUE TO (OR AS A DUE TO (OR AS A	A CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF): Dut not resulting in	the underlying 28. PL OTHER: University	g cause given in	Part i.	24e. WAS AN A PERFORM 1 UPES 2	UTOPSY MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
CIAN: MEDICAL CE	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 100 27. MANNER OF DEATH 1 Matural 5 Pending investigation	b. DUE TO (OR AS A c. DUE TO (OR AS A d	A CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF): Dut not resulting in Petient 3 DOA 4 28b. TIME	the underlying 28. PL OTHER: Nursing Hom OF 28c. INJ RY W0 1 1	Ig cause given in LACE OF DEATH CA THE STATE OF THE STA	Part i.	24a. WAS AN A PERFORM 1 YES 2	UTOPSY MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
ED BY PHYSICIAN: MEDICAL CE	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 PRO 27. MANNER OF DEATH 1 Natural 5 Pending Immediate cause. Suicide 6 Could not be determined	b. DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A E. DUE TO (OR AS A DUE TO (OR AS A	A CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF): Dut not resulting in Patient 3 DOA 4 28b. TIME INJUR	the underlying 28. PL OTHER: Nursing Hom OF 28c. INJ RY W0 1 1	Ig cause given in LACE OF DEATH CA THE STATE OF THE STA	Part i. Peck only one 8 Other 28d. DES	24e. WAS AN A PERFORM 1 YES 2	JURY OCCUM	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PLETED BY PHYSICIAN: MEDICAL CE	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initileted events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINERY 1	b. DUE TO (OR AS A DUE	A CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF): Dut not resulting in patient 3 □ DOA 4 28b. TIME (NJUE) (1 — At home, farm, atractly)	the underlying 28. PL OTHER: Nursing Hom OF 28c. INJ WO 1 Nursing Hom est, factory, office	I Cause given in LACE OF DEATH CAR TO STATE OF THE STAT	Part i. Bek only one Bel Other 28d. DES:	24a. WAS AN A PERFORM 1 YES 2 (Specify) CRIBE HOW IN ATION (Street ar Town, State)	JURY OCCUPATE OF THE PROPERTY	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
BE COMPLETED BY PHYSICIAN: MEDICAL CE	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 6 Could not be determined to the condition of the c	b. DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A C. DUE TO (OR AS A d	A CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF): Dut not resulting in petient 3 □ DOA □ 28b. TIME INJUR (I) At home, farm, atmortily and/or investigation,	the underlying 28. PL OTHER: Nursing Hom OF 28c. INJ RY M 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	I Cause given in LACE OF DEATH CAR TO STATE OF THE STAT	Part I. Bock only one Solution So	24a. WAS AN A PERFORM 1 YES 2 (Specify) CRIBE HOW IN ATION (Street ar Town, State)	JURY OCCUI	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
E COMPLETED BY PHYSICIAN: MEDICAL CE	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 6 Could not be determined to the condition of the c	b. DUE TO (OR AS A DUE	Petient 3 DOA 28b. TIME (INJUE) A CONSEQUENCE OF): A CONSEQUENCE OF): Dut not resulting in 28b. TIME (INJUE) Compared to the control of t	the underlying 28. PL OTHER: Nursing Hom OF 28c. INJ WO 1 1 W eet, factory, office at the time, date In my opinion, d	LACE OF DEATH CARREST TO THE CARREST	Part I. Bock only one Solution So	24a. WAS AN A PERFORM 1 YES 2 (Specify) CRIBE HOW IN ATION (Street ar Town, State)	JURY OCCUI	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO

Administration lots Tolore & Metal alling the second of the

BALTIMORE, MARYLAND 21215-0020	SICIAN: The law requires that the death certificate, be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	s certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should the State Debt, of Health and Mental Hydiene prior to bunal, cremation, or removal	the medical examiner must be notified at once.
DEMISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	TO THE FUNERAL DIRECTOR After this certificate has been signed by the attending physician and completely be fled within 72 hours after death with the State Degr, of Health and Mental Hydiene prior to burial, cremating	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR 1 - STATE REGISTRAR	STATE OF MARY	LAND / DEPART	MENT OF HEALTH AND CATE OF DEATH	MENTAL HYGIENE REG. NO.	
	1. DECEDENT'S NAME (First, Middle, Last) JOSEPh		IRISMAN		2. DATE OF DEATH MONTH DAY	YEAR 3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 214-09-3898	5. SEX 6. AG		F UNDER 1 YEAR IF UNDER 24 HRS. OHTHS DAYS HOURS MIN.	NOV. 4, 19	8. BIRTHPLACE (State or Foreign
FOR	9a. FACILITY NAME (If not institution, give Western Maryland (RESIDENCE OF DECEDENT		1	agerstown, MD	^	9c. COUNTY OF DEATH Washington
DIRECTOR	10a. STATE 10b. COUNT			rown or Location gerstown		10d. INSIDE CITY LIMITS?
FUNERAL	100. STREET AND NUMBER 10830 Roessner	Avenue		101. ZIP CODE 21740		1 U YES 2 NO 10g. CITIZEN OF WHAT COUNTRY? U. S. A.
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	S 2 NO	13. WAS DECENDENT OF HISP If yes, specify Cuban, Maxid	can, Puerto Rican, atc.)	
COMPLETED	15. DECEDENT'S EDI (Specify only highest grade Elementary/Secondary (0-12) UNKNOWN	College (1-4 or 5+)		BUAL OCCUPATION k done during most of working elired.) Watchman	16b. KIND OF BUSI	
	17. FATHER'S NAME (First, Middle, Last)	Surname)				
TO BE	Clyde Samuel Chrisman Nettie M. Easterday 19a. INFORMANT'S NAME (Type/Print) Mrs. Dora Chrisman 19b. Mailing Address (Street and Number or Flural Route Number, City or Town, State, Zip Code) 10830 Roessner Avenue, Hagerstown, Maryla					
	20a_METHOD OF DISPOSITION 1	noval from Stata	0b. PLACE AND DATE OF	DISPOSITION (Name of	DATE 20c, LOC	ATION - City or Town, Stata agerstown, Maryland
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE Smit		22. NAME AND ADDRESS OF F	Minnic	h Funeral Home agerstown, MD 21740
ION	IMMEDIATE CAUSE (Finel	Liet only one ceuse on	eech line.	enter the mode of dying, su NUMOWA ACCI'LLS		Approximeta Interval Between Onset and Death Cos Thun
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST	C	A CONSEQUENCE OF):			
EDICAL	Calculus ft K	Dikor d	but not resulting in	the underlying ceuse given in	PERFORM	MED? AMAILABLE PRIOR TO
PHYSICIAN: M	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 ☐ YES 2 ☑ NO	HOSPITAL:		28. PLACE OF DEATH (C		
ВУ РНУ	27. MANNER OF DEATH 11 Natural 5 Pending 2 Accident Investigation	26a. DATE OF INJURY (Month, Day, Year	Y 26b. TIME C	F 26c. INJURY AT	28d. DESCRIBE HOW IN.	JURY OCCURED
8	3 Suicide 8 Could not be determined	28s. PLACE OF INJUI building, etc. (Sc	RY — At home, tarm, stre	et, factory, office	281. LOCATION (Street and City or Town, State)	d Number or Rural Route Number,
COMPLET				nt the time, data and placa, and du		er as stated. dus to the cause(s) and manner as stated.
BE	296 SIGNATURE AND THE OF CERTIFIE	weerla.		29c. LICENSE NU \$\frac{1}{2}\left(0)	IMBER 42	29d. DATE SIGNED (Month, Day, Year)
τO		O COMPLETED CAUSE OF S	DEATH (ITEM 27) (Type, Pri	PENUSYL VANI	'a AUL MARILLO	rd 31742
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIG	NATURE	· · · · · · · · · · · · · · · · · · ·		



BALTIMORE, MARYLAND 21215-0020

WSION OF VITAL RECORDS, P.O. BOX 68760

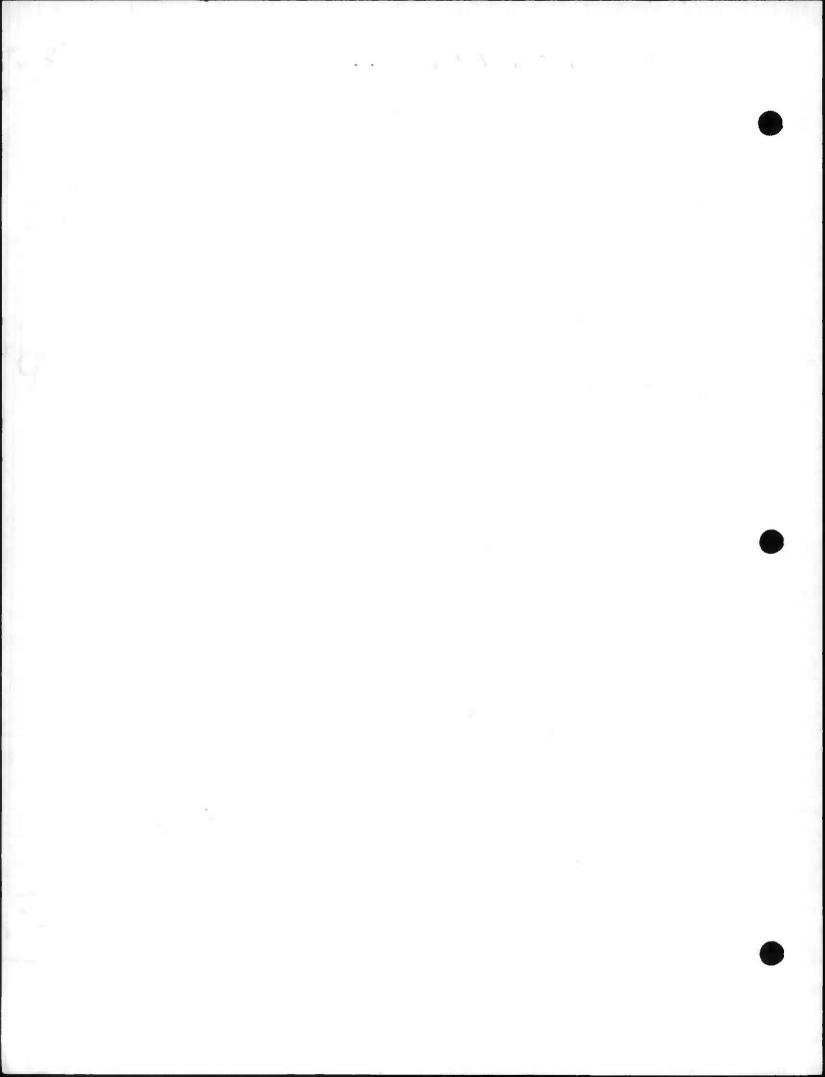
THE PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	Amen the contributed has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	The clear the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	8 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once
uires that	signed by	Health and	WS any
law requ	as been	lept. of P	23 short
The	ate ha	tate D	tem 2
CIAN	ertifica	the Si	07
PHYSI	this c	WITH	rked.
DIME	Affer	death	1113
M.	其	į	1 8

	1 - STATE REGISTRAR	STATE OF MARYLA		MENT OF HEALTH AND	MENTAL HYGIEN			
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH MONTH D	AW WEAR	3. TIME OF DEATH	
	Pauline NM	N CARBAUGH	<u> </u>		NOU AMBER	22 YEAR	4 2 3/A M	
	4. SOCIAL SECURITY NUMBER			F UNDER 1 YEAR IF UNDER 24 HRS. ONTHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	Cou	THPLACE (State or Foreign intry)	
	234-40-3265 9e. FACILITY NAME (If not institution, give sti		1 -111	b. CITY, TOWN OR LOCATION OF E	Nov. 28 19	925 W.	Virginia	
DIRECTOR	Washington Count	y Hospital		Hagerstown	· · · · · ·	Washin		
Ä	10s. STATE 10b. COUNTY		t0c. CITY,	TOWN OR LOCATION			10d. INSIDE CITY	
		hington	Н	agerstown	K		14 YES 2 NO	
FUNERAL	100. STREET AND NUMBER	Chunaah		101. ZIP CODE 21740		110111111111111111111111111111111111111	F WHAT COUNTRY?	
1 2	202 S. Prospect	12. WAS DECEDENT EVER IN	II S ARMED	13. WAS DECENDENT OF HISP/	ANIC ODIGINA (C	U.S.		
	1 Never Married 2 X Married	FORCES? 1 YES	2 (X) NO	If yes, specify Cuban, Mexic	an, Puarto Rican, atc.)	Bi	ACE American Indian, ack, White, etc.	
9 8	3 Widowed 4 Divorced	1			hite			
TED	15, DECEDENT'S EDUC (Specify only highest grade of	ATION completed)	16b. KIND OF BU	SINESS/INDUSTRY	,			
COMPLET	Elementary/Secondary (0-12) 0-12	College (1-4 or 5 +)	Teacher	· ·	Dublio	Schools		
O E	17. FATHER'S NAME (First, Middle, Last)		reacher		AME (First, Middle, Maiden			
E C								
D BE	So NEODMANT'S NAME (Foo Diet)							
2	Gerald D. Carbau	gh	202 S.	Prospect St.	Hagerstown	ı, Maryl	and 21740	
TO BE COM	20g_METHOD OF DISPOSITION 1	rvat from State come	tery cremetory or other	DISPOSITION (Name of		CATION — City or		
	4 Donatton 5 Other (Specify)	St	rangs Cer	netery 11-25-9	94 Sout		ain, Pa.	
	21. SIGNATURE OF FUNERAL SERVICE LICE) h	1	22. NAME AND ADDRESS OF F				
	2000	Menne	el			_	m, Md. 21740	
volit, ind incur	23. PART I. Enter the diseases, or conshock, or heart fellure. L. IMMEDIATE CAUSE (Finel disease or condition resulting in deeth)	list only Dne ceuse Dn eed	ch line.	Drivnay G	7	ratory errest,	Approximete interval Between Dreet and Death	
CERTIFICATION	Sequentially liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A C		l	emcrea.	2		
PHYSICIAN: MEDICAL	PART II. Other eignificent conditione	contributing to death but	t not resulting in	the underlying ceuse given in	Pert i. 24s. WAS AN PERFOR	IMED?	4b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
Σ ::	DID TOBACCO USE CONTR	IRUTE TO CAUSE OF	DEATH YES	□ NO □ UNCERTAI	N D		1 YES 2 NO	
NAN NA	25. WAS CASE REFERRED TO MEDICAL	20	6. PLACE OF DEATH					
SIC		HOSPITAL:		THER: Nursing Home 5 Residence	6 Other (Specify)			
PH	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	26b. TIME C	PF 28c. INJURY AT WORK?	28d. DESCRIBE HOW II	NJURY OCCURED		
B	1 Natural 5 Pending 2 Accident Investigation			M 1 YES 2 NO				
ETED	3 Suicide 6 Could not be determined	28e. PLACE OF INJURY – building, etc. (Specify	At home, farm, stre	et, factory, office	26f. LOCATION (Street a City or Town, State)	ind Number or Rura	il Route Number,	
COMPLET				nt the time, date and piece, end due in my opinion, death occured at the			e(s) and manner as atated.	
BE	296. SIGNATURE AND TITLE OF CERTIFIER	st poled (2	D27	000	29d. DATE SIGNE	ED (Montp, Day, Year)	
10	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEAT	TH (ITEM 27) (Type, Pr			-		
	31. DATE FILED (Month, Day, Ybar) NOV 2 3 1994	32, REGISTRAN'S SIGNA	Mandard					

U E and the second

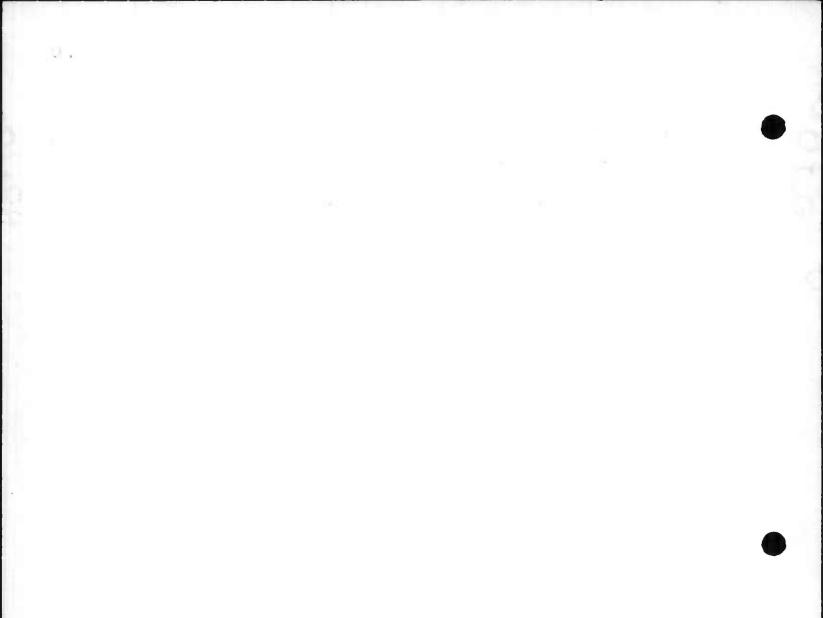
DHMH-18 Rev 1/89

		FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTM			MENTAL	HYGIEN			
		1. DECEDENT'S NAME (First, Middle, Last)	Γ	11//	FO		2. DATE	OF DEATH	AY	YEAR	3. TIME OF DEATH
		4, SOCIAL SECURITY NUMBER		1/11/	F		NO	V	7 9	4	1720
pin		217-21-2158	1 및 M 2 □ F 52	YRS. MO	UNDER 1 YEAR	HOURS MIN.	(Month	Des BIRTH Day, Year) 20 4	2 N	IGE!	RIA
, 2, 3 should	TOR	9a. FACILITY NAME (If not institution, give str SHADY GROVE ADVENT	,	·	ROCKVI	OR LOCATION OF D	EATH		9c. COUNT		GOMERY
r. Pages 1,	DIRECTOR	10e. STATE 10b. COUNTY MD + G	MONTGOMER		OWN OR LOCA	ATION					10d, INSIDE CITY LIMITS? 1 X YES 2 NO
it permit.	FUNERAL	100. STREET AND NUMBER 209 GRANDIN AVENUE	7			of, ZIP CODE				N OF W	HAT COUNTRY?
trans	N.	11. MARITAL STATUS	12. WAS DECEDENT EVER IN	II C ADMED		20850			NIGER		
5-0020 nding physician. is the burial-transit	B	1 Never Married 2 Merried 3 Wildowed 4 Divorced	FORCES? 1 YES	2 NO	If yes, s	CENDENT OF HISPA pecify Cuben, Mexico S 2 NO Speci	en, Puerto F		or No-	Black, Specify BLA	
r attending	0	15. DECEDENT'S EDUCA (Specify only highest grade of		16a. DECEDENT'S USI (Give kind of work			16b.	KIND OF BU	SINESS/INDU	STRY	
D 21 spital or ed for u	COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5+)	UNEMPLOYI	tired.)	lost of working		NONE	100		
4 ag ag 5	8	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	AME (First, A	fiddle, Maiden	Sumeme)		
E E E	BE	ISSAC OKU DAVIES		1		McDORIA	_				
ay be retained page 5 should be notified	2	19e. INFORMANT'S NAME (Type/Print) IBIYEFIEBO DAVIES		209 GR	AND IN	end Number or Rural AVENUE,	ROCKV	ILLE,	MD 208	50	
e 6 m rector,		29 METHOD OF DISPOSITION 1 Buriel 2 Cremetion 3 Remote 4 Donation 5 Other (Specify)	val from State 20b.1	PLACE AND DATE OF D tery, cremetory or other ATE OF HE			11/12		CATION — CI		
		21. SIGNATURE OF FUNERAL SERVICE LICE	Bace		22. NAME A	BACON FU	ACIL ITY				
~ ~ ~		W.H. BACON FU		276	3447	14TH STR	EET.N	.W. W	ASH,D	C.	20010
A VE 3		23. PART I. Enter the diseases, or co shock, or heart failure. L	emplications that caused	the deeth. Do not							Approximate
y filled in the tition, or relation		IMMEDIATE CAUSE (Final				- 1-					Onset and De
withir withir crema		reaulting in death)	MYOCAL ARTERIOSCL	CONSEQUENCE OF):	0	I FAR.C		20	8.		HOUTE
X 68, X 68, In and can to buria	NOIT	If any, leading to immediate	DUE TO (OR AS A	CONSEQUENCE OF):	CA	BIO VASO	cuh	At .	DIRE	A.C	5 IND
certificate by ding physicia lygiene prior other train	RTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF):							+
death atten		d.									-
that that	일	PART ii. Other aignificant conditions	contributing to death bu	t not resulting in t	he underlyli	ng cause given in	Part I.	24a. WAS AN PERFOI 1 YES 2	RMEO?		WERE AUTOPSY FINDING AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
W req been of, of		DID TOBACCO USE C	ONTRIBUTE TO	CAUSE OF D	EATH '	YES NO					T YES 2 NO
E se p	SICIAN:		HOSPITAL:		THER:	PLACE OF DEATH (C					
Certifican	PHYS	1 FYES 2 NO 27. MANNER OF DEATH	1 Inpatient 2 ER/Outpa	tlent 3 DOA 4 (me 5 Residence	_		NJURY OCCU	DED	
NG PHYS fler this cath with	ВУ РІ	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJURY	W	YES 2 NO	200. DE3	CHIBE HOW	NJOHY OCCU	NED	
TTENDI TTENDI TTOR: A after da	ETED 8	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY - building, atc. (Specif	At home, farm, stree	t, fectory, offi	ce		ATION (Street or Town, State)	end Number o	Rural Ro	oute Number,
AL OR IL DIRI	릴		IAN: To the best of my knowle								and manner se stated
THE HOSPITAL THE FUNERAL filed within 72 PORTANT: If	8	29b SIGNATURE AND TITLE OF CERTIFIER	0 11	/	-	29c. LICENSE NU		, , , , , , , , , , , , , , , , , , ,			
물 분을 중	B	A THERE	6011hr.	W	0	29C. LICENSE NO	A C	6	DATE	SIGNED	Month, Day, Year)
₽₽≥₹	오	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEA	TH (ITEM 27) (Type, Prin	nt)	P D	U/		111	ra	
6		31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNA	TETYVW	000	NOA	BIHO	ED/	MA	208	17-116
		NOV 1 5 1994	Lulia Davidson	Pandall							



	,
	ľ
0	
70	
92	
CC	
68	
-	
ж.	
\sim	
BOX	
ന	
_	
	1
0	
<u>a</u> .	
ດໍ	
~	
10	
97	
RECORDS	
=	
ш.	
$\overline{\sim}$	
O	
13	
v	
111	
Œ	
_	
_	
TAL	
_	
5	
_	
OF	
0	1
U	
~	
_	
\simeq	
-	
U)	
_	
>	
DIVISIO	

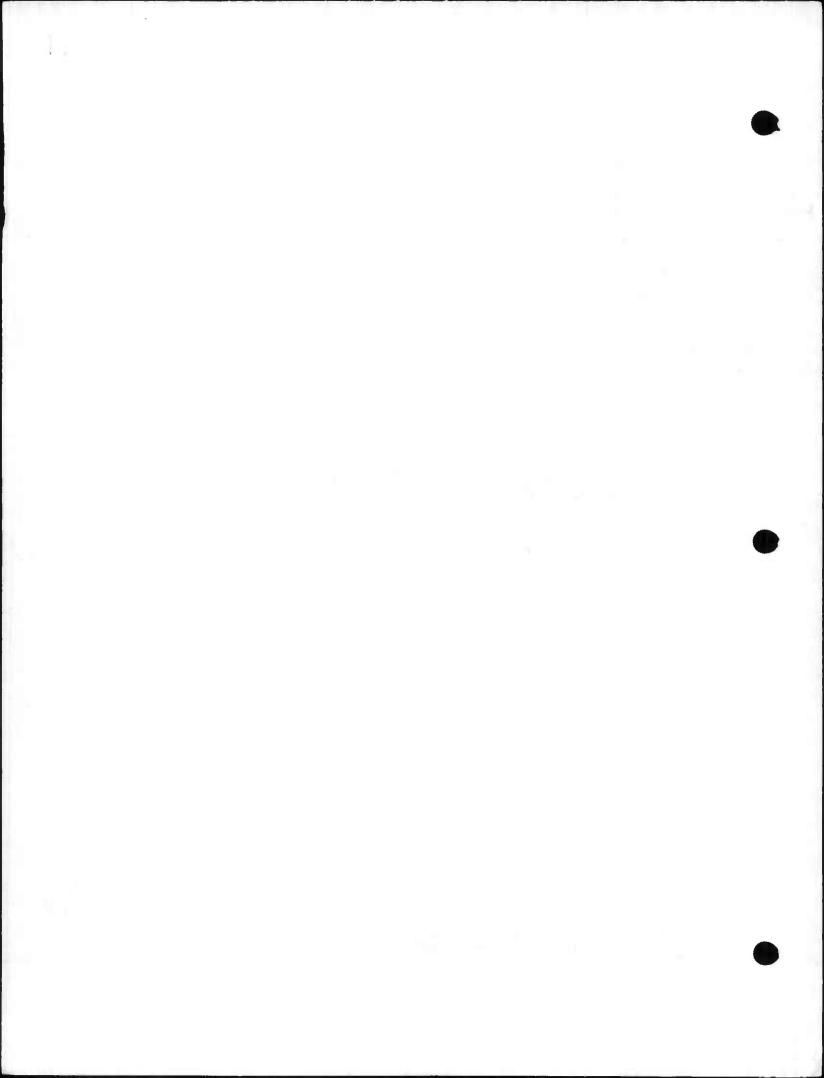
			1 - FOR STATE REGISTRAR	STATE OF MARYL		TMENT OF H		ENTAL HYGIEN	E	
		à	1. DECEDENT'S NAME (First, Middle, Last)	Davis'		-		2. DATE OF DEATH MONTH DA	3 4	3. TIME OF OEATH 3. TIME OF OEATH 3. TIME OF OEATH
	,		4. SOCIAL SECURITY NUMBER 245-14 67/2		(In yrs. last birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MH.	7. DATE OF BIRTH (Month, Day, Year)	6.	BIRTNPLACE (State or Foreign Country)
S ebould	,	ECTOR	Servel rock A	duantist		S. CITY, TOWN	er Sa	TH THE	9c. COUNTY	
Pane	2	DIRECT	10a. STATE 10b. COUNT		1000	Y, TOWN OR LOCAT		- 0		10t. INSIDE CITY LIMITS? 1 X YES 2 ND
parait		A	10e. STREET AND NUMBER		IAI		. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
020 physician. burial-transit		FUNER	6733 NEW HAMPSHII	12. WAS DECEDENT EVER II	N U.S. ARMED		0912 ENDENT OF HISPANI	C ORIGIN? (Specify Yes		STATES RACE — American Indian.
215-0020 attending physician se as the burial-tra	3	₽	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 TYES	2 XNO	If yes, sp	ectfy Cuban, Mexican, 2X NO Specify:	Puerto Rican, etc.)		Black, White, etc. Specify: LACK
or atte	3	ETED	15. DECEDENT'S EDU (Specify only highest grade	completed)	16e. DECEOENT'S (Give kind of title. Do NOT us	USUAL OCCUPATION Work done during more retired.)	ON at of working	16b. KIND OF BUS	SINESS/INDUST	RY
AND 2. The hospital of	3	COMPLE	Elementary/Secondary (0-12) 8TH	College (1-4 or 5+)	DOMEST	C WORKE	R	PRIVATE		
YLAP by the h		_	17. FATHER'S NAME (First, Middle, Last)					E (First, Middle, Maiden	Sumame)	
AR ained t		O BE	CALVIN MARTIN 19a, INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street a	MAGGIE and Number or Rural Ro	MAKIIN oute Number, City or Town	n, State, Zip Coo	ie)
be 5	81	F	JUANITA WALLER 20gs. METHOD OF DISPOSITION					WASHINGTO		
0 m 6	must		1 Burial 2 Cremation 3 Rem 4 Donation 5 Other (Specify)		PLACE AND DATE OF SET O	ther place)		RY11/19/9	·	or Town, State
ALTIM death. Page funeral dire	ехатіпет	ŀ	21. SIGNATURE OF FUNERAL SERVICE LIN	0		22. NAME AF	D ADDRESS OF FACE			and y its
			22 BAPT I Star the diseases	Galon		3447	14TH STRE	ET, N.W. W	ASH, D.	C. 20010
50, within 24 hours at potetely filled in by	the me		23. PART I. Enter the diseases, or shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one cause on e	ach line.	rdiac	de of dying, such	as cardiac or respi	ratory arrest	Approximate interval Between Onset and Death
	लं क	_		DUE TO (OR AS A	CONSEDUENCE	7-7-20 10	leve in)		Years
DX 687 be executed	nor to buris traumatic	CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A	CONSEQUENCE O	F):	/-//			(Gars
	ene pric	FIC	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	C. DUE TO (DR AS A	CONSEDUENCE O	F):				
DS, P.O. Both the death certificate the attending physical physica	tal Hygi	ËRT	resulting in death) LAST	d						
T H 5	Inju	MEDICAL C	PART II. Other algorificant condition	na contributing to death b	ut not resulting	in the underlying	g cause given in P	art i. 24e. WAS AN PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
Z De de	5 E							-		1 TES 2 NO
	State Dept.	SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			ACE OF DEATH (Chec	k only one)		
The law		YSI	1 TES 2 AND	1 Inpatient 2 ER/Outp	atlent 3 DOA	OTHER:	e 5 🗆 Residence 6	☐ Other (Specify)		
F VIIAL SICIAN: The la	-	27. MANNER OF DEATH 1 Netural 5 Pending 26e. DATE OF INJURY (Month, Dey, Year)				E OE 280 IN I	LIDY AT	28d. DESCRIBE NOW INJURY OCCURED		
OF VITAL G PHYSICIAN: The la er this certificate has	rked,		1 Natural 5 Pending		20b. TIM	URY WO	URY AT RK? YES 2 ND	28d. DEŞCRIBE NOW II	NJURY OCCUR	ED
ON OF VITA DING PHYSICIAN: The After this certificate ha	fler death with t	ED BY	1 Natural 5 Pending		- At home, farm,	M 1 1	PRK?	28d. DESCRIBE NOW the control of the		
OR ATTENDING PHYSICIAN: The DIRECTOR: After this certificate his	72 hours after death with t	ED BY	1 Natural 5 Pending Investigation 3 Suicide 6 Could not be determined 29e. CERTIFIER (Check only 1 CERTIFYING PNYS)	(Month, Day, Year) 26a. PLACE OF INJURY	At home, ferm,	M 1 N	PK? /ES 2 ND end place, and due to	281. LOCATION (Street a City or Town, State)	nd Number or F	tural Route Number,
THE HOSPITAL OR ATTENDING PHYSICIAN: The THE FUNERAL DIRECTOR: After this certificate is	ited within 72 hours after death with the PORTANT: If item 28 Is marked,	BE COMPLETED BY	1 Natural 5 Pending Investigation 3 Suicide 6 Could not be determined 29e. CERTIFIER (Check only 1 CERTIFYING PNYS)	(Month, Day, Year) 28a. PLACE OF INJURY building, etc. (Special CIAN: To the best of my known in the best of the best of examination.	At home, ferm,	M 1 N	PK? /ES 2 ND end place, and due to	28f. LOCATION (Street as City or Town, State) or the cause(s) and man me, date and place, an	ner as stated,	tural Route Number,
OR ATTENDING PHYSICIAN: The DIRECTOR: After this certificate his	ited within 72 hours after death with the PORTANT: If item 28 Is marked,	COMPLETED BY	1 Natural 5 Pending Investigation 3 Suicide 6 Could not be determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINE	(Month, Day, Year) 28a. PLACE OF INJURY building, etc. (Special Section of the best of my know R: On the best of examination R O COMPLETED CAUSE OF DE		MURY M 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	end place, and due to	28f. LOCATION (Street as City or Town, State) of the cause(s) and man me, date and place, and see SER	ner as stated, d due to the ca	Rural Route Number,



1 - FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

		1. DECEDENT'S NAME (First	Middle Leath					OAIL		DEM			AEG. NO.	_	$\overline{}$	-/
		7.65						MONTH	2. DATE OF DEATH MONTH DAY YEAR 3. TIME OF OEATH							
		Jeffrey			_							Noven	mber 15,	1994		3:40 a м
		4. SOCIAL SECURITY NUME	BER	5. SEX	6. AGE (h	In yrs. last bli		IF UNDER	1 YEAR		24 HRS.	7. DATE (OF BIRTH , Day, Year)		8. BIRTHPL Country)	LACE (State or Foreign
10		221-60-3	3757	1 ☑ M 2 ☐ F	2	29	YRS.	WOWTHS	DAYS	HOURS	MIN.		ary 5, 19	965		yland
3 should	1	9a. FACILITY NAME (If not in	stitution, give s	treet end number)				9b. CITY,	TOWN (OR LOCATION OF DEATH 9c. COUNTY OF DEATH						
8	<u>ج</u>	1528 Sharor	Dr	Ant A				C	Sali	sbur	17			Wi	comic	3.0
1, 2,	15	1528 Sharor	EDENT	11pc : 11					Jair	BDUI	<i>y</i>			11.7	COMIT	
ges	DIRECTOR	10e. STATE	10b. COUNTY	1		- 3	10c. CITY,	TOWN O	R LOCAT	TION					1	IOd. INSIDE CITY
& ~	<u>=</u>	Maryland	Wi	comico			S	alis	bur	v						LIMITS?
permit. Pages 1,	7	10e, STREET AND NUMBER						101. ZIP CODE				10g. CITIZEN OF WHAT COUNTRY?				
Sit D	FUNERAL	1528 Share	n Dr	Ant A						218	0.1		USA			
cian.	Z	11. MARITAL STATUS	DI DI.	12. WAS DECEDEN	IT EVER IN	ILIS ADME	n	12.3	MAS DEC			HC OBIGIN	? (Specify Yes			rest Differences
)20 hhysi vuria	- 11	1 🖾 Never Married 2 🗌	Merried	FORCES? 1	YES	23 NO		11	f yes, sp	ecify Cube	n, Mexica	n, Puerlo F		or No.	Black,	- American Indian, White, etc.
5-0020 nding physic is the burial	B	3 Widowed 4 Divo	rced	IF YES, GIVE V	MAR OR DA	ITES		1	YES	5X NO	Specify	y:			Specify: Whit	
215-0020 attending physician. se as the burial-tran	E	15. OEC	EDENT'S EDU	CATION		16e. DECE	DENT'S I	ISHAL OC	CUPATIO	ON.		Lieb	KIND OF BUS	INTERCUNIO		Le
2121	E		y highest grade			(Give I	kind of wo	ork done o	during mo	st of worki	ng	100.	KIND OF BOS	##E33/##D	/SIMI	
AND 21 the hospital or detached for u	7	Elementary/Secondary (0	l-12)	College (1-4 or 5	+)		esma	,					Automoi	- : ***		
ANI the hos detache	COMPL	17. FATHER'S NAME (First, M	Vedella Land			Jaie	esma	111								
YLA by the be de	- 1			Danie II									fiddle, Malden			
RYLAND ed by the hospit uld be detached ed at once.	8	George Wi.		Davis II			_						Smart			
MARYLAND 21215-0020 retained by the hospital or attending physician. 5 should be detached for use as the burial-transit notified at once.	0	190. INFORMANT'S NAME (7	ype/Print)										er, City or Town		Code)	
E, R		Nancy Ward				3	1160	War	d K	d.,	Sals	ibury	, MD	21801		
ORE 6 may t cctor, pag		20e. METHOD OF OISPOSITE		oval from State		PLACE AND			ITION (Na	ame of		DATE	20c. LOC	CATION — C	Ity or Town	n, State
MOR ge 6 maj irector, p		4 🗆 Donation 5 🗆 Other	(Specify)		Wa	ard Fan	nily	Cemet	ery			11/	18 Sa	lisb	ury,	MD
BALTIMORE, wire after death. Page 6 may be in by the funeral director, page r removal. redical examiner must be in		21. BIONATURE OF FMINERA	L SERVICE LIC	ENSUE O		100		22. 1		NO ADDRE			Uama			
AL death fune	- 1	* Lock	n 1	100/m	va	1					-		l Home	1		WD 21001
B the loval.	-	22 SARY L Enter the d	1. 1	vacco	V W	1	-									MD 21801
d in b or ren		23. APO I. Enter the di shock, or h	eert failure.	List only one cau	on ea	ine death	i. Do iic	or enter	tne mo	de or dy	ing, auc	n aa caro	tac or reapir	atory arre	at,	Approximete interval Between
filled on, o	- 1	IMMEDIATE CAUSE (Fir disease or condition				7					1					Onset and Death
with with reletely fille cremation,	- 1	resulting in death)	→	· ACGC	with	20	: 4	44	1 U	W	0	0 4	cleu	ney		
P.O. BOX 68760, h certificate be executed with cours after noding physician and completely filled in by th Hygiene prior to burial, cremation, or removant or other traumatic event, the medical				1/3):								
secuted vand composition bundle, composition bundle, composition and compositi	S	Sequentielly list conditi	lona C			our										
BOX cate be ex hysician a prior to	ERTIFICATION	If any, leading to imme	diete	DUE TO	(OR AS A	CONSEQUE	NCE OF)):								
BOX ficate be ophysician ne prior to	5	cause. Enter UNDERLY! CAUSE (Disease or Inju														
certificate nding physiene profile the the the the the the the the the th	# 1	that initiated eventa resulting in death) LAS		DUE TO	(OR AS A	CONSEQUE	NCE OF)):								
	H	resulting in duality EAS		d.												
ORDS, P that the death ted by the atter th and Mental	0	PART II. Other aignifica	nt condition	e contributing to	death h	ut not ross	ulelma la	Alba con	al a mir al ma		alore to	De de la			100000	
2 3 6 5 7	EDICAL	Trail III Other Ingrittee	THE CONTRACTOR	- contributing to	Geath Do	ut not rest	uning in	ine un	deriying	g ceuse	given in	Part I.	24a. WAS AN A PERFORI		A	VERE AUTOPSY FINOINGS WAILABLE PRIOR TO
Signed Health a	ă					_							1 - YES 2	□ NO		COMPLETION OF CAUSE OF DEATH?
144 E 07 T 2	Σ												/		1	YES 2 NO
ITAL RE V: The law requ cate has been State Dept. of P		DID TOBACC	O USE	CONTRIBUT	E TO	CAUSE	E OF	DEA	TH '	YES [] NO	ᅄ				
4 9 E	ĕ.	25. WAS CASE REFERRED TO EXAMINER?	MEOICAL							ACE OF D	EATH (Ch	eck only on	9)			
F VITAL SICIAN: The law certificate has in the State Dept 1, or item 23	Si	1 YES 2 -10		HOSPITAL:	ER/Outpa	atlent 3 🗌		OTHER 4 Nurs		e 5 🗆 Re	eldence	6 Other	(Specify)			
11 2 0 5	PHYSICIAN:	27. MANNER OF DEATH		28e. DATE OF (Month, D		2	6b. TIME		28c. INJ	URY AT		28d. DE\$	CRIBE HOW IN	JURY OCC	URED	
NG PHYS ther this cash with	8Y F		Pending Investigation	(Moran, E	very, rour,		INJU	M		PRK? YES 2] NO					
VDING F VDING F VDING F V death	0 8	2 Cidalda	Could not be	28e. PLACE C	OF INJURY	— At home,	, ferm, st	reet, facto	ory, office				ATION (Street e	nd Number o	or Runal Ros	ute Number,
ATTENDING ECTOR: After s after death	ш		determined	building,	etc. (Speci	ffy)						City o	or Town, State)			
DIVISION OR ATTENDING F DIRECTOR: After t ours after death item 28 is mar	MPLE	29s. CERTIFIER	TEVINO P	CIAN. T. C.									0	- C-1500		· · ·
E Z Z Z	€ 1	(Check only		CIAN: To the best of												Security of the second
THE WAR	\8		The state of the s			end/or Inve	estigation	i, in my o	pinion, d	eath occu	red at the	time, date	end place, end	due to the	couse(e) e	end manner ee stated.
PORTANT	BE	290 SIGNATURE AND TITLE	OF CERTIFIES							29c, LIC	ENSE NUM	ABER	T	29d. DATE	SIGNEO (A	Wonth, Day, Year)
PESS S	0 8	XVI	401	1, 40						50	56	74		> 1	1/16	SU
	F	30 HAME AND ADDRESS OF	РЕЯБОН ИН	COMPLETED CAU	SE OF OEA	ATH (ITEM 2	7) (Type, I	Print)				/	^		(10	1
7.		(ha (o	Cler	1) 115	1	00	Dy	and	2	47	, 1	all:	s Su	ny	No	\$ 2280g
		31. DATE FILED (Month, Day,		32 REGISTR	AR'S SIGNA	ATURE										- 0
2		NOV 1	7 1994	Jali de	walter	Marka	14									
				71												



. 2	8	
7		
1		5
THATAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, name 5 should be detached		MPORTAIN II item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
5		40
1		9
4		=
40	,	2
-		-
390		ă
-		15
6		2
ě		=
0		
2		훂
2		5
4	_	×
#	2	7
À	Ĕ	2
_	5	9
5	8	E
을	É,	
>	Ę.	=
le l	E	4
8	S.	9
E	-	2
0	-Se	0
3	Z	퓽
-	2	E
23	6	2
烫	E	=
F	9	
9	e	5
- jo	2	-
e e	=	9
A.	臣	>
2	8	3
D.	9	=
5	an.	2
2	£	6
- 5	e e	90
S	Ĭ	8
96	9	5
ŏ	5	63
38	9	2
63	9	E
Sal	Sta	3
THE THE	9)	-
9	\$	0
S	5	8
5	*	른
9	台	6
Aff	de	5
ò	6	=
2	aff.	8
3	82	5
뜻	8	9
7	5	Ξ
.5	K	=
10	爱	PETANT: II item 28 is marked, or item 23 sho
5	팢	ó
	P	E
Æ	8	2
1	-	蛋

		500									2 0		3116
		1 - STATE REGISTRAR	STATE OF R	MARYLAI	ND / DEPAR CERTIF					MENTAL HYGIEN			
7		1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF DEATH			TIME OF DEATH
		John Franklin D	uGuay							November	21, 19	994	м
10+1		4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In	yrs. last birthday)	IF UND	DAYS	IF UNDER :	24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		6. BIRTHPLA	CE (State or Foreign
0		204-14-4460	1 /2 /M 2 □ F	67	YRS.	MONTH.	Laris	HOURS		Jan. 4, 1	927		ylvania
s sho	æ	Se. FACILITY NAME (If not institution, give a	100					OR LOCATIO	N OF DEA				
2.	5	3103 A White Oa	K Drive		-		Abing	gdon			Har:	ford	
See	DIRECTOR	10e. STATE 10b. COUNTY			10c. CIT	Y, TOWN	OR LOCAT	TION			10d	I, INSIDE CITY	
# <u></u>			Harford		Al	oing	don				LIMITS?		
E 8	FUNERAL	100. STREET AND NUMBER					101	ZIP CODE			10g, CITIZE	EN OF WHAT	COUNTRY?
an. Tansit	N.	3103 A White Oa						210				S.A.	
hysici urfal-	교	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDEN FORCES? 1	X YES	2 NO	13	. WAS DEC	ENDENT OF ocify Cuban	NISPANI Mexican	C ORIGIN? (Specify Ye., Puerto Rican, etc.)	s or No— 1	4. RACE - A Black, Wh	American Indian, hita, etc.
and and and and and and and and and and	BY	- C	WWII, KO			n l	1 TYES	3XXNO	Specify:		7	Specify: White	
MARYLAND 21215-0020 retained by the hospital or attending physician. 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should notified at once.	G	15. DECEDENT'S EDUC (Specify only highest grade	CATION		Se. DECEDENT'S	USUAL	OCCUPATIO	ON .		166. KIND OF BU			
12 P P P		Elementary/Secondary (0-12)	College (1-4 or 5	+)	(Give kind of life. Do NOT u	se retired.	guring mo:	at or working	1				
N Nospil	COMPL	12	4		Militar	Cy_				U.S. Go		ent_	
LAN v the hore e detach		17. FATHER'S NAME (First, Middle, Last)								NE (First, Middle, Malden	Sumame)		
MARYL retained by 5 should be notified at	BE	George D. DuGua	У	-	Tank MANING	45000			Geh				
MAR retained 5 should notified	임	Mrs. Edith I. D	บGuav							Abingdon			21,000
E, be page		20a. METNOD OF DISPOSITION		20b, Pt	LACE AND DATE	OF DISPO	SITION /Na	me ol	DI • ,		CATION CI		
OR e 6 ma ector, p		15℃ Buriel 2 ☐ Cremation 3℃ Rame 4 ☐ Donation 5 ☐ Other (Specify)	oval from Stata	cemete Get	nry, crematory or on the head of the head	ther place	meter	CV		11/28 Lau			
TIN Page		21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		22	NAME AN	D AODRES		ILITY			
BALTIMORE, MARYLAND 21215-0020 after death. Page 6 may be retained by the hospital or attending physical the tuneral director, page 5 should be detached for use as the burial noval.		Dary R. A	Visti	ova	nni	T A	arrir berde	ng-Car een,	rgo Mary	Funeral H land 210	ome, I 01-339	99.A.	
urs re re b		23. PART I. Enter the diseases, or o shock, or heart failure.	omplications that List only one cau	t caused thuse on each	he deeth. Do i h line.	not enta	r the mo	de of dyln	g, auch	as cerdiac or resp	Iratory arres	nt,	Approximeta Interval Between
* E C B		IMMEDIATE CAUSE (Final disease or condition		1.	-,.1	1.						Onset and Death	
68760, vecuted within 24 and completely filler burial, cremation, ratic event, the		resulting in deeth)	DUE TO	OR AS A CO	ONSEQUENCE O	yu Di	My O	_					ZIMUNIB
D 2 2 2	_			(0.1.70 x 0.	ONSEGUENCE U	r j.						i	
	ERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO	(OR AS A CO	ONSEQUENCE O	F);							
D # >	S	Cause, Enter UNDERLYING CAUSE (Disease or Injury										ļ	
O.O. B(certificate nding physical Hyglene pri	E	that initiated events	DUE TO	(OR AS A CO	ONSEQUENCE O	F):							
	#	C.	l										
DS The d	AL.	PART II. Other algolificant condition	contributing to	death but	not resulting	In the u	nderlying	ceuse gl	ven In P				RE AUTOPSY FINDINGS
ORE that the the the the the the the and the and in any in	MEDICAL									PERFOR		COM	ILABLE PRIOR TO IPLETION OF CAUSE DEATH?
RECOI requires the een signed of Health a shows any	ME												YES 2 NO
TA The the the the the the the the the the t	당	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHE		ACE OF OE	ATH (Chec	ck only one)			
F VIT.	PHYSICIAN:	1 TES 2 NO	1 Inpatient 2			4 🗆 Nu	rsing Home		idence 6	Other (Specify)			
O 5 1 1 1 1 1		27. MANNER OF DEATH 1 Pending	28a. DATE OF (Month, De	INJURY ay, Year)	28b. TIM	E OF IURY M	28c. INJU			28d. DEŞCRIBE NOW I	NJURY OCCU	REO	
Wind Wher Man	BY	2 Accident Investigation	28e. PLACE O	F INJURY —	At home, farm,			ES 2 _		204 1 00471011 (07-14		0.10.1	
VISION ATTENDING ECTOR: After s after death		3 Suicide 6 Could not be determined	bullding,	etc. (Specify)	or mand mill,		логу, относ	,		28f, LOCATION (Street a City or Town, State)	and Number or	Hurel Route	Number,
DIVISION OR ATTENDING F DIRECTOR: After hours after death item 28 is mar	COMPLET	29a. CERTIFIER 1 CERTIFYING PHYSIC	MAN: To the heat of	ma knowled	no domb	nd m **	Man da						
THE STATE OF	MP	(Check only one) 1 CERTIFYING PHYSIC ONE) 2 MEDICAL EXAMINE											(manner as stated
Son Mark	- 1/2	29b. SIGNATURE AND TITLE OF CERTIFIER					1	29c. LICEN			_		
NRB I	8	Charles Ste	h Min	lea				D) 9	15 HUMB	4	DATE S	SIGNED (Mon	oth, Day, Year)
1 100.8	2	20 HAME AND ADDRESS OF DESCRIPTION	COMPLETED ONLY					/	//	1	/	1/	1

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

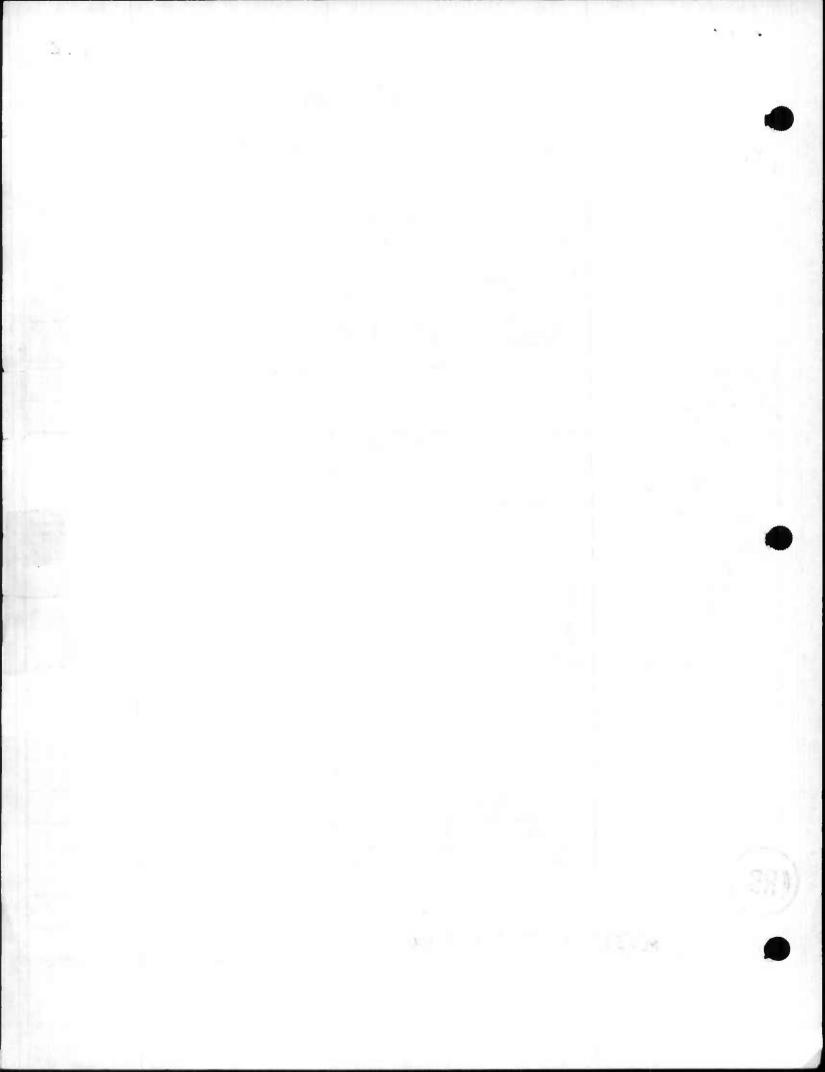
MICHARIE

31. DATE FILED (Month, Day, Year)

NOV 2 3 1994

The property of the property o

4440



020	24 hours after death. Page 6 may be retained by the hospital or attending physician.	
BALTIMORE, MARYLAND 21215-0020	attending	
Ξ	9	
ND	hospital	
P	the state	
>	3	
MAR	retained	
	2	
R	шау	
0	9	
Σ	Page	
ALT	death.	
8	after	***
	hours.	4 - 4 4 - 10
	N	į

-	4
-	3
0	1
Ф	1
~	1
	4
0	4
m	3
ш	3
-:	ă
0	1
-	
4	4
	3
S	1
	j
~	1
4	3
О.	3
Ŏ.	4
\sim	d
ш	į
OC.	1
_	3
_	-
⋖	3
_	F
_	3
>	2
	č
ш.	č
0	2
_	ĕ
VISION OF VITAL RECORDS, P.O. BOX 6876	of expendience committees that the same that
\equiv	2
U.	č
	3
U)	ř
_	b
-	
-	- 6

September 1

	YSICIAN: The law requires that the death certificate be executed within 24 Nouns after death. Page 6 may be retained by the hospital or attending physician.	is certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	h the State Dept, or Health and Mental Hygiene prior to burial, cremation, or removal,	PORTANE of tem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
	ICIAN: The law requires that the death certificate be	certificate has been signed by the attending physicial	the State Dept. of Health and Mental Hygiene prior	, or Item 23 shows any injury, or other trau	
THI	TO THE HOSPITAL OF ATTENDING PHYS	TO THE SLINERAL DIRECTOR: After this of	be filed within 72 pours after death with	IMPORTANTE If Item 28 Is marked	

1 - STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	HEGISTHAR				CERTIF	ICAL	E OF	DEA	1 17	R	EG. NO			
- 3	1. OECEDENT'S NAME (First, A Miriam SI		n Dimash	.++						2. DATE OF ONE OF COLORS	DEATH	W 10	YEAR	3. TIME OF OEATN
							_			octobe	r 24	, 19		0315 M
8	4. SOCIAL SECURITY NUMBER 219-36-7094		5. SEX 1 M 2X F	6. AGE (In yrs.	last birthday) YRS.	IF UNDE	DAYS	HOURS	24 HRS. MIN.	7. DATE OF B (Month, De January	y, Year)	1908	Country	PLACE (State or Foreign
1 1	9a. FACILITY NAME (If not insti	itution, give st	reet end number)			9b. CITY, TOWN OR LOCATION OF DEATH					NTY OF OR	4		
ᄩ	Heron Point	ı-					C	hoat.	omt or					
片	RESIDENCE OF DECE	DENT						hest	er ro	WII		<u> </u>	Kent	_
Ĭ Ĭ	10e, STATE	10c, CIT	Y, TOWN	OR LOCAT	TION						10d. INSIDE CITY			
- DIRECTOR	Maryland 100, STREET AND NUMBER		Kent					hest		wn				1 XYES 2 NO
FUNERAL	202 Philosoph	hers 1	l'errace				101	21 21 21 21 21 21 21 21 21 21 21 21 21 2	e 620		United States			
5	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ABMEO 13. WAS DECEMBENT OF HISPANIC ORIGIN? (Specify Yes or No. 14. RACE - Amer							— American Indian, , White, etc.						
ВУ Е	1 Never Merried 2 Merried FORCES? 1 YES 3 Wildowed 4 Divorced IF YES, GIVE WAR OR DATI			YES 2/	ALANO If yes, specify Cuban, Mexican, Pu			n, Puerto Rican	, etc.)		Specific White			
COMPLETED	15. DECEE (Specify only h	DENT'S EOUC		16a.	DECEOENT'S (Give kind of	work done	durina ma	ON ast of working	10	16b. KIN	D OF BUS	SINESS/IN		
9	Elementary/Secondary (0-1)	2)	College (1-4 or 5	-)	ille. Do NOT us	se retired.)								
P P	12		4		Teach	er					Educ	atio	n	
Ö	17. FATHER'S NAME (First, Midd	de, Last)			~~	72.71		18. MOTI	HER'S NAM	ME (First, Middle				
BE C	Dr. Joseph K.		ver							Skinne				
٤														
				20b. PLAC		_				DATE				
20s. METNOD OF DISPOSITION 12 Burlel 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of cametery, crematory or other piece) St. Pauls Cometery — October 26, 1994 Chestertown, Mary land									The state of the s					
ì	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Political Property Control Prop													
	413 W. High Street, Chestertown, Maryland 21620													
	23. PART I. Enter the dise	esses, or c	omplications the list only one cad	caused tha	death. Do r	ot enter	the mo	da of dyi	ng, such	ss cardisc	or respi	ratory an	rest,	Approximata
	IMMEDIATE CAUSE (Final		List only ona can	se on each	me.									Interval Between Onset and Death
	disease or condition													
H	resulting in death) a. VCI MICCOM FIRST (UM) W DUE TO (OR AS A CONSEQUENCE OF):													
_			NUT							Ver .				
CERTIFICATION	Sequentially list condition if sny, leading to immedia	ate	OUE TO	(OR AS A CONS	SEQUENCE OF	F):		(10)						
2	cause. Enter UNDERLYING CAUSE (Disease or injury		A											
E	that initiated events resulting in death) LAST		DUE TO	(OR AS A CONS	SEOUENCE O	F):								
E			l					,						
	PART II. Other significant	condition	contributing to	death but no	t resulting	in the ur	deriving	T CAUSE C	iven in f	Part I 24s	MAC AN	AUTOPSY	1 245	WERE AUTOPSY FINDINGS
EDICAL								, cause s		246	PERFOR			AVAILABLE PRIOR TO
						_				— ¹º	YES 2	□ NO		OF DEATH?
										_				1 _ YES 2 _ NO
z														
PHYSICIAN: M	25. WAS CASE REFERRED TO I	MEOICAL	HOSPITAL:					ACE OF O	EATH (Che	ck only one)				
Š	1 YES 2 NO		1 Inpatient 2	ER/Outpetient	3 🗆 DOA	OTHEI 4 Nur		e 5 □ Re	sidence (6 Other (Spe	ocify)			
ΞI	27. MANNER OF DEATH		28e. DATE OF	INJURY	28b. TIM	E OF	26c. INJ	URY AT		28d. DESCRIE		JURY OC	CURED	
	1 Natural 5 Pe	nding restigation	(Month, Di	ny, rear)	INJ	URY M		RK? (ES 2	NO					
BY	a Cartesian		26e. PLACE O	F INJURY — At	home, term, a	itreet. leci			-	261. LOCATION	V (Street o	ad Number	or Pumi D	auto Mumbar
9	_ 0 _ 00	uld not be termined	building,	etc. (Specify)						City or Tox	vn, State)	THE THEIR DE	or noter no	odie Namoei,
Ш	29a. CERTIFIER									-				
COMPLET			CIAN: To the best of R: On the bests of ex											and manner as stated.
E CC	296. SIGNATURE AND TITLE OF								NSE NUM					(Month, Day, Year)
00	DN-C-1								3820				6-21~	9,
2	30. VAME AND ADDRESS OF P	ERSON WHO	COMPLETED CALIS	E OF OEATN //	TEM 27) (Turns	Print1		1)-1	10-			10	- 4)	14
				(I	ar j (19170),									
20	11 DATE EN ED ALCON DO VI	arl .	20 0000000	nie dienie										
8	31. DATE FILED (Month, Day, Yes OCT 2	7 '94	JZ. HEGISTHA	n's signature	lson-Ra	ndelle								

Pages 1, 2, 3 should

permit.

once.

notified at

pe

must

examiner

medical

The

other traumatic event,

6 B

shows any injury. Me.

the funeral

filled in by

completely

ij

physician

attending

signed by I.

has be Dept. Item 23

State

98 b

Hath

.55

31. DATE FILED (Month, Day, Year) NOV 2 3 1994

32 REGISTRAR'S SIGNATURE lilia d'aveler Rail 1

this with

TO THE HOSPIT TO THE FUNERS De Sted within 7

Crem burfal.

drior to

STATE REGISTRAR

m	- 2
ĕ	्र
	: 16
~	1
o,	- 2
n'	
D.	- 1
	- 1
28	. 7
0	- 2
=	
Ξ.	- 8
ECORI	- 1
Υ.	w
o.	
iii.	- 4
=	- 3
Œ.	. 6
	3
F	
۹.	. 3
_	2
_	ıΈ
=	- 3
	- 7
L	-21
~	- 5
راب	ش
ď	- 14
	- 5
٧.	ú
j,	10

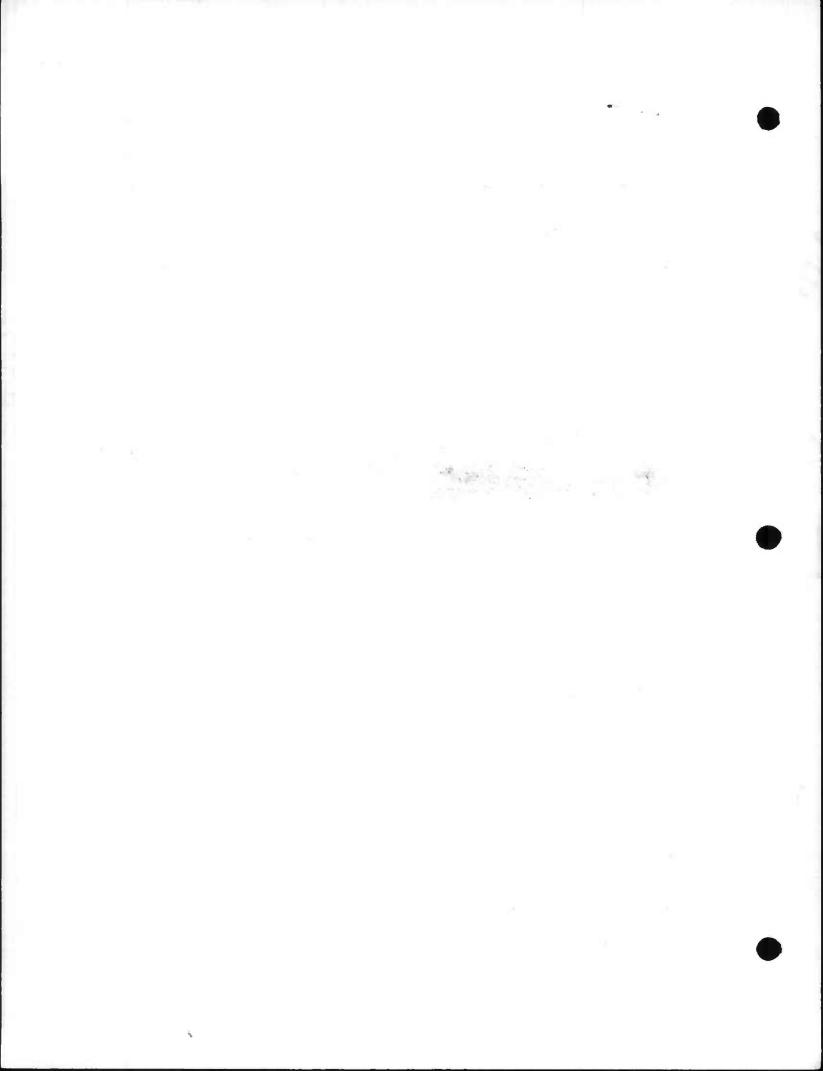
1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH NOVEMber 20 1994AR 3. TIME OF DEATH 1:15 P Lena Dyson SMITH 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 8. BIRTHPLACE (State or Foreign IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTN (Month, Day, Year) (Month, Day, Year)
SEPT. 29,1904 1 M 2 F DAYS HOURS 213-38-0875 YRS 90 DANVILLE, VA 9a. FACILITY NAME (If not institution, give street and number, 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Physicians Memorial Hospital DIRECTOR LaPlata Charles RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYT.AND CHARLES MT. VICTORIA 1 YES 2 NO 10e. STREET AND NUMBER FUNERAL 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? P.O. BOX Z 20661 UNITED STATES 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☑ NO IF YES, GIVE WAR OR DATES 11 MARITAL STATUS 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yea or No—If yea, specify Cuban, Maxican, Puario Rican, aic.)

1 YES 2 NO Specify: 14. RACE — American indian, Black, White, etc. 1 Never Married 2 Married BY 3 🔀 Widowed 4 🗌 Divorced Specify. BLACK COMPLETED 15. DECEDENT'S EDUCATION 18a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only high Elementary/Secondary (0-12) College (1-4 or 5 +) 5+ RETIRED TEACHER EDUCATION 17. FATHER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Maiden Surname) GEORGE SMITH OPHELIA SMITH B 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 JOAN JONES #1042 B VALLEY ROAD, LA PLATA, MARYLAND 20646 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State SHILOH CHURCH CEMETERY 4 Donation 5 Other (Specify) 11/26/94 NEWBURG, MARYLAND 21. SECHNORINE OF FUNERAL SERVICE LICENSEE

LYDIA C. THORNTON JOHNSON 100583 22. NAME AND ADDRESS OF FACILITY THORNTON FUNERAL HOME, P.A. INDIAN HEAD, MARYLAND 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardisc or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximata intarval Batween IMMEDIATE CAUSE (Final **Onset and Death** disease or condition_ reaulting in daeth) CERTIFICATION Sequantially list conditions, TO (OR AS A CONSEQUENCE OF) if sny, leading to immediate cause. Enter UNDERLYING a CAUSE (Disease or Injury that initiated events resulting in death) LAST PART il. Other algolificant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? MEDICAL 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 2 NO 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH PHYSICIAN: YES NO UNCERTAIN 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATN (Check only one) **EXAMINER?** HOSPITAL OTHER: 1 YES 2 NO 1 / Inpatient 2 - ER/Outpatient 3 - DOA me 5 Residence 8 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE NOW INJURY OCCURED MJUR Natural 1 YES 2 NO BY 2 Accident investigation 28a. PLACE OF INJURY — At home, ferm, street, factory, office 3 Sulcide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be COMPLETED 4 Nomicide 29a. CERTIFIER 1- CERTIFYING PNYSICIAN: To the best of my knowledge, deeth occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the axamination and/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(a) and manner as stated. 296. SIGNATURE AND TITLE OF CERTAIN 29c. LICENSE NUMBER 29d. DATE SIGNEO (Month, Day, Year) BE D-08370 no 20 2 name and address of person who completed cause aul E. Pritchett, MD. 118 LaGrange Avenue, P.O. Box 1317, LaPlata, MD. 20646

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH



1

nours after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020

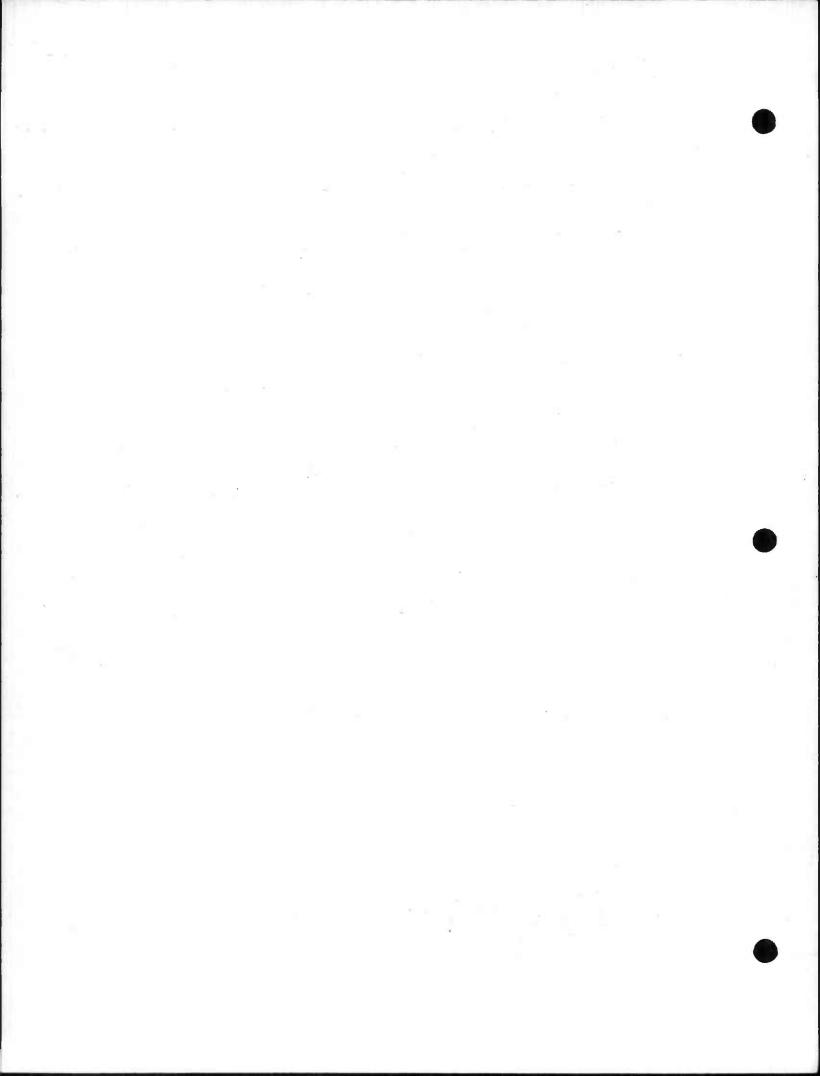
DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE CHARGE After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. HE HISPITAL OF ATTENDING PHYSICIAN: The law requires that the death certificate be executed writh

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH
REG NO.

THE GROTTING T		<u> </u>	THE	ALC OF	DLAI	11	HEG. NO.	_		
1. DECEDENT'S NAME (First, Middle, Last) THOMAS R のAのE							2. DATE OF DEATH	Y	YEAR	3. TIME OF DEATH
	£ eFV	ACE //	7-11-11-11-11-11-11-11-11-11-11-11-11-11		T		NUVEMBER	13,1	994	2:25p.m.
	2.000	110000	MON	1	HOURS	MIN.	7. DATE OF BIRTH (Month, Day, Year)	J	BIRTHPLACE (State or Foreign Country)	
		09		CITY TOWAY	DR LOCATIO					4
and the second s		TAI								
RESIDENCE OF DECEDENT	RESIDENCE OF DECEDENT				LANNAM-SEADRUUK				NCE	GEORGE'S CO.
			10c. CITY, TO	WN OR LOCA	TION					10d. INSIDE CITY
F 5700 0. P 11 11									1 X YES 2 NO	
									YHAT COUNTRY?	
11. MARITAL STATUS 1 Never Merried 2 Merried	Never Merried 2 Merried FORCES? 1 YES				3 2 NO If yes, specify Cuben, Mexican,				Black	— American Indian, c, White, atc.
3 Widowed 4 Divorced	IF YES, GIVE WAR	OR DATES				Specify		ŀ	Speci	White
15. DECEDENT'S EDU	CATION	18e. DECE	DENT'S USU	AL OCCUPATION	ON		16b. KIND OF BUS	INESS/IND	DUSTRY	
Elementery/Secondary (0-12)	College (1-4 or 5+)	life, Do	NOT use reti	юпе auring mo red.)	ost of working	g				
	5+	Prie	st	100			Clergy	man		
17. FATHER'S NAME (First, Middle, Last)								Surname)		
						_				
	r					way,				
20e. METHOD OF DISPOSITION 20b. PLACEAND DATE OF DISPOSITION (Name of Cemetery, crematory, or other piece) 20c. LOCATION — City or Town, State										wn, State
	ENSEE	Gate of	. neav					ver	Spri	ng, MD
Francis Gasch's Sons Funeral Home, P.A.										
W.D. Q.	eusa			4739	Balt	imore	Ave., Hy	atts	vill	e, MD 20781
ahock, or haart failure.	Dmplications that co List only one cause	on each iina.	h. Do not e	nter tha mo	ode of dyli	ng, auch	as cardiac or respir	atory arr	rest,	Approximata Interval Between
iMMEDIATE CAUSE (Final	M	1. 1	4/	1	1).	A.	11			Onset and Death
reaulting in death)	· / a	19 Now	10	www	Kar.	41	ryma			12 aver
	000	1010	ule	Wood	177	1	LINA			Unsett
Sequentially list conditions,	DUE TO LOS	ASIA CONSEDUR	ENCE OF:	Tya	Y	/ A	Man ch	1		/mous
cause. Enter UNDERLYING	. 7	SAKR	West.	14	100	are	SONAL KE	2		14ean
that initiated events	DUE TO (OR	AS A CONSEQUE	ENCE OF):	1	10		0			1
readiting in death) LAST	i			//			1			
PART II. Other algnificant condition	s contributing to de	ath but not rea	ulting in th	e underlyin	g cause g	iven in P	art I. 24a. WAS AN	WTOPSY	24b.	WERE AUTOPSY FINDINGS
							PERFORI	. /	1	AVAILABLE PRIOR TO COMPLETION OF CAUSE
							_ TES 2	TIMU		OF DEATH?
DID TOBACCO USE O	CONTRIBUTE 1	O CAUSE	OF D	EATH Y	ES 🗀	NO				120 2 _ 100
25. WAS CASE REFERRED TO MEDICAL				28. PI			k only one)			
1 VES 2 NO		VOutpatient 3 🗆			10 5 🗆 Res	sidence 8	Other (Specify)			
27. MANNER OF DEATH	28e. DATE OF INJ (Month, Day,		86. TIME OF		JURY AT ORK?		28d. DESCRIBE HOW IN	JURY OCC	CURED	
1 Netural 5 Pending (Month, Day, Year) INJURY WORK? M 1 YES 2 NO										
1 Netural 5 Pending 2 Accident Investigation		3 Suicide 8 Could not be 286. PLACE OF INJURY — At home, farm, street, fectory, office 28f. LOCATION (Street and Number or Rural Route Number,								
2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE OF IN	IJURY — At home (Specify)	, farm, street	, fectory, offic	•	1	28f. LOCATION (Street or City or Town, State)	nd Number	or Rural F	loute Number,
2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	building, etc.	(Specify)			<u> </u>		City or Town, State)			loute Number,
2 Accident Investigation 3 Suicide 8 Could not be determined 29e. CERTIFIER (Check only)	CIAN: To the best of my	(Specify) knowledge, death	occurred at	the time, date	end place,	end due to	City or Town, State) the cause(s) and mans	ner es stat	ed.	
2 Accident Investigation 3 Suicide 8 Could not be determined 29e. CERTIFIER (Check only)	CIAN: To the best of my	(Specify) knowledge, death	occurred at	the time, date	end place,	end due to	City or Town, State) the cause(s) and mans	ner es stat	ed.	
2 Accident Investigation 3 Suicide 8 Could not be determined 29e. CERTIFIER (Check only)	CIAN: To the best of my	(Specify) knowledge, death	occurred at	the time, date	end place,	end due to	city or Town, State) the cause(s) end mane	ner es stat	ed.) end manner es stated.
2 Accident 3 Suicide 4 Homicide 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINE AND THE OF CERTIFIER OCCURRENT 8 Could not be determined CERTIFYING PHYSI 2 MEDICAL EXAMINE	CIAN: To the best of my	(Specify) knowledge, death	o occurred at estigation, in	the time, date my opinion, d	end place,	end due to	city or Town, State) the cause(s) end mane	ner es stat	ed. e cause(s) end manner as stated.
2 Accident 3 Suicide 8 Could not be determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINE 29e. BIGNATURE AND TIPLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WH	CIAN: To the best of my	knowledge, death	estigation, in	the time, date my opinion, d	end place, leath occurs	end due to	o the cause(s) end manime, date end place, end	ner es stat	ed. e cause(s) end manner es stated.
2 Accident 3 Suicide 8 Could not be determined 290. CERTIFIER (Check only one) 2 MEDICAL EXAMINE 30. NAME AND ADDRESS OF PERSON WH Dr. Thomas Malone	CIAN: To the best of my R: On the basis of exam	knowledge, death instign end/or inv	estigation, in	the time, date my opinion, d	end place, leath occurs	end due to	city or Town, State) the cause(s) end mane	ner es stat	ed. e cause(s) end manner es stated.
2 Accident 3 Suicide 8 Could not be determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINE 29e. BIGNATURE AND TIPLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WH	CIAN: To the best of my	knowledge, death Instign end/or invo	estigation, in	the time, date my opinion, d	end place, leath occurs	end due to	o the cause(s) end manime, date end place, end	ner es stat	ed. e cause(s) end manner es stated.
	THOMAS B DADE 4. SOCIAL SECURITY NUMBER 220-44-1862 9e. FACILITY NAME (If not institution, give at DOCTORS COMMUN RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY Maryland Princ 10e. STREET AND NUMBER 5700 St. Bernard 11. MARITAL STATUS 1 Mever Merried 2 Merried 3 Widowed 4 Divorced 15. DECEDENT'S EDUC (Specify only highest grade Elementery/Secondary (0-12) 17. FATHER'S NAME (First, Middle, Last) Henry Dade 19e. INFORMANT'S NAME (Type/Print) Bernadette Fowle 20e. METHOD OF DISPOSITION 1 Merried 1 Method 1 M	THOMAS B DADE 4. SOCIAL SECURITY NUMBER 220-44-1862 9e. FACILITY NAME (If not institution, give street and number) DOCTORS COMMUNITY HOSPI RESIDENCE OF DECEDENT 10e. STATE 10e. COUNTY Maryland Prince George's 10e. STREET AND NUMBER 5700 St. Bernard's Way 11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced 15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementery/Secondary (0-12) College (1-4 or 5+) 5+ 17. FATHER'S NAME (First, Middie, Last) Henry Dade 19e. INFORMANT'S NAME (Type/Print) Bernadette Fowler 20e. METHOD OF DISPOSITION 1 N Burlel 2 Cremation 3 Removal from State 4 Doneston 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 23. PART I. Enter the diseasea, or complications that contains the complete of th	THOMAS B DADE 4. SOCIAL SECURITY NUMBER 220-44-1862 9. FACILITY NAME (If not institution, give street and number) DOCTORS COMMUNITY HOSPITAL RESIDENCE OF DECEDENT 10b. COUNTY Maryland Prince George's 10b. COUNTY Maryland Prince George's 10b. STREET AND NUMBER 5700 St. Bernard's Way 11. MARITAL STATUS 1 Never Merited 2 Merited 3 Midowed 4 Divorced 15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementery/Secondary (0-12) College (1-4 or 5 +) T7. FATHER'S NAME (First, Middle, Last) Henry Dade 19e. INFORMANT'S NAME (Type/Print) Bernadette Fowler 20e. METHOD OF DISPOSITION 1 Noneth Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 23. PART I. Enter the diseases, or complications that caused the dast shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or conditions resulting in death) DUE TO (OR AS A CONSECUL) PART II. Other significant conditions contributing to death but not real cause. Enter UNDERLYING CAUSE (Pinal disease or injury that initiated events resulting in death) LAST DID TOBACCO USE CONTRIBUTE TO CAUSE 25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPPTAL:	## SOCIAL SECURITY NUMBER 4. SOCIAL SECURITY NUMBER 220-44-1862 9. FACILITY NAME (If not institution, give street and number) 9. Residence of decedent 100. STATE 100. COUNTY Maryland Prince George's 100. STATE 10	4. SOCIAL SECURITY NUMBER 220-44-1862 9. FACILITY NAME (If not institution, give street and number) 9. FACILITY NAME (If not institution, give street and number) 9. FACILITY NAME (If not institution, give street and number) 9. CITY, TOWN OR LOAN PACILITY HOSPITAL RESIDENCE OF DECEDENT 100. STATE 100. STATE 100. STATE 100. COUNTY Maryland Prince George's 11. MARITAL STATUS 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED PROCES? 1 YES 2 LNO IF YES, QIVE WAR OR DATES 13. Widowed 1 Divorced 15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementery/Secondary (0-12) College (1-4 or 5 +) 5+ T7. FATHER'S NAME (First, Middin, Last) Henry Dade 190. METHOD OF DISPOSITION 180. WEST OF PUNERAL SERVICE LICENSEE 22. NAME A CONSEQUENCE OF PUNERAL SERVICE LICENSEE 22. NAME A CONSEQUENCE OF PUNERAL SERVICE LICENSEE 22. NAME A CONSEQUENCE OF PUNERAL SERVICE LICENSEE DUE TO ON A A CONSEQUENCE OF PLATE IN U.S. ARMED PUNE SERVICE LICENSEE 22. NAME A CONSEQUENCE OF THE CONTRIBUTE TO CAUSE OF DEATH DUE TO ON A A CONSEQUENCE OF THE RECURSION OF THE PUNE SERVICE LICENSEE DUE TO ON A A CONSEQUENCE OF THE RECURSION OF THE PUNE SERVICE LICENSEE DUE TO ON A A CONSEQUENCE OF THE PUNE SERVICE LICENSEE DUE TO ON A A CONSEQUENCE OF THE PUNE SERVICE LICENSEE DUE TO ON A A CONSEQUENCE OF THE PUNE SERVICE LICENSEE DUE TO ON A A CONSEQUENCE OF THE PUNE SERVICE LICENSEE DUE TO ON A A CONSEQUENCE OF THE PUNE SERVICE LICENSEE DUE TO ON A A CONSEQUENCE OF THE PUNE SERVICE LICENSEE DUE TO ON A A CONSEQUENCE OF THE PUNE SERVICE LICENSEE DUE TO ON A A CONSEQUENCE OF THE PUNE SERVICE LICENSEE DUE TO ON A A CONSEQUENCE OF THE PUNE SERVICE LICENSEE DUE TO ON A A CONSEQUENCE OF THE PUNE SERVICE LICENSEE DUE TO ON A A CONSEQUENCE OF THE PUNE SERVICE LICENSEE 22. NAME A CONSEQUENCE OF THE PUNE SERVICE LICENSEE PART II. Other algnificant conditions contributing to death but not resulting in the underlyin SERVICE LICENSEE DUE TO ON A CONSEQUENCE OF THE PUNE SERVICE LICENSEE 22. NAME A CONSEQUEN	4. SOCIAL SECURITY NUMBER 20-44-1862 9. FACILITY NAME (If not institution, give sized and number) 20-CTORS COMMUNITY HOSPITAL RESIDENCE OF DECEDENT 100. STATE 100.	## SUBJECT STATE S	## SOURCE NAME (First Libert) ## SOURCE NAME (First Libert)	THOMAS B DADE 4. BOOLAL SECURITY NUMBER B. S. SEX SOUTH STAND BY MANUAL STURGER 34 MIN. TO ANY SOUTH SOUTH STAND BY MANUAL STURGER 34 MIN. TOWN OR LOCATION OF DEATH MANUAL STANDARD BY THE S	THOMAS B DADE 4. BOCAL SECURITY NUMBER 2.5. SEX 2.00 4.00 (filt yrs. lest brinday)



K 68760. BALTIMORE, MARYLAND 21215-0020 executed with a first death. Page 6 may be retained by the hospital or attending physics.

DIVISION OF VITAL RECORDS, P.O. BOX 68760.

	ermit.	
e.	ansit p	
mysician	unial-tr	
10 P	he b	
endi	as	
DE AL	use	
nospital	of b	
	tache	
Line	e de	
200	d blu	
STORIE SE	Shou	
200	ge 5	
aldy	or, page	
0	recto	
Tal.	ral di	
near	fune:	
GILLE	y the	DOW
200	in	Dr rem
	fillec	00
William Hours	etely	remat
2	ошо	no li
200	DI C	hung
מ מב בשפרתופת	ап а	u to
210	TySic	ne nin
ann.	d bu	Tiene
5	lendi	H
200 0	ed by the attending	Mental
מו ווו	5	and
20	gned	Alik
nho	en si	of He
440	s be	Pul
2	ite ha	ate D
	tifica	S
2	S cer	40 40
	After this o	3 4
6.	藍	1
3		after 0

notified at

þe

must

examiner

medical

the

event,

traumatic

other 1

Injury,

any

Shows

23

Item

6

marked

*

82

NOV

8 H

ages 1, 2, 3 should

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) DATE OF DEATN 3. TIME OF DEATH Thomas Timper) Clinton 4. SOCIAL SECURITY NUMBER 6. AGE (in yrs. last birthday) 7. DATE OF BIRTH IF UNDER 1 YEAR | IF UNDER 24 HRS. RTHPLACE (State or Foreign DAYS HOURA 1 X M 2 - F YRS. 168-40-2086 January 8, 47 Pennsylvania 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Prince George General Hospital Cheverly Prince George 10b. COUNTY 10a. STATE toc. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? St. Mary's Hollywood Maryland 1 TYES 2 X NO FUNERAL 10e. STREET AND NUMBER 10f, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 140 Gallant Man Drive 20636 United States 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yes or No—
If yea, specify Cuban, Mexican, Puerio Rican, etc.) 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☑ NO IF YES, GIVE WAR OR DATES 11 MARITAL STATUS 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married t YES 2 NO BY Specify. Specify: 3 Widowed 4 Divorced White 16a. DECEDENT'S USUAL OCCUPATION COMPLETED 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INOUSTRY (Specify only highest (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5 +) 12 Teacher School System 17. FATNER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Maiden Surname) Harry James Elder Leanore M. Barr BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Lorrine C. Elder 140 Gallant Man Drive, Hollywood, Maryland 20636 20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State 1 ☑ Burial 2 ☐ Cremetion 3 ☐ 4 ☐ Donation 5 ☐ Arther (Specify) Parker Presbyterian Pennsylvania 22. NAME AND ADDRESS OF FACILITY Brinsfield Funeral Home Edward N. Brinsfield M00052 Jr. P.O. Box 279, Leonardtown, Maryland 20650 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, shock, or heart failure. List only one cause on each Interval Between IMMEDIATE CAUSE (Final Onset and Death disease Dr condition in hires with control hemorrhage 8 days resulting in death) DUE TO (OR AS A CONSEQUENCE OF) CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, laading to immediata cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY PERFORMED? PHYSICIAN: MEDICAL 1 YES 2 DINO DF DEATH? t TYES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES ☐ NO ☐ UNCERTAIN ☐ 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATN (Check only one) EXAMINERY

1 YES 2 NO HOSPITAL: OTHER: DOA ng Home 5 🗆 Rasidenca 6 Other (Soc 27, MANNER OF DEATN 28a. DATE OF INJURY 28c. INJURY AT 28d. SESCRIBE HOW INJURY OCCURED 28b. TIME OF 2007 1 Natural - FO Pending callisin 1 YES BY 2 Accident 3 Suicide street, factory, offica 26f. LOCATION (Street and COMPLETED Could not be 4 Nomicide 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the 2 MEDICAL EXAMINER: On n, in my opinion, death occured at the time, date and place, and due to the cause(a) and manner as stated, 29b. SANATURE AND TITLE OF C 29 LICENSE NUMBER 띪

OF DEATH (ITEM 27) (Type Print)

29 LICENSE NUMBER POGROTE SIGNED (Mojrth, Day, Year)
21230 MARINEN 19, 199
2016 C. Spr. Md 20748

DHMH-16 Rav 1/89

BALTIMORE, MARYLAND 21215-0020	IDING PHYSICIAN: The law requires that the death certificate be executed within cours after death. Page 6 may be retained by the hospital or attending physician.	After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-tran-	remova
	J.	h filled	ation, c
ION OF VITAL RECORDS, P.O. BOX 68760,	requires that the death certificate be executed within	been signed by the attending physician and completely	death with the State Deot. of Health and Mental Hydiene prior to burial, cremation, or removal.
ION OF VITAL	IDING PHYSICIAN: The law	After this certificate has t	death with the State Deof.

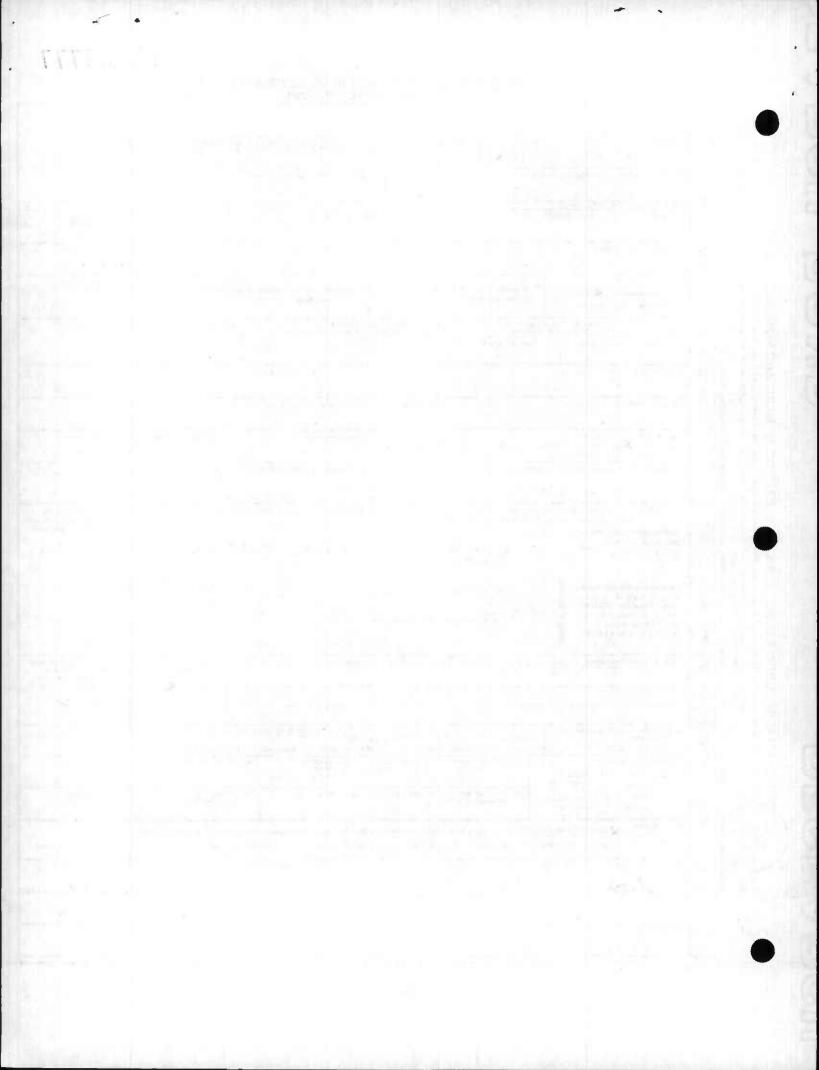
	1 - FOR STATE OF N		MENT OF HEALTH AND N CATE OF DEATH	MENTAL HYGIENE REG. NO.	94	33111					
	1. DECEDENT'S NAME (First, Middle, Last) JOANNA GARNER	EVANS		2. DATE OF OEATH MONTH NOV. 19	1992	3. TIME OF DEATH 6:35 pm M					
	4. SOCIAL SECURITY NUMBER 215-24-7677 5. SEX 1 □ M 2 🗱 F		F UNDER 1 YEAR IF UNDER 24 HRS. ONTHS DAYS HOURS MIN.	7. DATE OF BIRTH CT 18 19		BIRTHPLACE (State or Foreign Gountry) laryland					
TOR	Mallard Bay Nursing (RESIDENCE OF DECEDENT		Cambrid		Doro	of DEATH Chester					
DIRECTOR	10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Maryland Dorchester Cambridge NO YES 2 □ NO										
FUNERAL	116 Mill St.	IOI. EIF CODE									
BY		TEVER IN U.S. ARMED YES 2 X NO WAR OR DATES	13. WAS DECENOENT OF HISPAN If yes, specify Cuban, Mexican 1 YES WAND Specify.	, Puarto Rican, etc.)	RIGIN7 (Specify Yes or No— 14, RACE — Amerianto Rican, etc.) 14, RACE — Amerianto Rican, etc.) 15, RACE — Amerianto Rican, etc.) 14, RACE — Amerianto Rican, etc.) 14, RACE — Amerianto Rican, etc.) 15, RACE — Amerianto Rican, etc.) 16, RACE — Amerianto Rican, etc.) 16, RACE — Amerianto Rican, etc.) 16, RACE — Amerianto Rican, etc.) 17, RACE — Amerianto Rican, etc.) 17, RACE — Amerianto Rican, etc.) 18, RACE — Am						
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 1 1 College (1-4 or 5 + 2)	Md . Pu		Schools							
BE CON	17. FATHER'S NAME (First, Middle, Last) Hal R. Garner 18. MOTHER'S NAME (First, Middle, Melden Surmame) Geneva Smith										
TO E	Frank B. Evans		DDRESS (Street and Number or Rural R								
	20a. METHOD OF DISPOSITION 1	20b. PLACE AND DATE OF competery, cremetary or othe Salisbur	a place)	1		or Town, State					
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE **Example R. Sha	ma g.	22. NAME AND ADDRESS OF FAC	Thoma		neral Home					
	23. PART I. Enter the diseases, or complications that shock, or heart failure. List only one ceu IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO	se on each line.		aa cardiac or respin							
ERTIFICATION	Sequentially list conditions, if any, leading to immediate csuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST b. OUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):										
: MEDICAL C	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO										
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 Input Input Inc.		26. PLACE OF DEATH (Che DTHER: Mursing Home 5 Residence								
ВУ РНУ	27. MANNER OF OEATH 1 Netural 5 Pending (Month, December 1) Accident Investigation	INJURY 28b. TIME	OF 28c. INJURY AT	28d. DESCRIBE HOW IN	JURY OCCUR	ED					
	2 Accident investigation 3 Suicide 6 Could not be detarmined 28a. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 28a. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State)										
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of MEDICAL EXAMINER: On the best of an					euse(a) and menner as stated.					
8	296. SIGNATURE AND TITLE OF CERTIFIER AND MARKET M. HAVE	mn	29c. LICENSE NUM D-43	9U7	29d. DATE SI	ONED (Month, Day, Year)					
- ui		mn	29c. LICENSE NUM D-43								

408 Byrn St. Cambridge, Md. 21613

30. NAME AND ADDRESS OF PEASON WHO COMPLETED CAUSE OF GEATH (ITEM 27) (Type, Print)

M.D. 32 REGISTRAR'S SIGNATURE

Rosemary M. Harris,
31. DATE FILED (Month, Day, Year)
NOV 2 3 1994



HISPAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 4 hours after death. Page 6 may be retained by the hospital or attending physician.

THE PHYSICIAN: The law requires that the death certificate be executed within 4 hours after death. Page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be a start death with the State Dept. of Health and Mental Hygine prior to burial, cremation, or removal.

THE REPUBLIES TO BE THE PHYSICIAN THE STATE DEPT. OF HEALTH AND MENTAL HYGINE PRIOR TO STATE THE PHYSICIAN BALTIMORE, MARYLAND 21215-0020

10

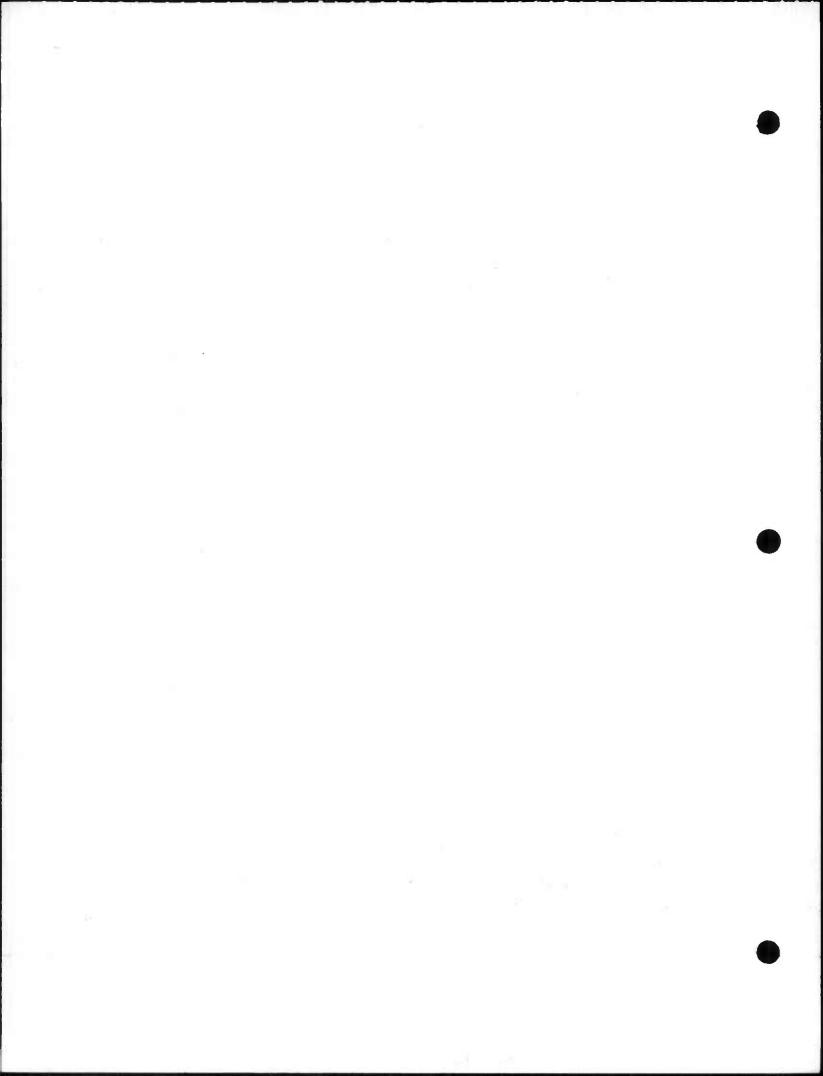
1/9

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO.

	TEGIOTIVIT			C-11/11	CAIL	OI.	PLAI			REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF MONTH	D/	NY.	YEAR	3. TIME OF DEATH
			JGENE 1	ELLIS					NOV.	10	, 1	.994	12:23 A.M.
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. le	ast birthday)	IF UNDER 1	YEAR DAYA	IF UNDER	24 HRS.	7. DATE OF (Month, D	BIRTH by. Year)		8. BIRTH Countr	PLACE (State or Foreign
	229-30-8162	1 📉 M 2 🗌 F	67	YRS.	MONTHS.	DATE	HOURS	MICPO.	March	3, 1	927		ĞINIA ,
_	9e. FACILITY NAME (If not institution, give s	,			9b. CITY,	O NWO	R LOCATIO	ON OF DE	ATH			INTY OF D	EATH
6	2504 Corning Aven	ue #2			F	t.	Wash:	ingt	on		Pri	nce	Georges
ᇤᅵ	RESIDENCE OF DECEDENT 100. STATE 10b. COUNTY	′		10c CIT	Y, TOWN OR	LOCAT	TON.						
DIRECTOR	Maryland Prince	e Georges											10d. INSIDE CITY LIMITS?
	10e. STREET AND NUMBER	e Georges		Ft.	Wash	- ×	ZIP CODE				1 YES 2 □ NO 10g. CITIZEN OF WHAT COUNTRY?		
BY FUNERAL	2504 Corning Ave	#202		2224									
Ϋ́Ι	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN II S. A	DMED	T 12 W	NO DEC			IC ORIGIN? (S				States
피	1 Never Married 2 Merried	FORCES? 1	YES 2	NO	11	yee, spe	ecify Cubai	n, Mexicar	n, Puerto Rice	n, atc.)	or No —	Black	E — Americen Indian, c, White, etc.
	3 Widowed 4 Divorced	1949 -	1952		- I ''	YES	2 X NO	Specify				Speci B1	ny: ack
	15. DECEDENT'S EDUC (Specify only highest grade		16e. D	ECEOENT'S	USUAL OCC	UPATIO	ON .		16b. KII	ID OF BUS	SINESS/IN	DUSTRY	
E	Elementary/Secondary (0-12)	College (1-4 or 5 +	100	Give kind of vie. Do NOT us	vork done du se retired.)	ring mo:	st of workin	g					
AP.	11		SPI	ECIAL	POLI	CE	OFFI	CER	SEC	URIT	Y		
ő	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 11 12 15. DECEDENT'S USUAL OCCUPATION (Gave kind of work done during most of working life. Do NOT use retired.) SPECIAL POLICE OFFICER 16. KIND OF BUSINESS/INDUSTRY SPECIAL POLICE OFFICER 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surneme)												
BE (MARSHALL ELLIS						FI	LOREN	NCE PO	INDE	XTER		
0	19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, Stelle, Zip Code)												
-	GLENDA E. OLFUS	(DAUGHTE	R) 2	923 E	Brink:	Ley	Rd #	² 2 1	Cemple	Hil:	ls, 1	Mary1	and 20748
	20a. METHOD OF DISPOSITION 1	oval from State		ANDDATE								City or To	
ļ	4 Donation 5 Other (Specify)		CULPE	PPER						+ CUI	LPEPI	PER,	IRGINIA
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE					MD FR			FIINE	DAT I	HOME	
	M859 ALEXANDER S. POPE FUNERAL HOMES 5538 Marlboro Pike, Forestville, Va 20747												
	23. PART I. Entar the diseesea, or o	omplications the	t ceused tha d	eath. Do r	Dt entar ti	he mo	da pf dyl	ng, such	as cerdiec	or reapl	ratory sr	rast.	Approximata
	snock, or neart reliure.	Liat only ona cau	se on each lin	a.				t Ashiri Li				0.700	Intervel Between
ł	IMMEDIATE CAUSE (Final disease or condition)												
ł	resulting in death)	DUE TO	(OR AS A CONSE	EOUENCE OI	- U	en	مص	7	Nor	4			FMO
_					,								
CERTIFICATION	Sequantially list conditions, if sny, leading to immediate	DUE TO	(OR AS A CONSE	OUENCE OF	7:								
S	cause. Enter UNDERLYING CAUSE (Disease or Injury												
E	that initisted evante	OUE TO	(OR AS A CONSE	OUENCE OF	7):					-			
E 1	resulting in death) LAST	d											
	PART II. Other algolificant condition.	a contributing to	death but not	resulting	n the und	arlylno	COURS	lven le l	Part I 24	. WAS AN	AUTTOREY	0.45	WERE AUTOPSY FINDINGS
EDICAL				reading .	THE ONE	arrynng	ravae g	ivan ni i	rait 1. 24	PERFOR		240.	AMILABLE PRIOR TO COMPLETION DF CAUSE
									— II	YES 2	NO		DF DEATH?
Σ	DID TODA CCO LICE CONTE	NIDLITE TO CA	UCE OF DE										1 YES 2 NO
A	DID TOBACCO USE CONTR	GIBUTE TO CA		CE OF DEAT			UNC	ERTAIN	<u> </u>				
흥	EXAMINER?	HOSPITAL:			OTHER:								
PHYSICIAN:	27. MANNER OF DEATH	1 Inpatient 2 I		28b. TIM		8c. INJ		sidence i	B Other (S		u ii imu oo	0.00	
	1 Netural 5 Pending	(Month, Di	ay, Year)		URY	WOI	RK?	1 40	28d. DEŞCRI	BE HOW II	NJURY OC	CURED	
2 Accident investigation 28s PLACE DE IN HIRTY. At home form death feature office.													
	3 Suicide 6 Could not be 4 Homicide determined	building,	etc. (Specify)	one, ratin, s	HITTON, INCION	y, office				own, State)	ina Numbe	r or Hurel h	loute Number,
<u>u</u>	29e, CERTIFIER												
P P	(Check only												
COMPLETE	2 MEDICAL EXAMINE	$\overline{}$	camination and/or	inveatigatio	n, in my opi	nion, de	eath occur	ed at the t	time, date end	pleca, and	d due to ti	he ceuse(e) end menner ee stated.
#/	29b. SGNATURE AND TITLE OF CERTIFIER	Cast	11	2	\		29c/HCE	NSE NUM	BER /		29d. OAT	E SIGNEO	(Month, Day, Year)
24	youn 2. 11	TTM	Zu	In	2		VI	15/	7		▶ /	1-1	7-74
- 1	30 NAME AND ADDRESS OF PERSON WH	COMPLETEO CAUS	ODTH (ITI	M 27 (Type,	Print)	1	1		(1	1./	1 -		2 10
	UTICOIN CO	ULMIZ	M	MO	110	4	NV	/may	27	M	10	Ci	010
	31. DATE FILED (Month, Day, Year) NOV 1 7 1994	12. BEGISTRA	S HOWATURE	2		,		1					
	THEFT I I TOUT 3	-											

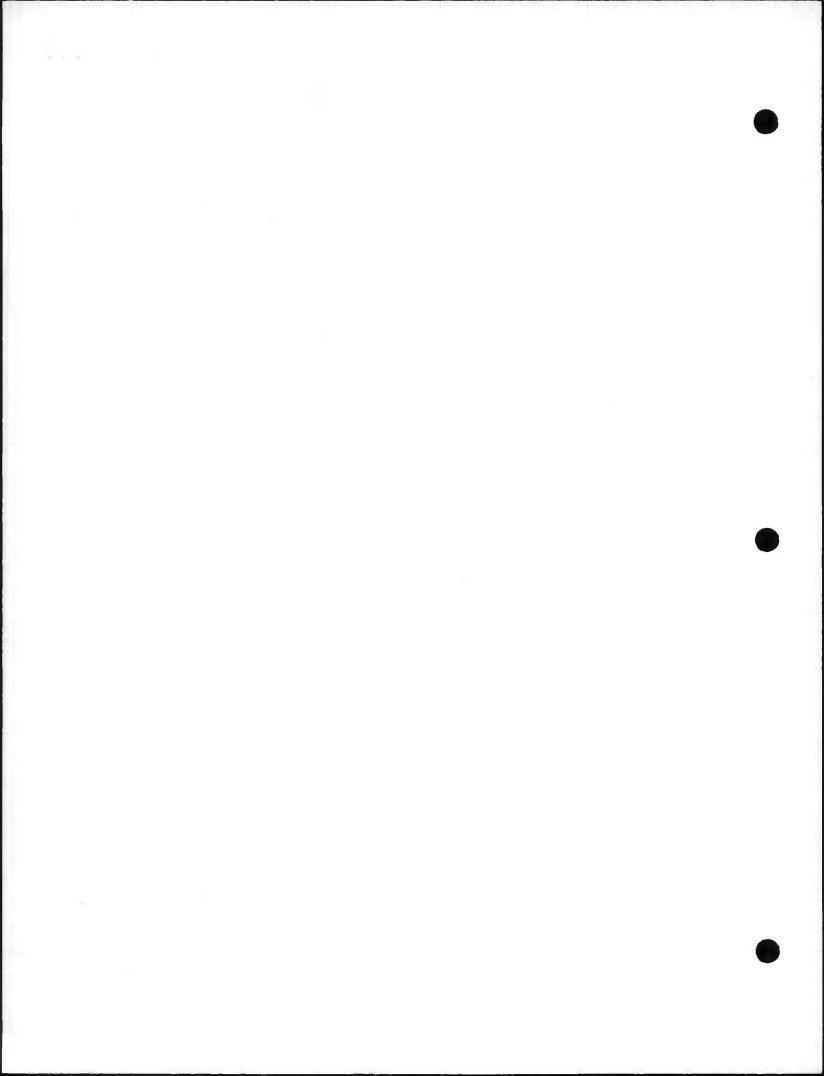


BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE CONTRACTOR ATTENDED IN INVESTIGATION TO INVESTIGATE THE Clear Control of the Control of t

-	FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH		YGIENE
. [DECEDENT'S NAME (First, Middle, Last)		A DATE OF	OCATU

	1 - STATE REGISTRAR	SIAIE UF M	IARYLAND / CE			F HEALIH			YGIEN EG. NO.	_		
	1. DECEDENT'S NAME (First, Middle, Last)	AA F					1	2. DATE OF D	EATH DA	W	YEAR :	3. TIME OF DEATH
	JOSEPH		VANS				\rightarrow	(1	15		4.	11:17A M
1	4. SOCIAL SECURITY NUMBER 242-78-9807	5. SEX	8. AGE (In yrs. lest	birthday) YRS.	MONTHS DA		24 HRS.	7. DATE OF B (Month, Day	RTH (Ybar)		8. BIRTHP Country)	LACE (State or Foreign
	9e. FACILITY NAME (If not Institution, give st		47	THS.	ab CITY TO	WN OR LOCATI	ON OF PEAT	2 2	7 4			on, N.C.
E C			CDTMAT					i H			NTY OF DE	
5	WASHINGTON ADVI		SPITAL			oma Pa	CK			PE	ince	Georges
DIRECTOR	MD. Princ				Y, TOWN OR L						1	IOd. INSIDE CITY LIMITS?
	100. STREET AND NUMBER	e Georges	S Adelphi									I YES 2 X NO
ERA	8902- Trapper	Court				207						
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT	EVER IN U.S. ARM	IED	13. WAS	DECENDENT C	F HISPANIC	ORIGIN? (Sp	ecify Yee		U.S.A	- Americen Indien, White, etc.
BY F	1 Never Married 2 X Merried 3 Widowed 4 Divorced	IF YES, GIVE W	YES 2 NO	•		, specify Cuba YES 2 X NO		Puerto Ricen	, atc.)		Black, Specify.	
	15. DECEDENT'S EDUC	ATION	Ma DEC	EDENTIO	USUAL OCCU	MTION						ack
ETE	(Specify only highest grade Elementary/Secondary (0-12)	completed) College (1-4 or 5 +	(G/w	e kind of	work done during netired.)	most of working	g	16b. KINI	OF BUS	SINESS/INC	DUSTRY	
APL	12th	College (I-4 of 5 f		Truc	k Driv	er			N/	'A		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)			37700-2			IER'S NAME	E (First, Middle	, Maiden	Surname)	-	
BE (Marcellus	Evans					aisy					
5	190. INFORMANT'S NAME (Typo/Print) Cynthia E. Evan:					eet end Number						
	20e. METHOD OF DISPOSITION	5			OF DISPOSITIO	er Cou	rt, A	DATE			O783	- 014
	XSuriel 2 Cremation 3 Remo	oval from State	cemetery, crem	atory or o	ther place)	on Cem		11/18		lelph		n, sune
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE //	/	. na	22. NAN	E AND ADDRE	SS OF FACIL	LITY				
	M elta	D. Hac	kut			ckett' 4- Ups					Inc.	
	23. PART I. Enter the diseases, or c	omplications that	ceused the dee	th. Do i	not enter the	mode of dy	ng, such	as cardiec	or respi	ratory an	rest,	Approximate
	ahock, or heart feilure. I IMMEDIATE CAUSE (Final	List only one caus		1	0			Λ		4		interval Between Onset and Death
	IMMEDIATE CAUSE (Final disease or condition resulting in deeth) Onset and Deat Onset and Deat											
	Sequentially list conditions, If any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):											
O	Sequentielly list conditions, if any, leading to immediate	DUE TO	OR AS A CONSECU	ENCE O	DI (1 3	all	Car		*		
CAT	cause. Enter UNDERLYING CAUSE (Disease or Injury	A				,						
CERTIFICATION	that initiated events	DUE TO	OR AS A CONSECU	JENCE O	F):							
E	Toolding in deathy Exist	l										-
CAL	PART II. Other algorificant conditions	contributing to	death but not re	sulting	in the under	ying ceuse (jiven in Pa	art i. 24a.	WAS AN	AUTOPSY		VERE AUTOPSY FINDINGS
EDIC								_ 1 =	YES 2			COMPLETION DF CAUSE OF DEATH?
Σ												YES 2 NO
AN	DID TOBACCO USE (25. WAS CASE REFERRED TO MEDICAL	CONTRIBUTE	TO CAUS	E OF			NO					
SICI	EXAMINER?	HOSPITAL:	Toronament 2	3 004	OTHER:	B. PLACE OF D						
PHYSICIAN:	27. MANNER OF DEATH	26e. DATE OF	INJURY	26b. TIM	E OF 280	Home 5 - Re		U Other (Spe		NJURY OC	CURED	
ВУР	1 Miliural 5 Pending 2 Accident Investigation	(Month, De	ry, rear)	IN	M 1	WORK?	NO					
	3 Suicide 8 Could not be	26e. PLACE OF building,	FINJURY — At hometc. (Specify)	e, ferm,	atreet, factory,	office	2	28f. LOCATION City or Tox		and Number	or Rural Ro	ute Number,
E.	29e. CERTIFIER											
COMPLETED	(Check only											
8	2 MEDICAL EXAMINES 29b. SIGNATURE AND TITLE OF CERTIFIER			vestigatic	я, іп ту оріпі				place, en			
8	AND THE OF CENTIFIER	SKA	980			-	369			29d. DAT		Month, Day, Year)
유	30. NAME AND ADDRESS OF PERSON WHO			27) (Туре	, Print)		1	3			1	7 [-(1
	130 PATE FILED (MODELY COX. YOUR) Such	32 REGISTRAI	R'S SIGNATURE									
\Box	700	- Individual	1- mare									



PASICIAN: The law requires that the death certificate be executed within 24 hours after death, Page 6 may be retained by the hospital or attending physician.

In certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

TO THE HOSPITE. TO THE FUNERA De filed within 72 IMPORTANT: II

JIVISION OF VITAL RECORDS, P.O. BOX 68760,

farred, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CEF	RTIFIC	ATE OF	DEATH		REG. NO.					
	1. DECEDENT'S NAME (First, Middle, Last)			-			2. DATE OF	DEATN			3. TIME OF D	EATN	
	CRAIG	ALAN		F.S	POSITO)	NOV.	റ്	199	4 YEAR	2:06	A	
	4. SOCIAL SECURITY NUMBER		AGE (In yrs. lest bi		UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF						
	218 17 3185	1			THE DAYS	HOURS MIN.	(Month, D	lay, Year)	_	Countr			
			16				Feb.	8 19			ningtor	D.C.	
~	9e. FACILITY NAME (If not institution, give str			9b.	CITY, TOWN	OR LOCATION OF D	EATH		1	NTY OF D			
Ö	PRINCE GEORGES HO	OSPITAL CE	NTER	-	CHEVE	RLY			PRI	NCE	GEORGE	S	
5	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY												
DIRECTOR				IOc. CITY, TO	WN OR LOCA	TION		10d. INSIDE CI LIMITS?			ITY		
		e George's	3	Вс	wie					XX YES 2	□ NO		
A	10e. STREET AND NUMBER				10	. ZIP CODE			10g. CIT	IZEN OF V	WHAT COUNTRY	n	
H	15010 Nighthawk					20716			Uni	ted	States		
FUNERAL	11. MARITAL STATUS	12 WAS DECEDENT ES	/ER IN U.S. ARME	D		ENDENT OF HISPA	NIC ORIGIN?	Specify Yes			- American I		
	12 Never Merried 2 Merried	FORCES? 1 []	YES 2 NO		If yee, sp	ecify Cuben, Mexic	en, Puerto Rica	in, etc.)		Black	k, White, etc.		
ВҰ	3 Widowed 4 Divorced	IF 1ES, GIVE WAR	No)	1 [] YES	2 XNO Speci		No		Speci	"y: Whit	P	
8	15. DECEDENT'S EDUC	ATION	16a, DECEI	DENT'S USU	AL OCCUPATE	ON.		ND OF BUS	INESS/INF	MICTOV	WILLE		
E	(Specify only highest grade		(Give	kind of work NOT use ret	done during mo	st of working	100. K	ND OF BUS	HINE 35/ HAE	JUSTRY			
7	Elementary/Secondary (0-12)	College (1-4 or 5+)						, ,					
COMPLET	17. FATHER'S NAME (First, Middle, Last)		Stu	dent				hoo1					
2						18. MOTNER'S NA	, ,						
BE	Gregory Allen Es	posito				Debor	ah Lee	Lars	sen				
2	19a. INFORMANT'S NAME (Type/Print)		19b. M	ALLING ACC	RESS (Street	and Number or Rural	Route Number,	City or Town	, State, Zip	Code)			
-	Gregory Esposito		15	010 N	lightha	awk Lane	Bow	ie Ma	ryla	nd	20716		
	20e. METHOD OF DISPOSITION		20b. PLACE AND	DATEOFD	SPOSITION (No	ime of	OATE	9	CATION -		wn, State		
	12 Buriel 2 ☐ Cremation 3 ☐ Remo	ival from State	St. Pa	trick	S Cer	neterv	1	Cı	ımber	land	Md.		
1	21. SIGNATURE OF FUNERAL SERVICE LICI	ENSEE	0				CILITY	1 00	imber	Tanu	I IIu.		
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Beall-Evans Funeral Home, P.A.												
	ROVEUC	· Com	2 114	222	16000	Annapo	lis Rd	. Bow	vie M	d. 2	0715		
	23. PART I. Enter the diseases, or cachock, or haert failure. L. IMMEDIATE CAUSE (Final disease or condition resulting in death)		on eech line.	IES								Between and Desth	
CERTIFICATION	Sequentially list conditions, if sny, lasding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): d.												
ا پـ	PART II. Other aignificent conditions	contributing to dec	oth but not reeu	ulting in th	e underlyin	csuse given in	Part I. 24	a, WAS AN	AUTOPSY	24b.	. WERE AUTOPS	Y FINDINGS	
DICAL		100		_	_			PERFOR	MED?		AVAILABLE PRICOMPLETION D	OR TO	
							— ½	YES 2	□ NO		DF DEATH?	- CAUSE	
ME							_				1X YES 2] NO	
ž	DID TOBACCO USE CONTR	IBUTE TO CAUS	E OF DEATH	YES		UNCERTAI	N 🗆						
3 1	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOODITAL	26. PLACE C		heck only one)								
S.	TY YES 2 NO	HOSPITAL:	/Outpatient 3 🗆		HER: Nursing Norr	e 5 🗆 Realdence	8 Other (S	pecify)					
PHYSICIAN:	27. MANNER OF DEATH	28s. DATE OF INJ	URY 2	8b. TIME OF	28c. INJ	URY AT	28d. DESCR	7.	JURY OC	CUREO			
	1 Natural 5 Pending	10/31/94		8:45P		RK? YES 2 NO	drive	r-mot	or v	ehic			
À	2 Accident Investigation 3 Suicide A Could as to	28e. PLACE OF IN					201 1 OCATI	DAL (Change of	coll	isio	n Route Number,		
	3 Suicide 8 Could not be determined	building, etc.	(Specify)	tarrir, street	, rectory, orne		City or T	bwn, Stete)					
<u></u>			roadway				4700 h	olk C	HURC	H RD	.BOWIE		
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PNYSIC EXAMINER	HAN: To the best of my) and manner a	e stated.	
BE (29b. SIGNATURE AND THE OF CENTIFIER	-111.1	/			29c. LICENSE NU	MBER		29d. DAT	E SIGNEO	(Month, Day, Ye	er)	
		1/6	4			O.C.N	/ F		MO	(7 N 2	, 1994		
임	30. NAME AND ADDRESS OF PERSON WHO	COMPLETEO CAUSE O	F DEATN (ITEM 2	7) (Type, Print	")	Valual	in line a		IAO	y a UZ	1274		
	31. DATE FILED (Month, Day, Year)	Power	111 P			Baltim	ore, Ma	aryla	nd 2	1201			
	NOV 1 5 1994 4	32. REGISTRAR'S											
- 1	MUY I D 1007 Gu	the Davidson	Mandalle										

The law requires that the death certificate be executed within a fours after death. Page 6 may be retained by the hospital or attending physician.

Cartificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should also the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

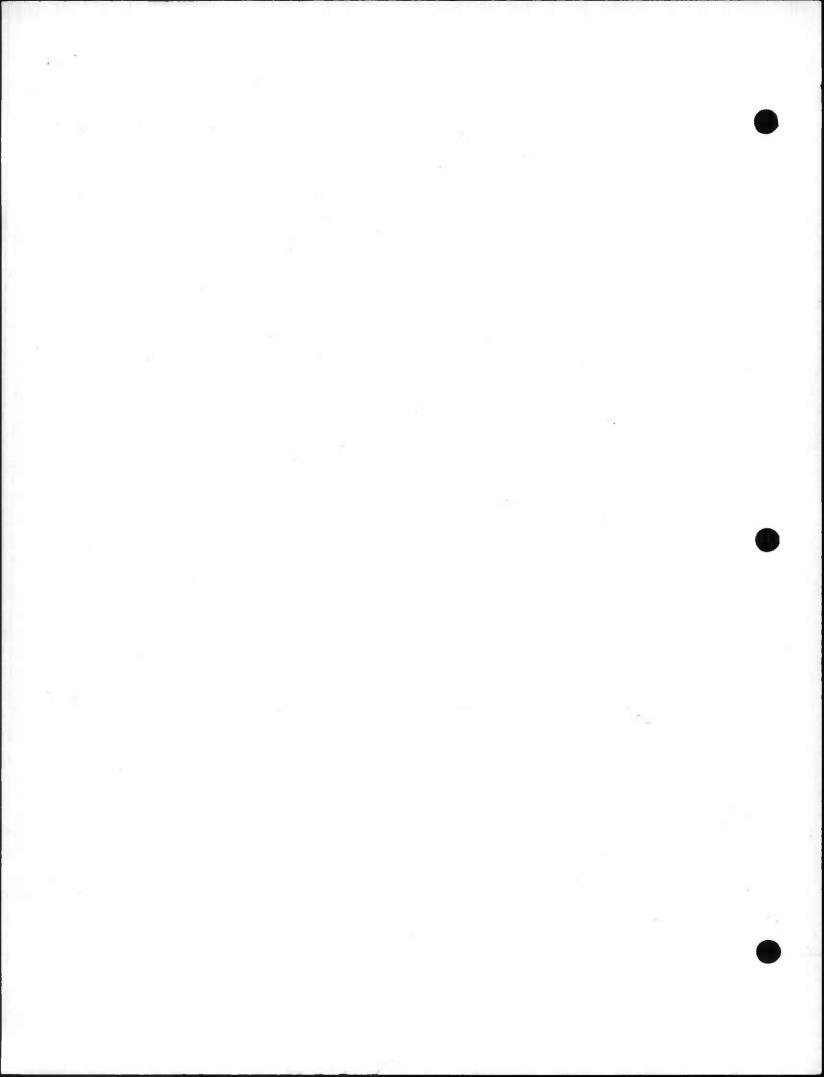
OR ATTEN

THE HUNER

FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

- 8	1. DECEDENT'S NAME (First,	Middle, Last)								2. DATE	OF DEATN			3. TIME OF DEATN	
l)	Fr	ances	Calvin E	lou						MONTH	ember	K :	1994	12:20P M	
	4. SOCIAL SECURITY NUMB		5. SEX		s. last birthday)	IF UNDE	R t YEAR	IF UNDER	1 24 HRS.	7. DATE	OF BIRTN	,		PLACE (State or Foreign	
	@216-98-9348	>	1 🔀 M 2 🗌 F	2	7 YRS.	MONTHS	DAYS	HOURS	MIN.		, Day, Year) / 12,	1067	Countr	nington,D.C.	
	Se. FACILITY NAME (If not in:		reet and number)		./	9b. CIT	Y, TOWN	OR LOCATI	ON OF DE		/ 10,	_	NTY OF D		
<u>۳</u>	Doctors Hos	nital				L .	.anha	em				Prin	ce Ge	eorges	
ا ة	RESIDENCE OF DEC	EDENT										1 211	JE 06	501 ges	
DIRECTOR	10a. STATE	10b. COUNTY			10c. CI1	Y, TOWN	OR LOCA	TION						10d. INSIDE CITY LIMITS?	
	MD	Prince	e Georges	3	La	nham							1 🗡 YES 2 🗌 NO		
M	10e. STREET AND NUMBER												VHAT COUNTRY?		
FUNERAL	3212 Reed St	treet #						207					USA		
	11. MARITAL STATUS 1 Never Married 2	Married	12. WAS DECEDEN FORCES? 1	YES 2	No	13.	If yes, a	CENDENT (pecify Cubi	OF HISPAN In, Maxica	#IC ORIGIN? (Specify Yes or No— 14, RACE — America n, Puerto Rican, stc.) 14, RACE — America Black, Whita, atc				— American Indien, c, Whita, atc.	
à l	3 Widowed 4 Divor		IF YES, GIVE W	AR OR DATES	3		1 Tes 2 NO Specify: Specify:					v: lack			
	15. DECI	EDENT'S EDUC	ATION	164	. DECEDENT'S	DECEDENT'S USUAL OCCUPATION 16b. KIND					KIND OF BUS	SINESS/INI		Lack	
E	(Specify only Elementary/Secondary (0-	highest grade	College (1-4 or 5 +	,	(Give kind of work done during most of working life. Do NOT use retired.)									1	
립	, , , , , , , , , , , , , , , , , , , ,	,	2+		lata En	try	Cler	k		Ur	niv. o	F MD			
COMPLETED	17. FATHER'S NAME (First, Mi	iddle, Last)							NER'S NA		liddle, Malden				
BEC	Melvin Eley							J	anic	e Pri	ice				
	19a. INFORMANT'S NAME (7)	/pe/Print)			191-MAILING	ADDRES	SS (Street	and Numbe	Per Bural	Bigute Numb	er, City or Town	n, State, Zi	p Code)		
임	196. INFORMANT'S NAME (Type/Print) 196. MAILING ADDRESS (Street and Number, p. Russell-Boute Number, City or Town, State, Zip Code) 32.12 Heed Street #2723 Lanham. MD. 20706														
	20s. METNOD OF DISPOSITI		well from State		20b. PLACE AND DATE OF DISPOSITION (Name of					DATE	20c, LO	CATION -	City or To	wn, Stata	
- 1	4 Donetion 5 C Other	(Specify)		Har	cametery, cremetory or other place) Harmony Memorial Park						11-15 Landover, MD.				
	21. SIGNATURE OF FUNERAL	L SERVICE LIC	ENSEE		22. NAME AND ADDRESS OF FACILITY 4217 9th Street					CILITY ME	arghal	l's F	uner	al HOme	
	1	Than	holl			W	lashi	ngto.	n. N	.C.	20011				
	23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiec or respiratory errest, Approximate													Approximate	
	snock, or neert tellure. List only one ceuse on each line.												interval Between Onset and Death		
	disease or condition	-	Resp	irator	ry Fail	סתנו								3 weeks	
	resulting in death)		NSEQUENCE O	r):								TO WEELES			
z													4 years		
CERTIFICATION	Sequentially list conditions, if any, leading to immediate b. Acquired Immune Deficiency Syndrome 4 years											. 5, 600 00			
S	CAUSE (Disease or Injur														
분	that initiated events resulting in death) LAS		DUE TO	(OR AS A CO	NSEOUENCE O	F):									
Ä	resulting in death) EAS		l												
	PART II. Other significe	nt conditions	s contributing to	deeth but r	not resulting	In the u	ınderiyir	ng ceuse	given in	Part I.	24s. WAS AN	AUTOPSY	24b.	WERE AUTOPSY FINDINGS	
2											PERFOR			AMILABLE PRIOR TO COMPLETION OF CAUSE	
MEDICAL											I U YES 2	NO NO		OF DEATH?	
2	DID TOBACCO	USE C	ONTRIBUTE	TO CA	USE OF	DEA	TH Y	ES 🖂	NO	TXI				T TES 2 NO	
A	25. WAS CASE REFERRED TO								EATH (Ch	eck only on	e)				
Sic	EXAMINER?		HOSPITAL:	ER/Outpatie	nt 3 🗆 DOA	OTHE		ne 5 🗆 R	esidence	6 🗆 Other	(Specify)				
PHYSICIAN:	27. MANNER OF DEATH		26e. DATE OF	INJURY	28b. TIN	E OF	26c. IN	JURY AT			CRIBE HOW II	NJURY OC	CURED		
BY		Pending nvestigation	(Month, D	ry, rear)	l IN	JURY		ORK? YES 2[] NO						
	2 0 2000	Could not be	28a. PLACE O	F INJURY — /	At home, farm,	street, fed	ctory, offi	ca			ATION (Street a	and Numbe	r or Rural F	loute Number,	
3 Suicide 4 Homicide 5 Could not be determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, desth oc										City o	or Town, State)				
7	29a. CERTIFIER (Check only 1 CERTIFYING PNYSICIAN: To the best of my knowledge, dasth occurred at the time, data and place, and due to the cause(s) and manner as stated.														
5	one) 2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, desth occured at the time, data and place, and dua to the cause(s) and manner as stated.														
ŏ		от сентитея							ENSE NUR					(Month, Day, Yeer)	
BE	1	20	100	1.1	\mathcal{N}				30666					er 9. 1994	
임	30. NAME AND ADDRESS OF	PERSON WHO	COMPLETED CAUS	E OF DEATH	(ITEM 27) (Type	, Print)			,0000			- 140	, veno	UL 7, 1774	
	Dr. John B		12164 Ce.	ntral.	Avenue	Su	ito	200 A	lital	108811	illo	MD	2072	1	
	31. DATE FILED (Month, Day,	100	32. REGISTRA	R'S SIGNATU	RE 50	00		/			one,	1110	2012		
	31. DATE FILED (MONTH), Day, Year) 1994 32. REGISTRAR'S SIGNATURE Julia Davidson-Randale														



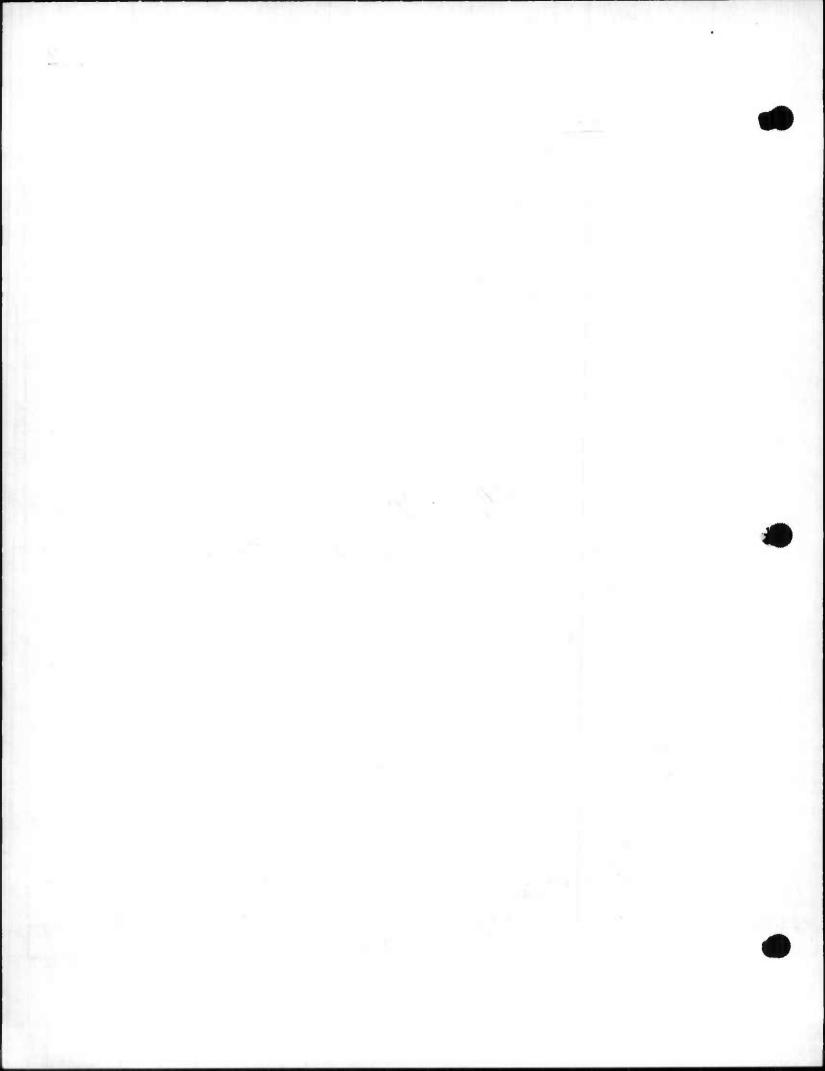
THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within A frours after death. Part 6 may be retained by the hospital or attending physician.

THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral directs, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit pages 1, 3 should be detached for use as the burial-transit permit per BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIF	ICATE (OF DEATH	REG. N	O.		
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME	OF DEATH
- 3	Margaret Helen	Evans				October 1	7 100	YEAR 4	:19 DM
- 8	4. SOCIAL SECURITY NUMBER		(In yrs. lest birthday)	IF UNDER 1 YE	AR IF UNDER 24 HRS.	7. DATE OF BIRTH		8. BIRTHPLACE (S	1
	216-46-5798	1 □ M 2∑∑F	81 YRS.	MONTHS DA		October 17	, 1913	Marylar	
œ	96. FACILITY NAME (If not institution, give s 305 River Road	· ·		111	MN OR LOCATION OF D	DEATH	100	TY OF DEATH	
6	RESIDENCE OF DECEDENT	(III HOILI)		Ones	LEI LOWII		Que	en Annes	5
Ä	10a. STATE 10b. COUNT	Υ	10c. CIT	Y, TOWN OR L	CATION			10d. INS	IDE CITY
FUNERAL DIRECTOR		Annes		Ches	tertown			1 🗆 YE	S 2 NO
RAI	305 River Road				10f. ZIP CODE 21620			EN OF WHAT COU	
ž	11. MARITAL STATUS	12. WAS DECEDENT EVER	MILLS ADMED	1 40 11110				d State	
B	1 Never Merried 2 Merried 3 Wildowed 4 Divorced	FORCES? 1 TYES	2 XNO	If yes	I, specify Cuben, Mexic YES 2X NO Speci	NIC ORIGIN? (Specify Y an, Puerto Rican, etc.) ffy:	es or No-	14. RACE — Amer Black, White, o Specify: White	icen indien, itc.
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	18s. DECEDENT'S (Give kind of	USUAL OCCUI	PATION g most of working	16b. KIND OF B	USINESS/INDU		
PLE	Elementary/Secondary (0-12)	College (1-4 or 5+)	Homemal				Domes	tic	
MO	17. FATHER'S NAME (First, Middle, Last)		Homema	CL	18 MOTHER'S N	AME (First, Middle, Maide			
BE C	Eugene Harriss					de Cashel			
	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Str	set and Number or Rural	Route Number, City or To	wn, State, Zip C	Code) 91/	620
6	Mrs Debra Pritzla	aff				Pt. Ches		210	land
1	.20s. METHOD OF DISPOSITION AX Buriel 2 Cremation 3 Am	ment from State	b. PLACE AND DATE	OF DISPOSITIO	(Name of	DATE 20c I	OCATION - C	ty or Town State	
	4 Donation 5 Other (Specify)		Id Rocky	Le Cemet	ery - Octobe	er 21, 1994	Rockvil	le, Maryl	land
	21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE /	ilal	22. NAM	E AND ADDRESS OF F	al Homes,			
	▶William L. Kir	ng Jr	11/	370	Cvoress Stre	et, Milling	r.A. ton. Mar	vland 21	1651
	23. PART I. Enter the diseases, or	complications that cause	d the seath. 16	not enter tha	mode of dying, aud	ch as cerdiac or rea	piratory arre	at, Ap	proximata
	ahock, or heart failure. IMMEDIATE CAUSE (Finel	Liet only one cause on-	ect line.	¥.				int	arval Between
	disease or condition resulting in death)	Can	010-	0	- 6	Desea	- /	ia	m. 201
į	To sutting in Locality	DUE TO (OR AS	A CONSEQUENCE O	F):			4	102	
Z	Sequentially list conditions,	b							
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS	A CONSEQUENCE O	F):					
FIG	CAUSE (Disease or Injury that initiated events	C. DUE TO (OR AS	A CONSEQUENCE O	F):					
F	resulting in death) LAST	d.							
	PART ii Other significant condition	a contribution to doubt	er de ektoekter en e						
EDICAL	PART ii. Other aignificant condition	a contributing to deeth	but not resulting	in the under	ying cause given in		N AUTOPSY PRMED?	AVAILABL	TOPSY FINDINGS E PRIOR TO
ă						1 YES	2 🕦 NO	OF DEATH	TION OF CAUSE H?
Σ	***							1 TYES	8 2 NO
Ž									
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	. PLACE OF DEATH (C	heck only one)			
Ϋ́	1 VES 2 NO	1 Inpetient 2 ER/Out		4 🗆 Nursing	Home 5 Residence				
4	1 Netural 5 Pending	28s. DATE OF INJURY (Month, Day, Year)	28b. TIM	URY	INJURY AT WORK?	28d. DESCRIBE HOW	INJURY OCCU	IRED	
BY	2 Accident Investigation 3 Suicide & Could not be	28s. PLACE OF INJUR	Y — At home, term			261. LOCATION (Stree	and Alumbar a	- Promi Posito Abrah	
COMPLETED	3 Suicide 6 Could not be determined	building, etc. (Spe	ocify)	,		City or Town, State	e)	North House North	var,
	29s. CERTIFIER 1 CERTIFYING PHYSI	CIAN: To the best of my know	viedge, death occum	ed at the time,	data and place, and due	to the cause(s) and m	nner sa statec	1	
NO		R: On the besie of sxamination							mer as stated,
BE C	300- HICHATURE AND TITLE OF CERTIFIES				29c. LICENSE NU	MBER	29d. DATE	SIGNED (Month, D	ay, Year)_
	Down of the same	en			005	754	> /	SIGNED (Month, D.	-94
2	30. NAME AND ADDRESS OF PERSON WH Ralph E. Libby,				ol Contor	Pd Craco			
,5	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN	NATURE		ar center	Nu. Glaso	11.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1	, FID 21	030
15	OCT 24 '94		avidson-Par	dago					



TO THE HOSE TO THE FLACE De filed within

94 35783

amended 11/28/94, Wash Ce, KIW

1- STATE REGISTRAR

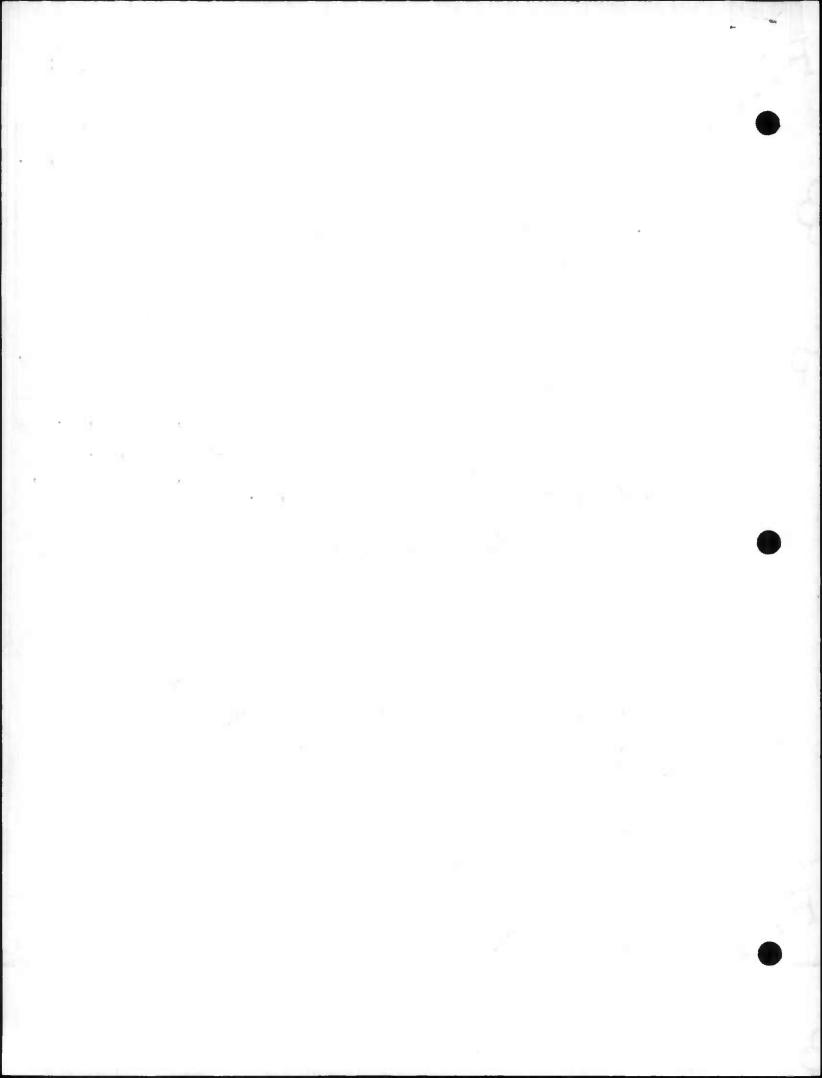
STATE OF MARYLAND / DEPARTMENT OF WARYLAND

		REGISTRAN			CERTIF	IOAIL	Or DL,	AI II	REG. NO.					
		1. DECEDENT'S NAME (First, Middle, Lest) Cornelia	Agnes	FRAZII	FD				2. DATE OF DEATH	ž s	YEAR	3. TIME OF DEATH 5:30 P M		
		4. SOCIAL SECURITY NUMBER	5. SEX		. last birthday)	IF UNDER 1 Y	EAD or inse	ER 24 HRS.	7. DATE OF BIRTH			- / -		
		225-24-2772	1 M 2XXF		81 vas.		AYS HOURS	Ми	(Month, Day, Year)	010	Countr			
	ı	9a. FACILITY NAME (If not institution, give s	(med and number)		-	01 O(T) T	WN OR LOCA		Oct. 23, 1			ginia		
α .		Washington Count		- 1					ATH		INTY OF D			
DIRECTOR	2	RESIDENCE OF DECEDENT	y nospie	a I		n.a	gerst	own		Wa	shin	gton		
1 6		10a. STATE 10b. COUNTY	1		10c. CIT	Y, TOWN OR	OCATION					10d. INSIDE CITY		
5		Maryland Was	hington		На	gerst	wn					LIMITS?		
		10e. STREET AND NUMBER					101. ZIP. CC	DE		10a, CIT	IZEN OF W	WHAT COUNTRY?		
FUNERAL		22209A Pondville	Road					21742			.S.A.			
		11, MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S.	ARMED	13. WA	DECENDENT	OF HISPAN	IC ORIGIN? (Specify Yes		14. RACE	- American Indian.		
BY B	- 11	1 Never Merried 2 Merried 3 XWidowed 4 Divorced		YES 2			YES 2 🔯 N		n, Puerto Ricen, etc.)			white, atc. white		
	- 11											wiite		
15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working) 16b. KIND OF BUSINESS/INDUSTRY											DUSTRY			
1 2	H	Elementary/Secondary (0-12)	College (1-4 or 5	+)	Iffe. Do NOT use retired.)									
ONCE.		17. FATHER'S NAME (First, Middle, Last)	U		DIOCK	ET.			Maryla		ibbor	<u> </u>		
17. FATHER'S NAME (First, Middle, Last) Cornelius V. Ward 19a. INFORMANT'S NAME (Type/Print) Mys. Cornelius 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 19c. INFORMANT'S NAME (Type/Print) Mys. Cornelia Route 1, Box 237C, Hagerstown, Md. 21740 20a. METHOD OF DISPOSITION 14 Burlel 2 Cremetton 3 Removal from State 4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of completely, cremetory or other place) 21. Hadrature of Funeral, Service Licensee 22. NAME AND ADDRESS OF FACILITY Minnich Funeral Home 415 East Wilson Blvd., Hagerstown, MD														
B B	1	19a. INFORMANT'S NAME (Type/Print)			10b MAII INC	ADDDESS (C			loute Number, City or Tow					
를 2		Mrs. Corelia Rob	s. Lo mello	2-1-					gerstown,)		
2	ł	20a. METHOD OF DISPOSITION		20h PLA	CE AND DATE			, 1147			Cify or To			
Ē		1 Buriel 2 Cremetton 3 Rem-	oval from Stata	cemetery.	crematory or o	ther place)	orial	Park	11-30-04	Unger	city or to	wn, state		
100	ı	1 Burlei 2 Cremetton 3 Removal from State 4 Donation 5 Other (Specify) 21. Bignature of Funeral Service Licensee 22. NAME AND ADDRESS OF FACILITY Minnich Funeral Home												
xam	-	415 East Wilson Blvd., Hagerstown, MD 21740												
	-	23 PART I Enter the diseases or	nmalications the		death Dea									
medical	ł	23. PART I. Enter the diseases, or complicatione that caused the deeth. Do not enter the mode of dying, such as cerdiec or respiratory errect, shock, or heart feliure. Liet only one cause on each line. IMMEDIATE CAUSE (Final Onset end Deeth												
The state of	ı	IMMEDIATE CAUSE (Final disease or condition	Anin	1- M	1/		il	1.7	tion	n ,		Onset end Deeth		
Ę.	1	resulting in death)	e. NUE TO	100 AS A COM	GEOTIENCE O			Vit.	are u.			3 -My-		
ws any injury, or other traumatic event, EDICAL CERTIFICATION		IMMEDIATE CAUSE (Final disease or condition resulting in death) Due to (OR AS A CONSEQUENCE OF): Due to (OR AS A CONSEQUENCE OF): Coronary artery disease years												
		Sequentially liet conditions, if any, leading to immediate		OR AS A CON			any	cu	no-se			geors		
Y Tag		cause. Enter UNDERLYING	HHA	end	21	11-	22					years.		
	ı	CAUSE (Disease or Injury thet initieted events	DUE TO	(OR AS A CON	ISEOUENCE O	F):				_				
ry, or other traumatic	ı	resulting in deeth) LAST	d											
<u> </u>	- 11	PART II. Other eignificent condition	e contributing to	dooth hut no	et sociales	l= 05								
EDICAL		TANT II. Other digititions condition	s continuating to	deeth but ne	or reeulting	in the unde	riying ceuse	given in F	Part I. 24a. WAS AN PERFOR		24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO		
E 0		11	- m						1 TYES 2	□ NO		OF DEATH?		
ଛ ≊		Hyperters										1 TYES 2 NO		
N N		DID TOBACCO USE CONTI	KIBUIE IO CA		LACE OF DEAT			CERTAIN						
PHYSICIAN:		EXAMINER?	HOSPITAL:	4		OTHER:								
è X		27. MANNER OF DEATH	1 Inpatient 2		28b. TIM		. INJURY AT		5 Other (Specify) 28d. DESCRIBE HOW II	HIRV OO	CUDED			
		1 Natural 5 Pending	(Month, E		INJ	URY	WORK?		200. DESCRIBE NOW II	NJUNT OC	COHED			
-	- 8	Accident Investigation 3 Suicide	28e. PLACE C	F INJURY — AI	t home, farm, s				281. LOCATION (Street a	nd Number	or Rural B	nute Number		
MPLETED	V	4 Homicide B Could not be determined	building,	atc. (Specify)					City or Town, State)					
5 4)	29a. CERTIFIER (Check only	CIAN: To the heat of	my knowledge	death secure	ed at the time	data and all				23			
	/								io the cause(s) and man lime, data and place, en-			and manner so eleted		
20		29b. SIGNATURE AND TITLE OF CERTIFIER												
D BE COM		415/1	1 m	17			190. []	CENSE NUM	A /)	29d. DAT	E SIGNED	(Month, Day, Year)		
일		30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAU	SE OF DEATH	ITEM 27) (Type	Print)	10	1/10	,	- //	- 26	/ /		
		M/ 5/42	-d	MD	25	t9 n	2,11	1	Haup.	71	3/1-	. ind.		
	-	31. DATE FILED (Month, Day, Year)	A 32. REGISTRA	R'S SIGNATUR	£ .	0		/	1770	, /	000	2.1746		
		NOV 28 1994	to sende	m-Ranka	el.							21 170		
								_						

	4	
	Pages	
	permit.	
proyectars.	for use as the burial-transit	
Build	the	
ALLES	Se as	
IN OF	for u	
the mospil	detached	
5	d be	
calling	5 should	
dy UE	page	
ane o are	director,	
מבמ(וו. ב	funeral	
2	the	Ova
onis	d C	or rem
*	filled	on.
MINIM	pletely	cremati
ב חב בשבתתובת או	000	ınal,
CAG	n and	to bu
20 20	Sicial	prior
Called	ap p	iene
200	ugue	H
200	atte	enta
110	y th	N P
P	ned b	Ith ar
	sign	Hea
inhai wai	beer	M. of
THE ION	has	state Dep
-	cate hi	State D

2, 3 should

	1 - FOR STATE REGISTRAR	STATE OF MARYLA		TMENT OF H		MENTAL HYGIENI REG. NO.						
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH DATE	5 9EAF	3. TIME OF DEATH				
		NE FARLOW -1	MORRIS yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.			11				
	12-66-1175	□ M 2 💢 F 37	YRS.	MONTHS DAYS	HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 4-29-57	Si	OTHPLACE (State or Foreign MD.				
TOR	99. FACILITY NAME (# not institution, give street 1006 EAST RO			SALIS	BURY	EATH	WICO					
DIRECTOR	10a. STATE 10b. COUNTY MD. WI	COMICO	10c. CIT	Y, TOWN OR LOCA	ISBURY		10d. INSIDE CITY LIMITS? 1 YES 2 N NO					
FUNERAL	100. STREET AND NUMBER	EAST ROAD			. ZIP CODE	801	10g. CITIZEN OI	F WHAT COUNTRY?				
BY FUN	11. MARITAL STATUS 1	P. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 V NO	If yes, sp	CENDENT OF HISPAN	HC ORIGIN? (Specify Yes n, Puerto Ricen, atc.)	Yes or No. 14. RACE — American Indian,					
COMPLETED	15. DECEDENT'S EDUCATI (Specify only highest grade con Elementary/Secondary (0-12)	ION npleted) College (1-4 or 5 +)	18e. DECEDENT'S (Give kind of ville. Do NOT us	USUAL OCCUPATION ork done during more retired.)	ON ost of working	16b. KIND OF BUS						
MP	12t.h		LAB	ORER		CAMPBEL	L SOUP	& PURITY BAC.				
COM	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Maiden S	,	NA 0 N I				
	NORMAN FAF	RLOW					AE COTT	MAN				
TO B	190. INFORMANT'S NAME (Type/Print) ELLA MAE FARLOW		19b. MAILING			NGO DRIVE,	SALISB					
	20a. METHOD OF DISPOSITION Y Buriel 2 Cremetion 3 Removal 4 Donetion 5 Other (Specify)			OF DISPOSITION (N. 1/16CD/3CG) HILL MEN	ome of ORY GARD	DATE 200. LOC EN11-16	HEBRON,	Town, State MD • 21830				
	21. SIGNATURE OF FUNERAL SERVICE LICENS	Joeley		SALIS	BURY, MD	. 21801		ERSEY ROAD,				
,	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory streat, shock, or haert failure. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): Approximate interval Between Onset and Desti Oyros. Approximate interval Between Onset and Desti Oyros. DUE TO (OR AS A CONSEQUENCE OF):											
CERTIFICATION	Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A				41						
PHYSICIAN: MEDICAL C	PART II. Other significent conditions of	ontributing to deeth bu	t not resulting	In the underlyin	g ceuse given in	Part I. 24a. WAS AN PERFOR	MED?	4b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO				
Z	DID TOBACCO USE CO	ONTRIBUTE TO	CAUSE O		YES NO							
SICI/		OSPITAL:	tlent 3 DOA	OTHER:	LACE OF DEATH (Ch	8 C Other (Specify)	<u> </u>					
Η̈́	27. MANNER OF DEATH	28a. DATE OF INJURY	28b. TIM	E OF 28c. IN.	JURY AT	28d. DESCRIBE HOW IN	JURY OCCURED					
ВУ РН	Natural 5 Pending Investigation	(Month, Day, Year) 28e. PLACE OF INJURY		M 1 🗆	YES 2 NO							
	3 Suicide 8 Could not be 4 Homicide determined	28f. LOCATION (Street e City or Town, State)	nd Number or Run	el Route Number,								
COMPLETED	29e. CERTIFIEN CERTIFYING PHYSICIAL (Check only one) 2 MEDICAL EXAMINER: (N: To the best of my knowled On the besis of examination						e(s) end menner ea stated.				
TO BE C	29b. SIGNATURE AND TURE OF CERTIFUL	ea	5 n	10	29c. LICENSE NUM	278	29d. DATE SIGN	ED (Month, Day, Year)				
F	30. NAME AND ADDRESS OF PERSON WHO C	//	145 E.	Carn/	54. 5	Salish.	MD	2180/				
	31. DATE FILED (Month, Day, Year) NOV 1 7 1994	32. REGISTRAR'S SIGNA				0'						



		CV.
BALTIMORE, MARYLAND 21215-0020	President The law requires that the death certificate be executed within yours after death, Page 6 may be retained by the hospital or attending physician.	This certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2 with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
OF VITAL RECORDS, P.O. BOX 68760,	PHYSICIAN: The law requires that the death certificate be executed within	This certilicate has been signed by the attending physician and completely filled in by the with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

the medical examiner must be notified at once. item 23 shows any injury, or other traumatic event,

FUNERAL DIRECTOR

BY

BE COMPLETED

PHYSICIAN: MEDICAL CERTIFICATION

6

28 is marked.

Affect

TO THE TO SHALL CIRECTOR: A CASE SHE OF THE COMMENT OF THE CASE SHE OF THE CAS

BY

BE-COMPLETED

0

31. DATE MUD (Month) Day (199)

HOSPITATION ATTENDING PHY

should

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH N.M.N Octaber 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday 7. DATE OF BIRTH (Mooth, Pay, Year IF UNDER 1 YEAR IF UNDER 24 HRS 60-24-3661 1 M 2 - F 930 SOUTHCAROLINA 9e. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH MEMORIAL HOSPITAL UNION CECI 0 RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY 10c. CITY, TOWN OF ENT 10d. INSIDE CITY LIMITS? INO 0 1 YES 2 NO 10e. STREET AND NUMBE 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 308 651 REE 21 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No—If yes, specify Cuben, Mexican, Puerto Rican, etc.)

1 YES 2 7 NO Specify: 12. WAS DECEDENT EVER IN U.S. ARMED 14. RACE — American Indian, Black, White, etc. IF YES, GIVE WAR OR DATES 2 1 Never Married 3 Widowed 4 Divorced 15. DECEDENT'S EDUCATION 16e. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY College (1-4 or 5+) RCH MINISTER 17. FATHER'S NAME (First, Middle, 16. MOTHER'S NAME (First, Middle OE 10R ON 19e. INFORMANT'S NAME (Ty 196. MAILING ADDRESS (Stre LOUISE SOH 4165/ 20a. METHOD OF DISPOSITION
1 DEBuriel 2 Cremetion 3 20c. LOCATION — City or To 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 4 Donation 5 Other (Specify) ENE 21. SIGNATURE OF FUNERAL SERVICE LICENSEE CALVER 20 C 21620 9 S ER 23. PART I. Enter the diseases, or complications that ceused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, Approximata shock, or haart fellure. List only one cause on each line intervel Between Onsat and Death IMMEDIATE CAUSE (Final disease or condition DUE TO (OR AS A CONSEQUENCE OF resulting in death) 1 Sequentielly list conditions. DUE TO (OR AS A CONSEQUENCE OF) If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert i. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO 1 | YES 2 | NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO P 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER 1 YES 2 NO 1 Inpatient 2 ER/Outpatient 3 DOA 4 ☐ Nursing Home 5 ☐ Raeldence 6 Other (Specify)

27. MANNER OF DEATH 26e, DATE OF INJURY 28b. TIME OF 26c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 1 YES 2 NO 2 Accident Investigation 3 Suicide 26e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be 4 Homlelde

29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the

2 MEDICAL EXAMINER 29b. SIGNATURE AND TITLE OF CERTIFIER

29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)

PLETED GAUSE OF DEATH (ITEM 27) (Type, Print

32 REGISTRAR'S SIGNATURE Fund Law doon-Randelle

4 A = ite= - X 79

Pages 1, 2, 3 should

permit.

burial-transit

35	ď		•
10	to,		
e	Je C		
30	5		
-	E G		
att	NA.		
ő	9	<u>-</u> :	
the	=	10/2	3
60	5	Tie.	9
2	=	5	1
5	9	e,	
22	y fi	tio	4
P.	ite	in a	4
₹	ğ	S	
8	100	, eg	
153	p	3	-
exe	a	0 0	1
9	명	1	
e	Sic	orio	4
cat	Ě	69	
1	6	9	9
8	Ė	목	ľ
£	Te Te	=	
dea	at	E H	i
9	幸	ž	
it ti	3	B	
=	2	4	1
S	6	aalt	
in in	S	Ĭ	
9	ee	0	4
*	S	ᅜ	ę
9	ha	ŏ	٦
E	ate	ate	
3	ific	S	-
3	F	E,	
Ø	10	#	3
£	猖	*	3
3	通	蜇	1
ã	×	e	j
Mi.	妈	į.	ī
¥.	低	Ē	ł
1	瓕	15	1
2	g.	Z,	j
d	15	Ř	3
dis	生	ş	1
우	2	륗	i
tai	44	9	3
THE HOSPITE WAS INTERCINED PROSICIAN: The law requires that the death certificate be executed within Z4 hours after death. Page 6 may	THE PUNERAL WRECOR AND THE INSTRUCTION OF STREET BY THE ATTENDING PHYSICIAN AND COMPLETED IN BY THE FUNERAL DISCUSSION OF	å	Andrews 18 18 18 18 18 18 18 18 18 18 18 18 18

2

ndré

1994

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR CERTIFICATE OF DEATH REG NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH NOVEMBER 24, LOUISE **HELEN** FOX 1994 3:52A 4 SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year IF UNDER 1 YEAR | IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 215-14-2453 HOURS 1 M 2 🔀 79 YRS Dec.20,1914 Pennsylvania 9a. FACILITY NAME (If not institution, give street and number 96. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH α THE JOHNS HOPKINS HOSPITAL BALTIMORE CITY Baltimore DIRECTO RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10a. STATE 10b COUNTY 10d. INSIDE CITY Maryland Washington Hagerstown 1 X YES 2 NO FUNERAL 10a. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? 67 Manor Drive 21740 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☑ NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. 1 Never Merried 2 X Married If yes, specify Cuban, Maxican, Puerto Ri 1 YES 2 NO Specify B 3 Widowed 4 Divorced white 16a. DECEDENT'S USUAL OCCUPATION COMPLETED 15. DECEDENT'S EDUCATION ecify only highest grade comple 16b. KIND OF BUSINESS/INDUSTRY (Spe (Give kind of work done ife. Do NOT use retired.) College (1-4 or 5+) econdary (0-12) housewife her home notified at once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Harry Hamby Susie F. Bingaman BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Niles B. Fox, Jr. 67 Manor Dr., Apt. 2, Hagerstown, Md. 21740 þe 20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State must 1 & Burial 2 Cremation 3 Removal from State Cedar Lawn Memorial Park 11-28-94 ☐ Donatton 5 ☐ Other (Specify) Hagerstown, Maryland examiner 21, SIGNATURE OF FUNERAL SERVICE LICENSEE MINNICH FUNERAL HOME SCOW 415 E. Wilson Blvd., Hagerstown, Md. 21740 medical 23. PART i. Enter the diseeses, or complications that caused the daeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, ahock, or haart failure. List only one causa on each line interval Between IMMEDIATE CAUSE (Final Onset and Death the disease or condition Multi-Organ fallure
DUE TO (OR AS A CONSEQUENCE OF): 45 mins reaulting in death) event, 4 days DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequantially list conditions, if any, leeding to immediate Chalangitis
DUE TO (OR AS A CONSEQUENCE OF): cause, Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST 6 PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PHYSICIAN: MEDICAL 24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 24a, WAS AN AUTOPSY PERFORMED? Cholelithiasis I TES 2 NO 1 - YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 23 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) HOSPITAL:
1 N Inpetient 2 - ER/Outpetient 3 - DOA OTHER: 1 YES 2 NO 4 Nursing Home 5 Residence 6 Other (Specify) 5 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28c, INJURY AT WORK? 26d, DESCRIBE HOW INJURY OCCURED t Natural 1 YES 2 NO BY Investigation 2 Accident 26a. PLACE OF INJURY — At home, term, atreet, factory, office building, atc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide Ħ COMPLETED 6 Could not be 4 Homicide 23 detarmined 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner es stated. TO THE HOSPIT TO THE FUNERA TO Bled within 72 IMPORTANT: II 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data end placa, and due to the cause(s) and menner as stated. TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE 11-24-94

HO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Deviden-Rudall

lolfest,

Baltimor

e. § ·

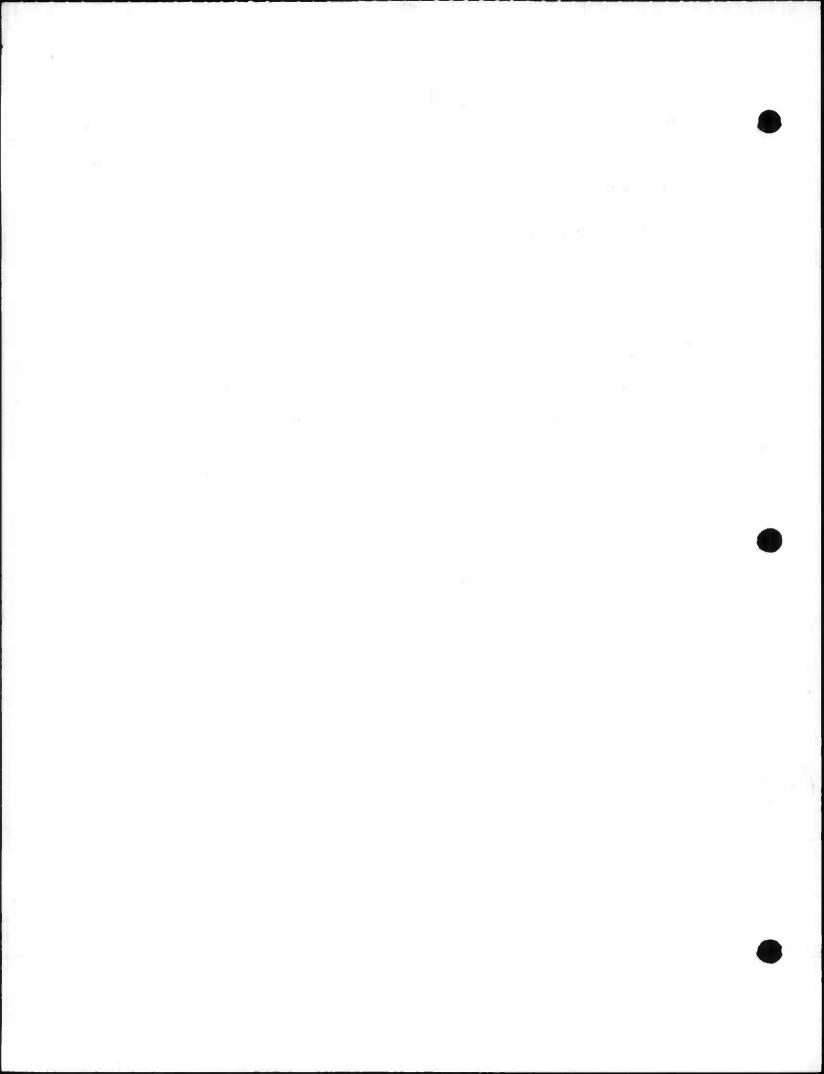
DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OF ALENDING POSICIAN: The law requires that the death certificate be executed within a new after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNETUL WHISTOR THE State Degree of the properties of the physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be fined within 72 from after the page 1, 2, 3 should be fined within 72 from a first page 1, 2, 3 should be fined within 72 from a first page 1, 2, 3 should be fined within 72 from a first page 1, 2, 3 should be fined within 72 from a first page 1, 2, 3 should be fined within 72 from a first page 1, 2, 3 should be fined within 72 from a first page 1, 2, 3 should be fined within 72 from a first page 1, 2, 3 should be fined within 72 from a first page 1, 2, 3 should be fined within 72 from a first page 1, 2, 3 should be fined within 72 from a first page 1, 2, 3 should be fined within 72 from a first page 1, 2, 3 should be first page 1, 3, 3 should be first page 1, 3, 3 should be first page 1, 3, 3 should be first page 1, 3, 3 should be first page 1, 3, 3 should be first page 1, 3, 3 should be first page 1, 3, 3 sho

1 - STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAN				CERTIF	ICALE	UF	DEALH		REG. NO			
	Mae Biggs F	OUKE							1	NOV. 2	ñ, 19	794 194	3. TIME OF OEATH 1155A M
	4. SOCIAL SECURITY NUMBE 220-44-8997	R	5. SEX	6. AGE (In yrs. 92	. last birthday) YRS.	IF UNDER	_	IF UNDER 24 H	N.	June 5, 1	002	Count	
	9a. FACILITY NAME (If not inst	titution, give s	reet and number			9h CITY	TOWN OF	LOCATION C	_			INTY OF D	ryland
DIRECTOR	Washington (Hospita	1				stown	/ UEAI				ngton
l Si		10b. COUNTY	,		10c, CIT	Y, TOWN O	R LOCATIO	ON					10d. INSIDE CITY
	Maryland 100. STREET AND NUMBER	Washi	ington			agers	town						LIMITS? 1 YES 2 NO
FUNERAL	215 N. Canno	on Ave					101.	21740	0		10g. CITIZEN OF WHAT COUNTRY? USA		
BY FUR	11. MARITAL STATUS 1 Never Married 2 N 3 Widowed 4 Divorce		12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES 2	ARMED NO	11	yes, spec		exicen, i	ORIGIN? (Specify Yes Puerto Rican, etc.)	or No-	Spec	
	15. DECE	DENT'S EDUC	CATION	160	DECEDENTS	LIGHAL OC	CUDATION			Tan was as as		whi	te
	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementery/Secondary (0-12) College (1-4 or 5 +) College (1-4 or 5 +)												
MPL	5 0 housewife her own home												
BE CO	17. FATHER'S NAME (First, Mick unknown	die, Last)		Creage	r					(First, Middle, Maiden Lice Mill	,		
TO B	190. INFORMANT'S NAME (Typ Mary Virgini		man							te Number, City or Tow			217/0
	20a. METNOD OF DISPOSITIO	N .		20b. PLA	CE AND DATE	OF DISPOSI	TION /Nem	e of	,,,,		CATION -		
	4 Donation 5 Other (S	Specify)		Res	t Have	en Ce	mete	ry 1	11-2	23-94 Ha	gerst	town,	Maryland
	Rest Haven Cemetery 11-23-94 Hagerstown, Maryland H. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY MINNICH FUNERAL HOME												
	1000	WI	1/10	enn	uh								Md. 21740
	23. PART I. Enter the dis- ahock, or has iMMEDIATE CAUSE (Fins disease or condition	irt Isliure. I	omplicetions that List only one ceu	t caused the se on each I	deeth. Do r						ratory ar	rest,	Approximata interval Batween Onset and Death
	resulting in death)		DUE TO	(OR AS A CON	SEQUENCE O	UEN.	euls	en oc	w	Sent			0
NOI	Sequentially list condition if any, leading to immediate	ne,	Due TO	OR AS A CON	SEQUENCE OF	I.							
CERTIFICATION	cause. Enter UNDERLYIN CAUSE (Disease or injury that initieted events	G	DUE TO	(OR AS A CON	SEQUENCE OF	F):							
EHT	resulting in death) LAST	L.											
	PART II, Other eignificant	condition	contributing to	death but no	ot reculting	In the und	derlying	ceuse giver	ı In Pe	ort i. 24a. WAS AN	AUTOPSY	24b.	. WERE AUTOPSY FINDINGS
EDICAL	A A	Nier								PERFOR			AMAILABLE PRIOR TO COMPLETION OF CAUSE
	The state of the s									_ 1 - YES 2	NO		OF DEATH? 1 YES 2 NO
M	DID TOBACCO US	E CONTR	IBUTE TO CA	USE OF DI	EATH YE	S 🗆 N	10.0	UNCERT	AIN				TO TES 2 NO
ΙŘ	25. WAS CASE REFERRED TO EXAMINER?				LACE OF DEAT							_	
SIC	1 TYES 2 NO		HOSPITAL:	ER/Outpatient	3 DOA	OTHER 4 Nursi		5 Realder	nce 8 [Other (Specify)			
Y PHYSICIAN:	27. MANNER OF DEATN 1 Netural 5 Pe	anding vestigation	28a. DATE OF (Month, Da	INJURY sy, Year)	28b. TIM INJ		28c. INJUR	RY AT	21	8d. DESCRIBE HOW I	NJURY OC	CURED	
ED BY	3 Suicide 6 Co	ould not be	28a. PLACE Obuilding,	F INJURY At etc. (Specify)	homa, farm,	streat, facto			-	B1. LOCATION (Street a City or Town, State)	and Number	r or Rural F	loute Number,
	44 4557-055					Ames a							
COMPLET										the cause(a) and mar ne, date end place, en) end manner as stated.
BE	29b. SIGNATURE AND TITLE O	F CERTIFIER	1				1	9c. LICENSE		iR	29d. DAT	E SIGNED	(Month, Dey, Year)
유	30. NAME AND ADDRESS OF P	ERSON WNO	COMPLETED CAUS	E OF DEATH (I	TEM 27) //ype,	Print)	/ .	1150	25 /	1/ 1	.//	1/3	11
	31. DATE FILED (Month, Day, Ye.	er)	32. REGISTRA	R'S SIGNATURI	et.	ng	La.	ne		seedy 5.	r. 11	e,	Md
	NOV 2319	994	Julio Dan	ison-Ran	dul.		_			/			



BALTIMORE, MARYLAND 21215-0020

Pages 1, 2, 3 should

permit.

PIVISION OF VITAL RECORDS, P.O. BOX 68760

DR ATTENDING MYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	AECTOR AIR THIS certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-trans	A mount after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	E ill teem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
M. D	Ş	200	20.00
5	CC.	A	2.5

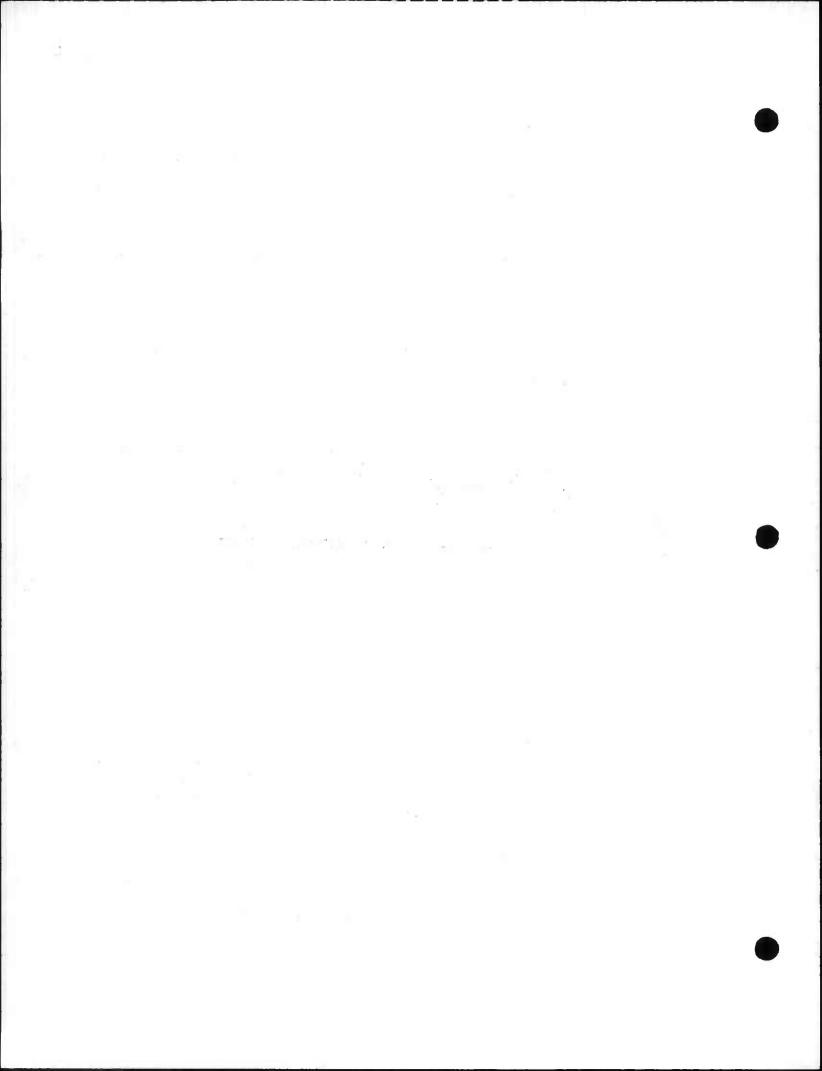
NOV 1 7 1994

wha Davidson-Randell

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 -CERTIFICATE OF DEATH REG NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH DAY NOVEMBER 7, DUWAYNE ANDRE 1994 7:33 FORD P 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH (Month, Day, Year, IF UNDER 24 HRS. 8. BIRT HPLACE (State or Foreign 1 🔀 M 2 🗆 F 22 578-11-8211 05 - 21 - 72D.C. Wash. 9a. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH PRINCE GEORGES GENERAL HOSPITAL DIRECTOR PRINCE GEORGES CHEVERLY 10e. STATE 10b. COUNTY 10c. CITY TOWN OR LOCATION 10d. INSIDE CITY of Columbia District Washington 1X YES 2 NO 10e. STREET AND NUMBER FUNERAL 10g. CITIZEN OF WHAT COUNTRY? 10f. ZIP CODE 1910 T Street S.E. 20020-4637 United States 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☒ NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Married If yes, specify Cuban, Maxican, Puarto Rican, etc.)

1 YES 2 Y NO Specify: Specify ВУ 3 Widowed 4 Divorced Black COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5 +) Office Manager Private 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Dorothy Davis Tyrone T. Ford BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Dorothy D. Ford 1910 T Street S.E., Wash. D.C. 20020 20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE Cremation 3 [Burial & Nat Place) Ceme. 11/12/94 Suitland, Md. 4 Donation 5 Other (Specify) 21. S'GNATURE OF FUNERAL SERVICE LICE *22. NAME AND ADDRESS OF FACILITY
STEWART FUNERAL HOME 4001 Benning Rd. N.E., Wash. D.C. 23. PARO 1. Enter the diseases, or complications that caused the de ahock, or heart fellura. List only one cause on each lina complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, Approximate Interval Between MEDIATE CAUSE (Finei Onset and Death disease or condition .GUNSHOT WOUNDS WITH COMPLICATIONS uiting in death) DUE TO (OR AS A CONSEQUENCE OF) CERTIFICATION Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease Dr injury DUE TO (OR AS A CONSEQUENCE OF): that initiated evente resulting in deeth) LAST PART ii. Other eignificant conditions contributing to deeth but not resulting in the underlying ceuse given in Pert i. 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY PERFORMED? MEDICAL XXYES 2 NO DF DEATH? 17 YES 2 - NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES IN NO UNCERTAIN I PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE DF DEATH (Check only one) HOSPITAL OTHER: 1 TYES 2 NO Inpatient 2 - ER/Outpatient 3 - DOA 4 Nursing Home 5 Residence 6 Other (Specify) 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 26b. TIME OF 28c. INJURY AT 26d, DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending Investigation 1 TYES 1:00AM 2 NO BY 10/15/1994 SUBJECT SHOT 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, 19 Th Gr Town, Plate) STREET BE COMPLETED 6 Could not be 4XXHomicide RESIDENCE ALCHINCTON. 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the beats of as filon and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) NOVEMBER 14, 1994 C.M.E 0 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) DAVID R. FOWLER Penn Street, Baltimore, Maryland 21201 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE

DHMH-16 Rev 1/89



FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYCIENE

	1 - STATE REGISTRAR C	ERTIFI	CATE O	F DEATH	REG. NO	ī		
0	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH		3. TIME OF DEATH	
29	MARquente B. Foley				MONTH D	9 YEAR	1:478M M	
	4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. Ia	ast birthday)	IF UNDER t YEA	R IF UNDER 24 HRS.	7. DATE OF BIRTH		THPLACE (State or Foreign	
	122-10-2421 1□M2×F 77	YRS.	MONTHS DAY	B HOURS MIN.	(Month, Day, Yeer)		untry)	
	9e. FACILITY NAME (If not institution, give street and number)		9b. CITY TOW	N OR LOCATION OF D		9c. COUNTY OF	uffalo, NY	
DIRECTOR	Holy Cross Hospital			Silver Sp			gomery	
EC	10a. STATE 10b. COUNTY	10c. CITY,	TOWN OR LO	CATION			10d. INSIDE CITY	
H	Maryland Montgomery			Silver Sp	ring		1 X YES 2 NO	
	10e. STREET AND NUMBER			101. ZIP CODE	LING	10g. CITIZEN O	F WHAT COUNTRY?	
FUNERAL	10808 Tenbrook Drive			2090		Uni	ited States	
B	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. A FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES		It yes,	DECENDENT OF HISPAI specify Cuben, Mexico (ES 2 X NO Specif		Bi	ACE — American Indian, lack, White, etc. lectly: Black	
COMPLETED	15. DECEDENT'S EDUCATION 18e. D	ECEDENT'S U	JSUAL OCCUP	ATION	16b. KIND OF BUS	SINESS/INDUSTRY		
	(Specify only highest grade completed) ((Elementary/Secondary (0-12) College (1-4 or 5 +)	Give kind of wo le. Do NOT use	ork done during retired.)	most of working				
립	3		Superv	isor		GOVET	nment	
S S	17. FATHER'S NAME (First, Middle, Last)		baperv	1	ME (First, Middle, Maiden		, imicire	
	Thomas Brown				Sarah T			
BE		9b. MAILING	ADDRESS (Stre	et and Number or Bural	Route Number, City or Tow	-		
2	Harryette Foley Phillips						g, MD 20901	
i			F DISPOSITION			CATION — City or	9,	
		remetory or oth	coln Cen	atam 1		•		
	AL SIGNATURE OF FUNERAL SERVICE LICENSEE	CL. LLIK		AND ADDRESS OF FA	1/19/94	Brentwo		
	John T. Stewart, TI				Stewa		ral Home D.C. 20019	
	23. PART I. Enter the diseases, or complications that caused the d	leath. Do no		_			Approximata	
	Trock, or heart failure. List only one cause on each lin	la.			as sarates or tour	ratory arrost,	Interval Between Onset and Death ### Howrs	
z	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury CARdio Pulmon any Annest Due to (or as a consequence of): Sequentially list conditions, Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Cause (Disease or injury)							
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	eduence of	: tees				2048	
Ē	that initiated events	EQUENCE OF));					
E	resulting in death) LAST							
	DADT II Other denditions contribution to death but and							
DICAL	PART II. Other significant conditions contributing to death but not Cerehiel Stroke	resulting in	tha underly	/ing cause given in	Part i. 24a. WAS AN PERFOR	RMED?	AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
ME							1 YES 2 NO	
÷ l								
¥	25. WAS CASE REFERRED TO MEDICAL		26	PLACE OF DEATH (Ch	eck only one)			
Sic	EXAMINER? 1 YES 2 NO HOSPITAL: 1 Inpellant 2 PER/Outpatient		OTHER: 4 Nursing t	iome 5 🗆 Residence	6 Other (Specify)			
PHYSICIAN:	27. MANNER OF OEATH 28s. DATE OF INJURY	26b. TIME	OF 28c.	INJURY AT	26d. DESCRIBE HOW I	NJURY OCCURED		
	1 Natural 5 Pending (Month, Day, Yeer) 2 Accident Investigation	INJU		WORK? YES 2 NO				
ВУ	3 Suicide 28e. PLACE OF INJURY — AI h	ome, farm, at	reet, factory, o	ffice			al Route Number,	
빌	3 Suicide 8 Could not be 4 Homicide 0 datarmined 28e. PLACE OF INJURY — At home, farm, street, factory, office 28t. LOCATION (Street and Number or Rural Flouiding, atc. (Specify)							
Ш	29a. CERTIFIER							
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, done) 2 MEDICAL EXAMINER: On the best of examination and/or						e(s) end manner ee stated,	
	29b. SIGNATURE AND TITLE OF CERTIFIED			29c. LICENSE NUI		29d. DATE SIGN	IED (Month, Day, Year)	
BE	May J. Stever M			10 8	f32 m7	D 11/	15/94	
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITTE WAX 6.5HEREND 800	Per C	Print)	Dr. 5:1	Ver Shp.	va X	(el 209. n	
	31 DATE EN ED Month Day Year) 22 RECIETRADIS SIGNATURE		7	,-,, 5/0	7500	71		
	NOVI 181984 Julia Davidson-Randa	22			~	U		

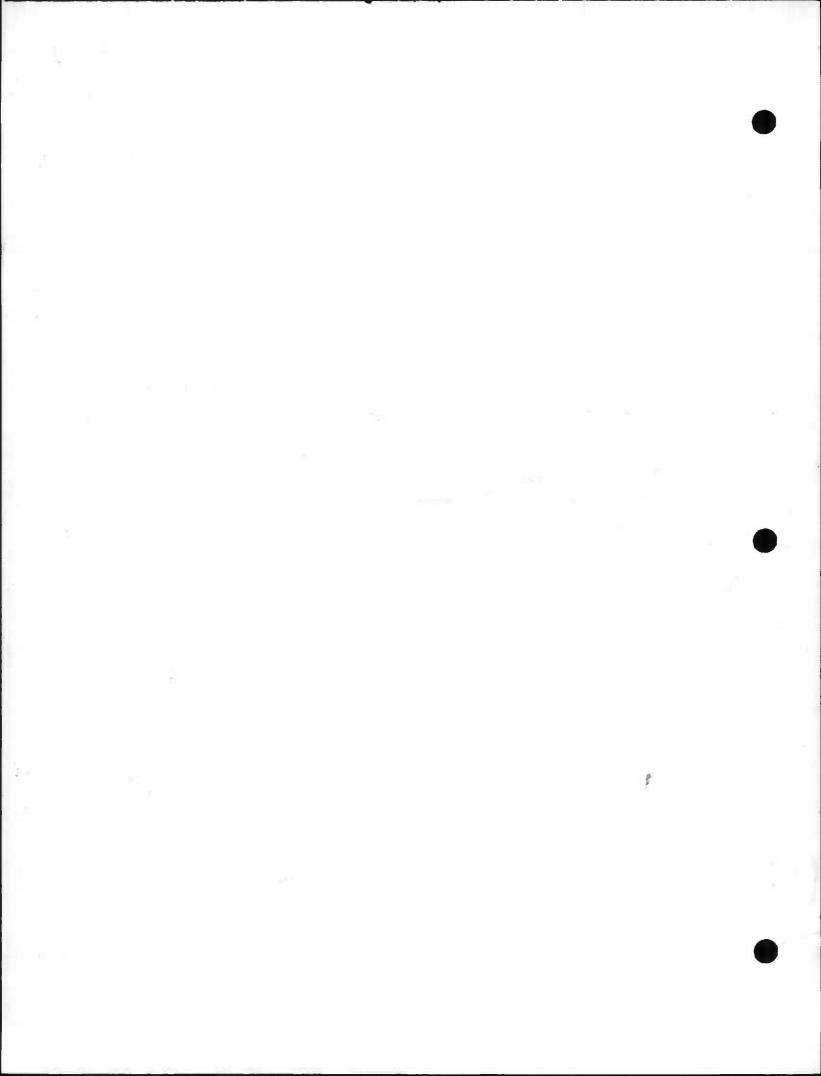
PRECION: The law requires that the death certificate be executed with hours after death. Page 6 may be retained by the hospital or attending physician.

It is certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should from the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. BALTIMORE, MARYLAND 21215-0020

OF VITAL RECORDS, P.O. BOX 68760

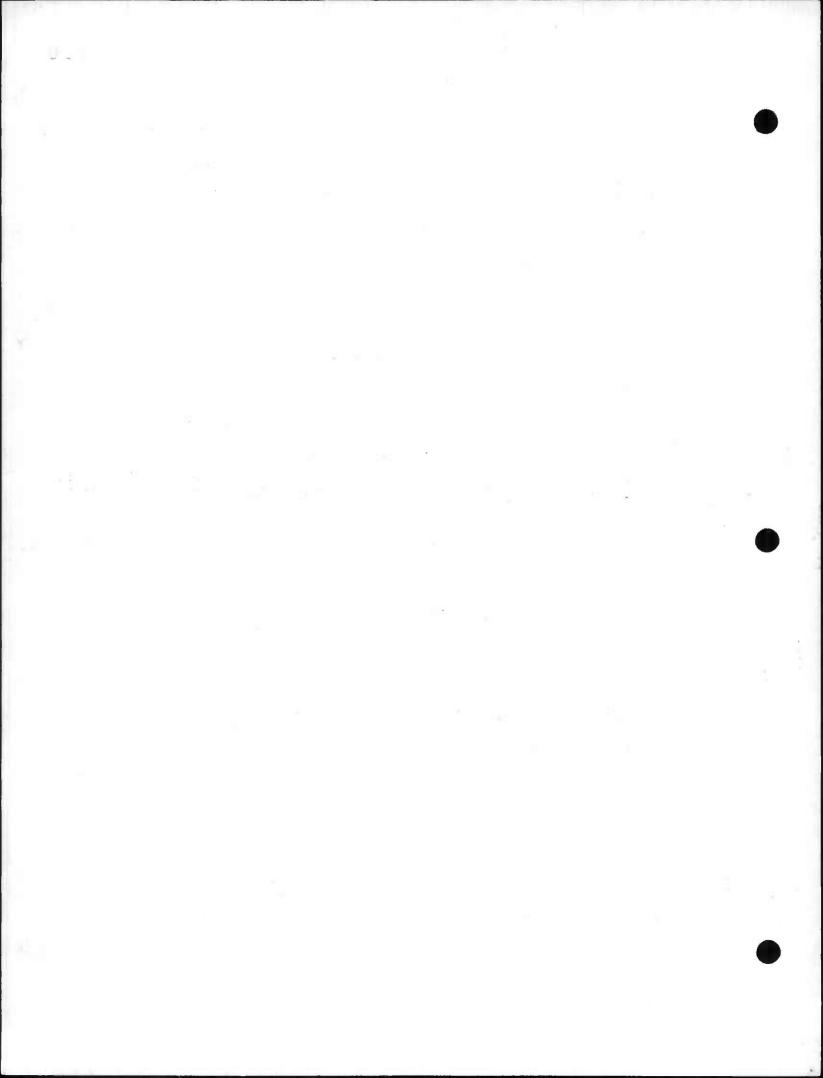
TO THE HOSPITA TO THE FUNERAL De filed within 72 IMPORTANT. II

DHMH-16 Rev 1/89



A ATTENDING PHYSICIAN: The law requires that the death certificate be executed within shours after death. Page 6 may be retained by the hospital or attending physician.	his certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit. Pages 1, 2, 3 should	al, cremation, or removal.	is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
SICIAN: The law requires that the death certificate by	certificate has been signed by the attending physicia	ith the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	I, or item 23 shows any injury, or other tra-	
ETECHNISHIN, OR ATTENDING PHY	THE FULL FILL DIRECTOR: After this	the fine within 72 hours after death with	IMPORTANT: If item 28 is marked	

	1 - FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPART			MENTAL HYGIEN	E			
	1. DECEDENT'S NAME (First, Middle, Last)	FOSTER				2. DATE OF DEATH DA	YEAR	3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER	5. SEX 8. AGE (In		IF UNDER 1 YEAR	IF UNDER 24 HRS.	IRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Fo				
	238-46-0050 9a. FACILITY NAME (If not institution, give street	7 K 2 F 60 YRS.				March 19 1934 North Carol				
DIRECTOR	Holy Cross Hospit					Maryland	Montg	7		
REC	10a. STATE 10b. COUNTY		10c. CITY,	TOWN OR LOCAT	ION			10d. INSIDE CITY LIMITS?		
	DC	N/A	Wa	shingto				11 YES 2 NO		
RAI	100. STREET AND NUMBER	- 4. NT TT		101	ZIP CODE			WHAT COUNTRY?		
FUNERAL	1351 Riggs Stre	12. WAS DECEDENT EVER IN U	J.S. ARMED	13. WAS DEC	20009 ENDENT OF HISPAN	IIC ORIGIN? (Specify Yes	USA or No — 14. BA	CF — American Indian		
BY F	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES	2 NO ES	It yes, spe	2 NO Specify	n, Puarto Rican, etc.)	Bla	CE — American Indien, ick, White, atc. eclly:		
	15. DECEDENT'S EDUCA	1958-1961	2505251110					Black		
COMPLETED	(Specify only highest grade co	ompleted) College (1-4 or 5+)	(Give kind of wo life. Do NOT use	rk done durina mo:	on st of working	16b. KIND OF BUS	INESS/INDUSTRY	1.3		
AP.	12	Conege (1-4 or 5+)	Inves	tigator		IIS Pos	tal Ser	vice		
00	17. FATHER'S NAME (First, Middle, Last)			1172	18. MOTHER'S NA	ME (First, Middle, Malden		VII.E.		
BE	Thomas M. Fo:	ster				e Cheek				
2	Mary E. Foster					Wash., DC				
	20a. METHOD OF DISPOSITION	20b. F	ACE AND DATE OF	DISPOSITION /No	me of	DATE 200 LO	CATION CITY OF	Town, State		
	1 X Burial 2 Cremation 3 Remove 4 Donation 5 Other (Specify)	al from State cemet	ery, crematory or othe	oln Cem	etery	11/12/94 B	ladesnb	urg, Md		
	21. SIGNATURE OF FUNERAL SERVICE LICEN	ISSE Z	1	22. NAME AN	D ADDRESS OF FAC			ins Funeral		
	* HERBAIL	DOMAK				t., N.W. W	ash., D			
	23. PARTUE Enter the diseases, of conshock, or haert failure. Like	nolications that ceused to st only one cause on eec	he deeth. Do no h line.	t enter the mo-	de of dylng, eucl	h as cerdisc or reepi	ratory arrest,	Approximate Interval Between		
	IMMEDIATE CAUSE (Final disease or condition	Mil	Mille D	Show	Pailu	Me.		Onset and Death		
	resulting in death) e.	DUE TO (OR AS A C	ONSEQUENCE OF			1346				
z		Bro	Rin (3	tem	Hem	20 raje		į l		
ATIO	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A C	ONSEQUENCE OF):	01 -		0				
RTIFICATION	CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A C	ONSEQUENCE OF:	gan.						
E	resulting in death) LAST	~								
L CE	PART II. Other eignificant conditions	contributing to deeth but	not resulting in	the underlying	ceuse given in	Part I. 24e. WAS AN	AUTOPSY 2	4b. WERE AUTOPSY FINDINGS		
ICA					7 5703 KENNEL	PERFOR 1 TYES 2	MED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE		
MEDIC							***	OF DEATH?		
	DID TOBACCO USE C	ONTRIBUTE TO	CAUSE OF			AA				
PHYSICIAN:		HOSPITAL:		OTHER:	ACE OF DEATH (Che					
HYS	1 YES 2 NO 1	Inpatient 2 ER/Outpat	28b. TIME		5 Realdence	8 Other (Specify) 28d. DESCRIBE HOW II	JURY OCCURED			
ВУ Р	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJU	WO WO	RK? 'ES 2 NO					
ED B	3 Suicide 8 Could not be	28e. PLACE OF INJURY — building, atc. (Specify	- At home, farm, atm	eet, factory, office		28t. LOCATION (Street a City or Town, State)	nd Number or Rura	I Route Number,		
	4 Homicide detarmined									
MPL		AN: To the best of my knowled								
8	29b. SIGNATURE AND TITLE OF CERTIFIER	On the basis of examination a	ind/or investigation,	In my opinion, d						
98	Colary Johen	la			D434	96	▶ il/8	ED (Month, Day, Year)		
입	30. NAME AND ADDRESS OF PERSON WHO	HALLD MIN	H (ITEM 27) (Type, P	rine)	n heiter	n Phine	Sike	Stria Mb.		
	31. DATE FILED (Month, Day, Year) NOV 1 5 1994	, 32. REGISTRAR'S SIGNAT	URE	- (1)	100100	. 400110	2010-0	77.79		
	1101 - 0	And have larged and	-							



After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020 ON OF VITAL RECORDS, P.O. BOX 68760,

is is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIF	ICATE O	F DEATH		REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATI	E OF DEATH			3. TIME OF DEATH
	Gregorio	Flo	ores			MONT	TH DA		994	1655 "
	4. SOCIAL SECURITY NUMBER		(In yrs. last birthday)	IF UNDER 1 YEAR		7. DATE	7. DATE OF BIRTH 8. BIRTH			IPLACE (State or Foreign
		1 M 2 D F	30 _{YRS.}	MONTHS DAYS	HOURS MIN.	Api	c. 15, 19	64	El	Salvador
	9a. FACILITY NAME (If not institution, give street		9b. CITY, TOW	TY, TOWN OR LOCATION OF CEATH 9c. COUNTY OF CEAT					DEATH	
DIRECTOR	Suburban Hospita	al		Beth	iesda_			м	on t	gomerv
띪	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		10c CIT	Y, TOWN OR LO					01111	2
E	MD. Montg	omerv		ilver S						10d. INSIDE CITY LIMITS?
	10e. STREET AND NUMBER	2			10f. ZIP CODE			40- 017	17511 051	1 YES 2 NO
FUNERAL	11436 Stuart Lane#	D2			20904					WHAT COUNTRY?
	11. MARITAL STATUS	2. WAS OECEDENT EVER I		13. WAS 0	ECENDENT OF HISPA	NIC ORIGI	N? (Specify Yes			E — American Indian,
	1 Never Married 2 Married	FORCES? 1 YES	NO	If yes,	specify Cuban, Maxic ES 2 NO Speci	en, Puarto		01 110-	Blac	k, White, atc.
BY	3 Widowed 4 Divorced			JET.	LO 2 NO Speci	" (CA		Spec	"Hispanic
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade co	FION empleted)	16a. DECEDENT'S	USUAL OCCUPA	TION most of working	16	b. KIND OF BUS	INESS/INI	DUSTRY	
	Elementary/Secondary (0-12)	College (1-4 or 5+)	Ille. Do NOT us	scapino			Lands	capi	na	
M P	12th		Laik	Scaping			100,100	-Cup-		
8	17. FATHER'S NAME (First, Middle, Lest) Gregorio Flores				16. MOTHER'S NA			,		
BE				_			onillas			
2	19a. INFORMANT'S NAME (Type/Print) Paulino Flores		196. MAILING	Stuart	Ln #D2,S	ilve	r Spa .	MD.	2090)4
	29a. METHOD OF DISPOSITION			_						
	TT Burial 2 Cremation 3 Remove		natery, crematory or o	ther place)		La	TE 20c. LOC	Tper	city of To	ET Salvador
	4 Donation 5 Other (Specify)	ISEE	Quealter	eque Ce	METERY AND AGORESS OF FA	11/	/- 4			AVE., NW
	1/2 / 5	,								
	James E	il rele	una		& Willia					. 20011
	23. PART I. Entar the diseases, or cor shock, or heart failure. Lis	nplications that cause at only one cause on a	d the death. Do reach line.	ot antar tha r	noda of dying, aud	ch aa car	diac or raapi	retory ar	rest,	Approximata Interval Batween
ı	IMMEDIATE CAUSE (Final		/ /							Onset and Death
	disease or condition resulting in death)	Multiple OUE TO (OR AS)	injuri	FORENCE OF:						
		OUE TO (OR AS /	A CONSEGNENCE OF	F):						
CERTIFICATION	Sequentially list conditions, b.	DUE TO (OR AS /	A CONSEQUENCE OF	F)·						
ÄT	if any, leading to immediata cause. Enter UNDERLYING	(<i>y</i> .						i i
필	CAUSE (Disease or Injury that Initiated events DUE TO (OR AS A CONSEQUENCE OF):									
FF	resulting in death) LAST									
	DADT II OAN									
DICAL	PART II. Other significant conditions	contributing to death b	out not reaulting	in the underly	ing causa givan in	Part I.	24a. WAS AN		24b	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
ă							1 X YES 2	□ NO		COMPLETION OF CAUSE OF DEATH?
M										1 💢 YES 2 🗌 NO
ä	DID TOBACCO USE CONTRII	BUTE TO CAUSE O				N 🗆				
PHYSICIAN: ME		IOSPITAL:	26. PLACE OF DEAT	OTHER:	(0)		_			
ΙΥS		☐ Inpetient 2 X ER/Outp		4 Nursing H	ome 5 🗆 Rasidenca					
	27. MANNER OF OEATH 1 Natural 5 Pending	28a. OATE OF INJURY (Month, Day, Year)		URY	NJURY AT WORK?		SCRIBE HOW IN			CAR
B≼	2 Accident Investigation	11/11/Q4	154		YES 2 NO	Sus:	TECT'S C	ARS	TRUC	K ANOTHER
E	3 Suicide 8 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)						CATION (Street a or Town, State)	8 NOO	eri+ G	RIFFITH
	29e. CERTIFIER		ROADWI		 -		1ASCUS			
M M	(Check only									500 CT
COMPLETED	2 X MEDICAL EXAMINER:	On the cases of axaminatio	n and/or investigatio	n, in my opi <i>n</i> ion	, death occured at the	time, det	a and place, end	dua to th	ha cause(s	s) and manner as stated.
腸	296. SIGNATURE AND TITLE OF CERTIFIER	. 14 4/2			29c. LICENSE NU	MBER		29d. DAT	E SIGNEO	(Month, Day, Year)
언	Nonald & Wright MO							No	OV.	13 1994
- 1	30. NAME AND ADDRESS OF PERSON WHO		ATH (ITEM 27) (Type,	Print)						
		AHT MD	111 Pe	nn St	reet R	alti	more.	Mai	cyla	nd 21201
- 1	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN	iature						-	

THE OF SHEET

OHMH-16 Rev

BALTIMORE, MARYLAND 21215-0020

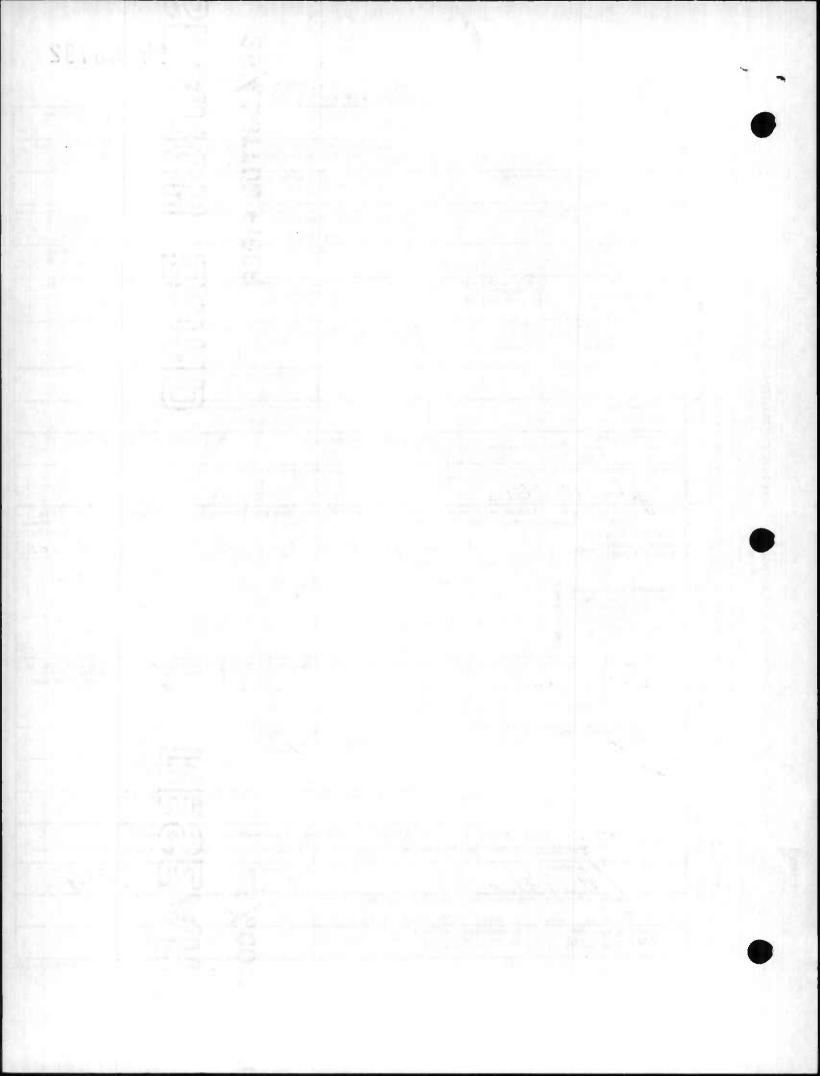
_	j
	ľ
9 (Sec.
9	A said
687	and the
×	-
000	4
0.	actifica
٦	anth c
S	4
2	bad of
0	-
RE	-and
_	1000
Z	1
5	A MI-
DIVISION OF VITAL RECORDS, P.O. BOX 68760	OD ATTENDIAL DEPOSITION The law seedless that the death carifornia he assessed utilities
Ž	OIA
3	NIN.
15	ATTA
\leq	8

TO THE REPORT. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within an order of the floating of the hospital or attending physician.

TO THE REMERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

**MPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

		CERTIFIC	ATE OF DEATH	REG. NO	IE).						
1. DECEDENT'S NAME (First, Middle,		LMER GRABLE		NOV. 2	199	3. TIME OF DEATH 5:15 p					
4. SOCIAL SECURITY NUMBER 218-24-8895	5. SEX 6.		F UNDER 1 YEAR IF UNDER 24 HRS. ONTHS DAYS HOURS MIN.	Aug. 18, 19	27 N	BIRTHPLACE (State or Foreign Gountal)					
8a. FACILITY NAME (If not institution, give street and number) 17 York Street RESIDENCE OF DECEDENT 10b. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. ITAN Maryland Carroll Taneytown 10d. Taneytown 1X0											
	OUNTY	10e. CITY, T	TOWN OR LOCATION	1		10d. INSIDE CITY LIMITS?					
Maryland 10. STREET AND NUMBER 15 York St	Carroll reet - Apt.	l3	Taneytown 10f. ZIP CODE 21787		10g. CITIZEN	1 N YES 2 NO					
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT E	VER IN U.S. ARMED YES 2 X NO	13. WAS DECENDENT OF NISP If yes, specify Cuban, Maxi 1 YES 2 NO Spe	can, Puarto Rican, etc.)	e or No- 14.	RACE — American Indian, Black, White, etc. Specify.Caucasia					
15. DECEDENT'S (Specify only highest Elemantary(Secondary (0-12)	S EDUCATION t grade completed) College (1-4 or 5+)	16a. DECEDENT'S US (Give kind of work life. Do NOT use n Stitche	k done during most of working etired.)	166. KIND OF BU		FRY					
17. FATNER'S NAME (First, Middle, Lee Georg	ge Daniel Gra	ble	18. MOTNER'S I	NAME (First, Middle, Meider Clara May K	sumeme) auffmar	n					
19a. INFORMANT'S NAME (Type/Print) Elenora A. Yin		196. MAILINO AG 64 W. L	PORESS (Street and Number or Run OCUST St.—2ndI	A Route Number, City or To	un, stete, zip co 1estown	n, PA 17340					
20a. METNOD OF DISPOSITION 1 Burial 2 Cremation 3 C		20b, PLACE AND DATE OF Competery, cremetory or other MID. Ana tomy	DISPOSITION (Name of	OATE 20c. LO	OCATION City	or Town, State					
21. SIONATURE OF FUNERAL SERVI			22. NAME AND ADDRESS OF 136 E. Baltir	SKITES		al Home wn, MD 2178					
ahock, or heart fal IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. DUE TO (OR	AS A CONSEQUENCE OF):	al failur	(Onset and D					
And the second second	h / 10	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST									
If any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OR	R AS A CONSEQUENCE OF):	9/			8 mo					
If any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR DUE TO (OR d	R AS A CONSEQUENCE OF):			RMED?	AMILABLE PRIOR TO COMPLETION OF CAL OF DEATH?					
If any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other eignificent conditions to the cause of the cau	DUE TO (OR DUE TO (OR d. ditions contributing to de	R AS A CONSEQUENCE OF): AS A CONSEQUENCE OF): eth but not resulting in	the undarlying ceuse given	PERFO	RMED?	AVAILABLE PRIOR TO COMPLETION OF CAU					
If any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other eignificent conductions of the property of the pr	DUE TO (OR DUE TO (OR d	R AS A CONSEQUENCE OF): R AS A CONSEQUENCE OF): eth but not resulting in the second of the second	26. PLACE OF DEATN (THER:	PERFO 1 YES Check only one) 6 5 Other (Specify)	RMED?	AMAILABLE PRIOR TO COMPLETION OF CAU OF DEATH? 1 YES 2 NO					
If any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other eignificent conductors and the conductors are conductors. 25. WAS CASE REFERRED TO MEDIC EXAMINER?	DUE TO (OR c	R AS A CONSEQUENCE OF): R AS A CONSEQUENCE OF): eth but not resulting in the second of the second	26. PLACE OF DEATN (THER: Nursing Nome 5 Residence of Work? M 1 YES 2 NO	PERFO 1 YES Check only one)	RMED?	AMAILABLE PRIOR TO COMPLETION OF CAU OF DEATH? 1 YES 2 NO					
If any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other eignificent conductions of the conduction of the conduction of the cause	DUE TO (OR c. DUE TO (OR d. DUE TO	R AS A CONSEQUENCE OF): R AS A CONSEQUENCE OF): eth but not resulting in 1 R/Outpetient 3 □ DOA 4 JURY JURY 28b, TIME C INJURY NJURY — At home, ferm, stre	26. PLACE OF DEATN (THER: Nursing Nome 5 Residence of Work? M 1 YES 2 NO	PERFO 1 YES Check only one) 6 5 Other (Specify)	INJURY OCCUR	AMAILABLE PRIOR TO COMPLETION OF CAU OF DEATH? 1 YES 2 NO					
If any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other eignificent condens of the condens of the condens of the cause of the ca	DUE TO (OR c. DUE TO (OR d. DUE TO	R AS A CONSEQUENCE OF): R AS A CONSEQUENCE OF): eth but not resulting in the second of the second	26. PLACE OF DEATN (THER: Nursing Nome 5 Residence OF 28c. INJURY AT WORK? M 1 YES 2 NO oet, factory, office	PERFO 1 YES Check only one) 8 Other (Specify) 28d. DESCRIBE NOW 28f. LOCATION (Street City or Town, Stent) ue to the cause(s) and me	INJURY OCCUR and Number or I	AMAILABLE PRIOR TO COMPLETION OF CAU OF DEATH? 1 YES 2 NO					
If any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other eignificent conductors are sufficient conductors. 25. WAS CASE REFERRED TO MEDIC EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending investigs 2 Accident 3 Suicide 6 Could in detarming the conductors. 29a. CERTIFIER CertifyINO	DUE TO (OR c. DUE TO (OR d. DUE TO	R AS A CONSEQUENCE OF): R AS A CONSEQUENCE OF): R/Outpetient 3 □ DOA 4 FURY Foer) R/Outpetient 3 □ DOA 4 FURY FOER) R/Outpetient 3 □ DOA 4 FURY FOER R/Outpetient 3 □ DOA 4 FURY FOER R/Outpetient 3 □ DOA 4 FURY FOER R/Outpetient 3 □ DOA 4 FURY FOER R/Outpetient 3 □ DOA 4 FURY FOER R/Outpetient 3 □ DOA 4 FURY FOER R/Outpetient 3 □ DOA 4 FURY FOER R/Outpetient 3 □ DOA 4 FURY FOER R/Outpetient 3 □ DOA 4 FURY FOER R/Outpetient 3 □ DOA 4 FURY FOER R/Outpetient 3 □ DOA 4 FURY FOER R/Outpetient 3 □ DOA 4 FURY FOER FURY FOER R/Outpetient 3 □ DOA 4 FURY FOER FURY FOER FURY FOER FURY FOER FURY FOER FURY FURY FOER FURY FURY FURY FURY FURY FURY FURY FU	28. PLACE OF DEATN (28. PLACE OF DEATN (THER: Nursing Nome 5 Residence PE 28c. INJURY AT WORK? I YES 2 NO est, factory, office at the time, data and place, and d In my opinion, death occurred at t	PERFO 1 YES Check only one) 8 Other (Specify) 28d. DESCRIBE NOW 28f. LOCATION (Street City or Town, Stets use to the cause(s) and make time, data and place, a	INJURY OCCUR and Number or i	COMPLETION OF CAU OF DEATH? 1 YES 2 NO NO NEED Rural Route Number,					

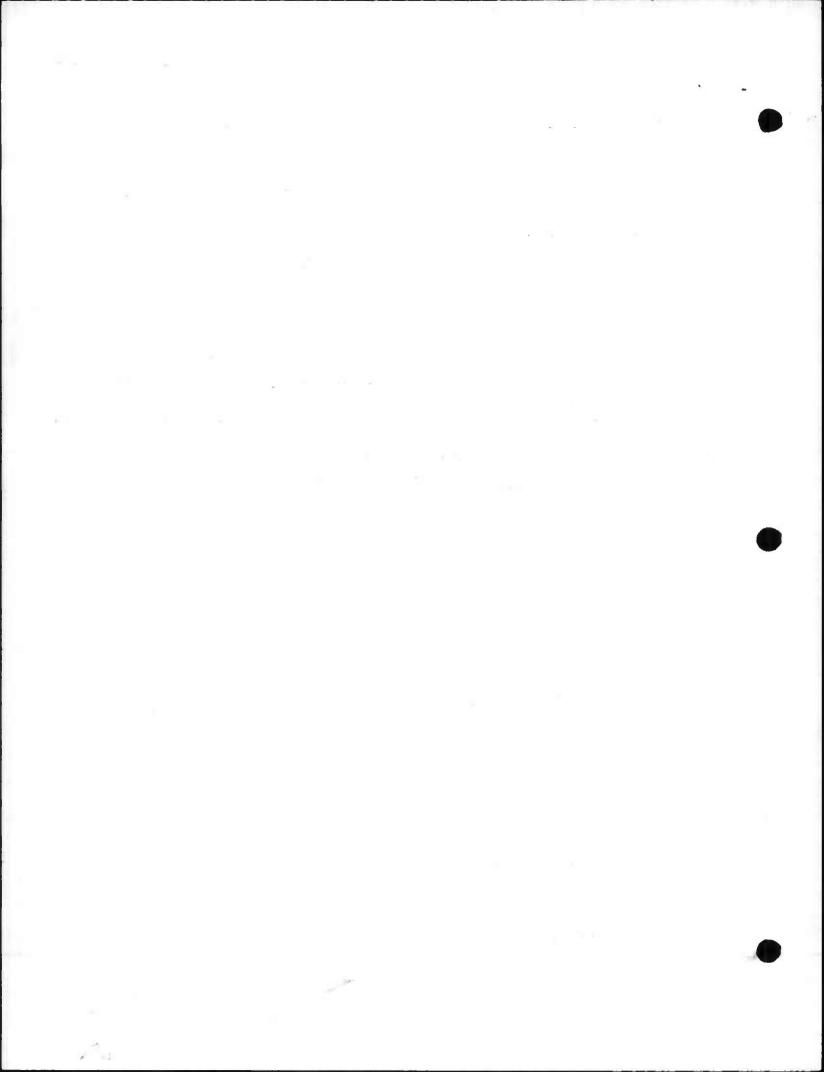


TO THE INSTITUTE OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020

TO THE INSTITUTE OF CITEDONG PROSIDER. The law requires that the death certificate be executed within 2x hours after death. Page 6 may be retained by the hospital or attending physician.

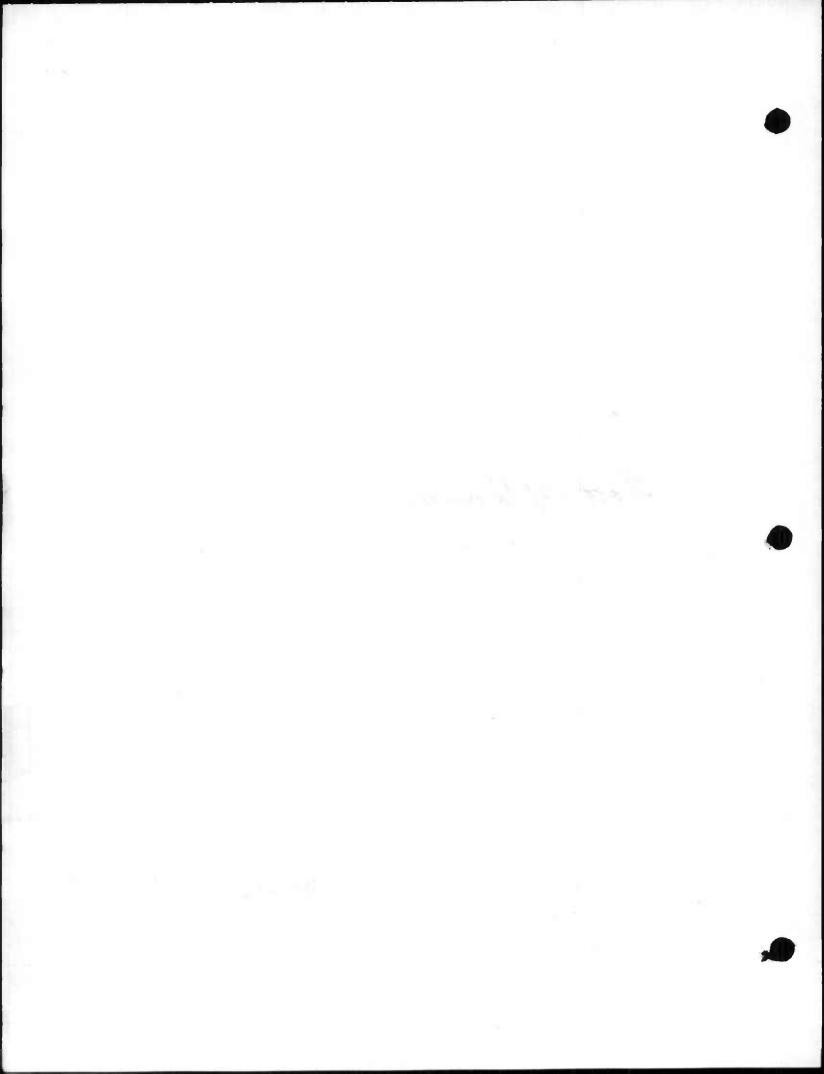
TO THE RUMEN DIRECTOR. After the serificate has been signed by the attending physician and completely filled in by the tuneral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should be filled within 2x the marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

•	FOR STATE REGISTRAR	STATE OF MARYLAND		MENT OF I			HYGIENI REG. NO.	E		
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF	DEATH			3. TIME OF DEATH
	Ella Mae Graham					Noven	ber 1	[2, 1	994	1005 m
		5. SEX 6. AGE (In yrs. last birthday) 1 M 2 X F 79 YRS. 6. AGE (In yrs. last birthday) F UNDER 1 YEAR IF UNDER 24 HRS. HOURS MIN. JAIR 19, 10							Country	PLACE (State or Foreign
	218-20-8797 1 9a. FACILITY NAME (If not institution, give street	YRS.	b OTTY TOWN	OR LOCATION OF DE		9, 19			yland	
В		,		stertown	EAIN			nt of de	ATN	
5	Kent & Queen Annes RESIDENCE OF DECEDENT 108. STATE 108. COUNTY						Ke	art.		
DIRECTOR		en Annes	10c. CITY,	TOWN OR LOCA M-: 1	lington					10d. INSIDE CITY LIMITS?
	10s. STREET AND NUMBER	en Aines			. ZIP CODE			10a. CITI		1 YES 2 NO
ER/	219 Pfalzgraf Road				21651			-		States
FUNERAL	11. MARITAL STATUS 12 1 Never Married 2XX Merried	. WAS DECEDENT EVER IN U.S FORCES? 1 YES 2	ARMED VNO	13. WAS DEC	ENDENT OF HISPAN	NIC ORIGIN? (Specify Yea	or No-	14. RACE Black	— American Indian, White, etc.
ΒY	3 Wildowed 4 Divorced	IF YES, GIVE WAR OR DATES	Λ	1 🗆 YES	ecify Cuban, Maxica 2 ZANO Specify	y:	an, etc.;		Specify	y:
	15. OECEDENT'S EDUCATI		DECEDENT'S US	BUAL OCCUPATI	DN .	16b. KI	ND OF BUS	INESS/IND		ite
COMPLETED	(Specify only highest grade com Elementary/Secondary (0-12) C	College (1-4 or 5+)	me. Do NOI use i		st of working					_
MP	8	At	tendant	<u> </u>			mesti		rvic	e
8	17. FATNER'S NAME (First, Middle, Last)				18. MOTNER'S NA			Sumame)		
BE	Sadler Legg 19a. INFORMANT'S NAME (Type/Print)		19b. MAILING A	DDRESS (Street	Sadie (State 7in	Codel	
2	Mr. Benjamin Graham				Road, M				,	21651
	20a METNOD OF DISPOSITION 1 Burial 2 Cremetton 3 Removal	20b. PLAC	E AND DATE OF	DISPOSITION (N	me of	DATE		ATION —		
	4 Donation 8 Other (Specify)	Cruip	on Cene		wenber 15,		Crun	otan,	Maryla	and
		Much	2	Fell	ows Fune	ral Ho	mes,	P.A.		
-	William L. King		//	370 (ypress Str	eet, Mi	11ingt	on, M	aryla	nd 21651
	23. PART I. Enter the diseesea, or com shock, or heert failure. Liet	only one cause on each li	ne.	enter the mo	de of dying, auc	h as cardiad	c or respir	atory em	est,	Approximete interval Between
	IMMEDIATE CAUSE (Finei disease or condition	Carlton an	a a a t							Onset and Death
	resulting in deeth) a	DUE TO (OR AS A CONS								
NO.	Sequentially list conditions,	DUE TO (OR AS A CONS	rtery d	isease						
ATI	if any, lesding to immediate cause. Enter UNDERLYING	DUE TO (OR AS A CONS	EQUENCE OF):							i l
F	CAUSE (Disease or injury that initieted events	DUE TO (OR AS A CONS	EQUENCE OF):							
CERTIFICATION	resulting in deeth) LAST									
AL C	PART II. Other significant conditions co	ontributing to deeth but no	t resulting in	the underlyln	cause given in	Part I. 24	la, WAS AN			WERE AUTOPSY FINDINGS
20	History of congos	tive heart failur	e Pial	betes m	ellitus		PERFORI			AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATN?
ME	SIP pacemaker	implantation.							- 1	1 TYES 2 X NO
PHYSICIAN: MEDIC	DID TOBACCO USE CONTRIB 25. WAS CASE REFERRED TO MEDICAL				UNCERTAIN	V 🗆				
Si Ci	EXAMINER?	OSPITAL:	V 0	(Check only one) THER:						
HX	27. MANNER OF DEATH	Inpetient 2 ER/Outpatient 28a. DATE OF INJURY	28b. TIME (OF 28c. INJ		8 U Other (S		JURY OCC	URED	
ВУР	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	RULMI		RK? 'ES 2 NO					
	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY — At I building, etc. (Specify)	home, farm, stre	et, factory, offic		28f. LOCATION	ON (Street ar fown, State)	nd Number	or Rural Ro	oute Number,
E										
COMPLETED	(Check only CERTIFYING PHYSICIAN	To the best of my knowledge,								
	29b. SIGNATURE AND TIME OF CENTISER	on the beals of examination and/o	or investigation,	in my opinion, c			d place, and			
Oillio 7 i							(Month, Day, Year)			
٩	30. NAME AND ADDRESS OF PERSON WHO CO	TED CAUSE OF DEATH (IT	TEM 27) (Type, Pr	int)	בן דדע	1 M	ν		11/12	4/17
	Anthon Amabile		n Mes	Iteal Ce	ter Mil	linate	n Me	210	651	
4	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNATURE			,	7	7			
0	1104 22 94	32. REGISTRAR'S SIGNATURE Julia Davi	dron-Ray	doll						
										DHMH-18 Rev 1/89



60 Cre cre	DIVISION OF VITAL RECORDS, P.O. BOX 68766, DIFF INCREMENTAL IN THE INCREMENTAL IN THE INFORMATION OF PAYSICIAN: The law requires that the death certificate be executed within 10 THE INTO COMPLETE AND SECURITY AND STATE DEPT. OF Health and Mental Hygines prior to burish, creming the complete and the complete complete and the complete complete and the complete complete.
---------------	--

	FOR												-7	00194
	1 - STATE REGISTRAR		STATE OF I	MARYLANI	D / DEPAR CERTIF	ICATE	OF HE	ALTH	AND N		YGIEN			
	1. DECEDENT'S NAME (First				02	10/11/2	<u> </u>	JEA.	·	2. DATE OF	DEATH			3. TIME OF DEATH
	John Paul				_					MONTH DAY YEAR				9:30 a. M
	4. SOCIAL SECURITY NUMBER		5. SEX		s. last birthday)	IF UNDER 1		IF UNDER 2	MIN.	7. DATE OF I	. DATE OF BIRTH . e. BIRT			PLACE (State or Foreign
	217-09-9763		1 🔀 M 2 🗌 F	76	YRS.				717	May 3		18_		aryland
Œ	98. FACILITY NAME (If not institution, give street and number) 11905 Phylane Drive					9b. CITY, T				ATH			NTY OF D	EATH
57	RESIDENCE OF DECEDENT					h	ager	stow	m			Wa	shing	gton
DIRECTOR	tos. STATE	10b. COUNTY	•		10c. CIT	Y, TOWH OR	LOCATIO	W						10d. INSIDE CITY
	Maryland		ington		H	agers	town							LIMITS?
FUNERAL	100. STREET AND NUMBER 11905 Phyla						10f. Z	ZIP CODE				10g. CIT		HAT COUNTRY?
JNE	11. MARITAL STATUS	me Dr.	12. WAS DECEDEN	T EVED IN II O		-		217					USA	
	1 Never Married 2 🕱		FORCES? 1	YES 2	ZNO	H y	yes, speci	Ify Cuben,	Mexican	C ORIGIN? (S. Puarto Ricar	pecify Yas i, etc.)	or No-	Black,	- American Indian, White, atc.
ВУ	3 Widowed 4 Olvo	rced	H 120, 0112	MR OR DAILS		1	YES 2	NO NO	Specify:				Specifi	
TEC	(Specify only	EDENT'S EDUC y highest grade	CATION completed)	160,	. DECEDENT'S	work done dur	UPATION	of working		16b. KIN	D OF BUS	INESS/INC		
7.6	Elementary/Secondary (0	⊢12)	College (1-4 or 5 o	+)	He. Do NOT us	onnel					-1	£		mg.
COMPLETED	17. FATHER'S NAME (First, M.	iddle, Last)			PCLO	Juner				E (First, Middl			actui	rer
BE C	Emmanuel Gr		aff				Ι.			Hansb				
TO B	190. INFORMANT'S NAME (7)				19b. MAILING	ADDRESS (5	Street and	Number o	v Rural Ro	oute Number, C	ity or Town	, State, Zip	Code)	
-	Beverly C.					_			tavi	111e,	Va.	2304:	3	
	20s. METHOD OF DISPOSITI	n 3 🗆 Remo	oval from Stats	cemetery,	CE AND DATE O	ther place)				DATE			City or Tow	
		Rose Hill Cemetery 11-26-94 Hagerstown, Maryland												
	mitai	4/10	nm.		-/					L HOM				
	23 DADT I Enter the di	4 0- 1	10 -100	nne	4									Md. 21740
		port ionure. L	List only one ceu	l ceused the	line.	n						atory arr	reet,	Approximate interval Between
	IMMEDIATE CAUSE (Fin	el	- 150	hem	AND .	re heart dixare					00			Onset and Death
	resulting in death)	7	DUE TO	(OR AS A CON	SEQUENCE OF				- (,		00			
N	Sequentially flat condition	one C	b											ļ
ATI	if any, leading to immed cause. Enter UNDERLYII	diete	DUE TO	(OR AS A CON	SEQUENCE OF):								
IFIC	CAUSE (Disease or injusted that initiated evente		DUE TO	(OR AS A CON	SEQUENCE OF):								
CERTIFICATION	resulting in death) LAS	r	d			,								
S	PART IL Other eignificer	nt conditions	s contributing to	doub but be		- the unde	-11.0	- al	- 1- 0					
CA	Chrome	Ob	2 fm/m	e l	W m	n the unge VVY	riving)	(Ale	CVH	ort i. 24a.	PERFORM			WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
MEDICA			7			X	- /	VV		10	YES 2	NO	1	COMPLETION OF CAUSE OF DEATH?
						0				-				1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL					26. PLAC	E OF DEA	TH (Chec	k anly one)				
YSI	1 TYES 2 NO		HOSPITAL:	ER/Outpatient	3 🗆 DOA	OTHER: 4 Nursing	g Home	5 Aesk	dencs 6	Other (Spe	icify)			
	27. MANNER OF DEATH	Pending	28a. OATE OF (Month, Da		28b. TIME INJU		Bc. INJURY WORKS		1	20d. DESCRIB	E HOW IN	JURY OCC	URED	
BY	2 Accident	nvestigetion	20- PLACE OF	F 191 H 179V As				2 🗌 1	-					
COMPLETED		Could not be letarmined	building,	F INJURY — At etc. (Specify)	nome, term, a	reel, rectory,	, offica		1	City or Tox	i (Street an vn, State)	nd Number	or Rural Ro	ute Number,
ZE.	29a. CERTIFIER (Check only	FYING PHYSIC	CIAN: To the best of	my knowladge.	death occurre	d at the time	data any	d alana a		't ammedel	1			
OM	one) MEDIC	CAL EXAMINER	t: On the basis of ex	amination and/	or investigation	i, in my opin	ion, death	h occured	at the tir	ne, data and p	and mani-	dus to the	e Cause(s) :	and manner so stated.
w II	290. SONATURE AND EVELY		MI	_										
00	29c. LICENSE NUMBER 29d. DATE SIGNED (Morith, Day, Inter)									36	•	5 194		
0								70 1						
2	-80. WAME AND ADDRESS OF	PERSON WYO	COMPLETED CAUS	E OF DEATH (U	IEM 27) (Type,	Print)	2/0	1. 1	110	1001.1		11	1 -	1410
10	31. DATE FILED (Month, Day, M	(cuer	COMPLETED CAUS	D 1.	282	Print) DC	alc	hi	110	rvem	۷,	1-10	19.0	vstowa

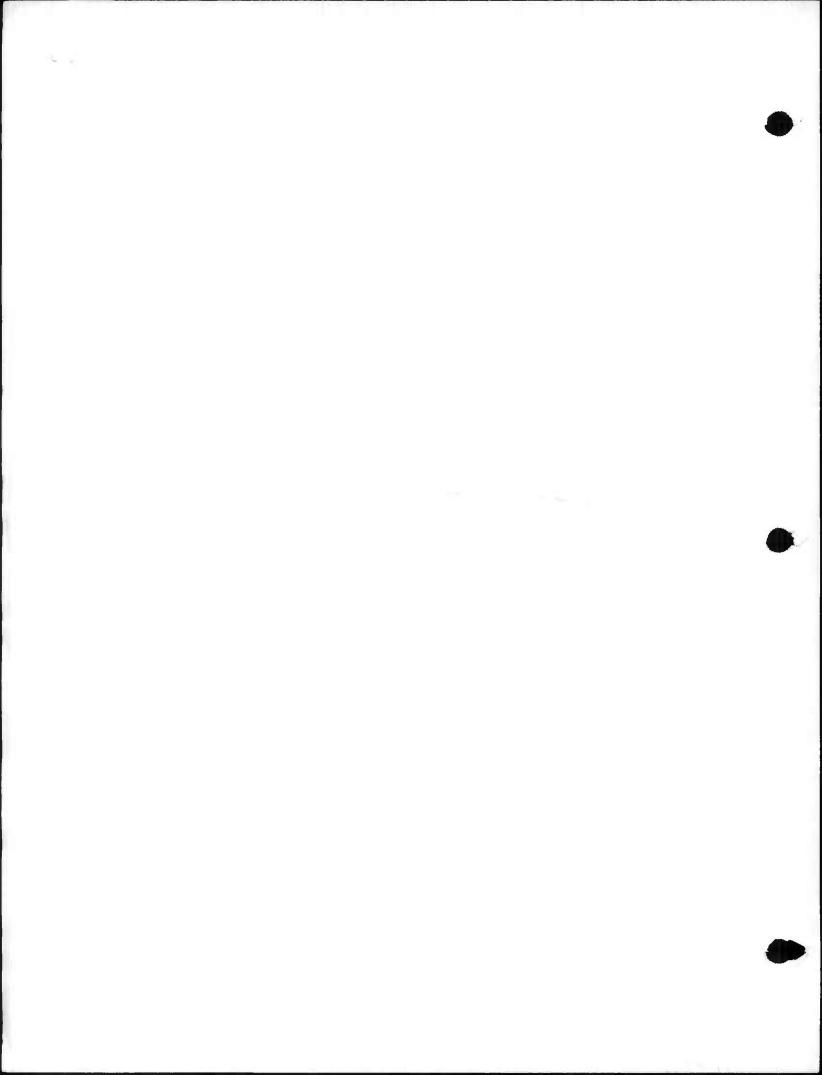


DIMISION OF VITAL RECORDS, P.O. BOX 13146,

TO THE HISPITAL OF THENDING PHYSICIAN: The law requires that the death certificate be executed within 24 fours after death. Page 6 may be retained by the hosp	TO THE FURE PARCEDR: When this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache		IMPORTANT: If TREM 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
#	e de		0
E D	D D		g
aine	Shou		Ē
B	22		2
y b	page		ě
Ë	tor,		ust
96	lirec		E
Z.	a c		9
eath	fune		Кащ
p ret	the	Na Na	e e
Saf	à	E	g
100	200	0	Ë
. 7	THE	lion.	the
thin	etely	ema	ä,
M P	di	5	eve
Curte	9 p	nua	ile ile
888	n an	2	E
2	iciai	20	Tage
Cat	phys	De p	10
erti	lug.	ygie.	횽
E C	tend	百百	0
de	e at	Vent	E S
#	by th	2	=
tha	pe	th a	a
nires	Sign	Hea	3
red	een	6	읗
3W	as p	ept.	23
The same	te h	ate [E
AN:	iffica	St	T II
SICI	eg.	Ē	0,0
품	this	×	다 원
9	fter	eath	E
8	3	3	50
1	Ē	s aft	2
Z\$.	É	HOUR	E
TE.	3	2	E
15	-	1	H
/宝	1	1 will	M
E	F	filec	2
8	2	8	Ξ

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MEN'	TAL HYGIENE
CERTIFICATE OF DEATH	REG. NO.

ı	FOR STATE OF MARYLAND 1 - STATE REGISTRAR	/ DEPARTM				HYGIENE REG. NO.			
,	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF	DAY	YE	3. 1	TIME OF OEATH
Ì	Pamela Y. Jordan Green				Nov	. 8.	1994		5.00 A. M
1	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs.	MON	INDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year) 8. BIRTHPLACE (State or Foreign Country)				
	578-90-7604 1 M 2 X F 33	YRS.				1/61	9c. COUNTY		1.,D.C.
~	9a. FACILITY NAME (If not institution, give street and number)			R LOCATION OF DE		Ļ			
6	Hyattsville Health Care Ce			sville			rince		eorge's
IR.	106. STATE 10b. COUNTY P.G.	10c. CITY, TO	WN OR LOCAT						I. INSIDE CITY LIMITS?
-	10e. STREET AND NUMBER			ZIP CODE			10g, CITIZEN		YES 2 NO
FUNERAL DIRECTOR	3440 Andrew Ct. # 303		1	20724		1		J.S.	
<u>N</u>	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S.			ENDENT OF HISPAN			or No— 14.	RACE — Black, Wi	American Indian,
BY F	1 Never Married 2 Married FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	Xuo		elfy Cuban, Maxican 2 NO Specify:		an, atc.)		Specify:	
		DECEDENT'S USU	AL OCCUPATIO	N	16b. K	IND OF BUS	I INESS/INDUST	RY	Black
	(Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+)	(Give kind of work life. Do NOT use rel	done during mo:	it of working					
4		omputer	c Anal	yst	P	rivat	e Inc	lust	rv
COMPLETED	17. FATHER'S NAME (First, Middle, Leet)			16. MOTHER'S NAM	ME (First, Mic	ddle, Maiden S	Surname)		_
BE	Leonard Jordan, Jr.			Marga nd Number or Rural R			0		
2	David Green			0 above		r, City or lown	, State, Zip Coc	(e)	
	20a. METHOD OF DISPOSITION 20b. PLA	CE OF OISPOSITIO				20c. LOC	CATION — City	or Town,	Stata
1	1 Note of the State of the Hari	mony Me	em. Pa	ark 11/	12/9	4 Lar	ndove	. Mc	a
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE			Washin		s. Sc	one Ti	20	
	orany M. Wratt	-	492	Burro	ughs	Ave	, N.E		
	23. PART I. Enter the disease, or complications that caused the ahock, or heart fallure. List only one cause on each		enter the mo	de of dyling, such	h aa cardla	ac or reapli	ratory arrest		Approximata Interval Between
	IMMEDIATE CAUSE (Finel								Onset and Death
	resulting in death) a. Respirator Due to (or as a con-	y Arre	st						
_	Cerebral E								
TIO	Sequentially list conditions, If any, leading to immediate	SEQUENCE OF):							
S	CAUSE (Disease or Injury CAUSE (Disease or Injury DUE TO (OR AS A CON	SECHENCE OF							
CERTIFICATION	that initiated events reaulting in deeth) LAST	ISEQUENCE OF J.							į
	DART II Other classificant conditions contribution to death but o	at acculture to t	ha contaction	- sous- shop la	Dort I	24s, WAS AN	ALTTOROV	0.45 100	RE AUTOPSY FINDINGS
CAL	PART II. Other algnificant conditions contributing to death but n	ot readiting in t	na underlyini	cause given in		PERFOR	MED?	AM	AILABLE PRIOR TO
ED						1 TYES 2	¥⊡ NO		DEATH?
Σ.					_			'	_ 123 2 _ 110
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			ACE OF DEATH (Ch	eck anly one)			
YSIC	1 TYES 2 NO 1 Inpetient 2 ER/Outpetien	1 3 DOA 4		a 5 🗆 Realdence					
F	27. MANNER OF OEATH 1 Natural 5 Pending 28a. DATE OF INJURY (Month, Day, Year)	28b. TIME O	r wo	RK?	28d. OE\$C	CRIBE HOW I	NJURY OCCUR	EO	
₽	2 Accident Investigation 28e PLACE OF INJURY — A	At home, farm, stre		YES 2 NO	281, LOCA	TION (Street a	and Number or i	Rural Rout	e Number,
	3 Suicide 6 Could not be detarmined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 28e. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State)								
COMPLETED	29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge	e, death occurred a	t the time, deta	end place, end dua	to the caus	e(s) and mar	mer as stated.		-
NO	one) 2 MEDICAL EXAMINER: On the basis of exertination and	d/or investigation, i	n my opinion, o	leath occured at the	time, date a	and place, an	d due to the c	euse(a) ar	nd manner as stated.
BE C	29b. SIGNATURE AND TITLE OF CERTIFIER	MS		29c. LICENSE NUI					orith, Day, Year)
TO B	yestile vinea		D 42751 ► Nov.					7. 8	1,1994
-	Desiree Pineda, M.D. 1759			Wachi	na+a	n D	C	2000	19
	31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATUR		IN . W . I	wasiili	119 (0)	ц, Д.		2000	13
	NOV 1 7 1994 Colin Maridan Bane								



Pages 1, 2, 3 should

bunial-transit

detached for use as the

90 75

funeral director, page 5 should

in by the medical

once.

notified

pe

must

the

event.

other

10 the atten

shows a

cremation,

to burial, traumatic

prior

signed by the

t, of h

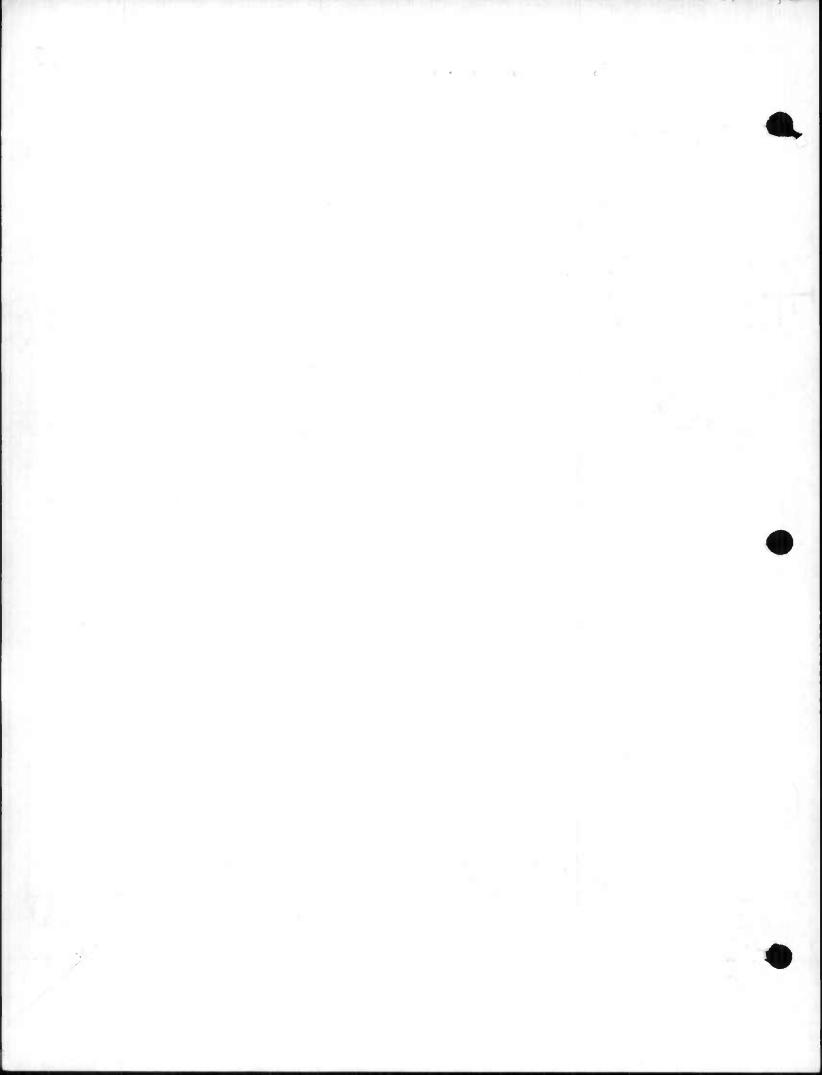
ine State

and

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH 2. DATE OF DEATH 3. TIME OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) HOLKE SMITH **GLOVER** JR. 5:30 A 11 15 94 4 SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH a BIRTHPLACE (State or Foreign DAYS HOURS 1 😡 M 2 🗌 F 252-48-8770 59 10-24-35 Florida 9c. COUNTY OF DEATH 9a. FACILITY NAME (If not institution, give street and number) 95 CITY TOWN OR LOCATION OF DEATH 5 Filbert Court Gaithersburg Montgomery RESIDENCE OF DECEDENT DIRECT 10c, CITY, TOWN OR LOCATION Montgomery Wheaton YES 2 NO Md 10a, STREET AND NUMBER 101. ZIP CODE FUNERAL 20902 USA 11505 Amherst Avenue #1 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, atc. FORCES? 1 X YES 2
IF YES, GIVE WAR OR DATES If yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 Never Married 2 Married Specify: 1 YES 2X NO Specify В 3 Widowed 4 Divorced Black COMPLETED 166 KIND OF BUSINESS/INDUSTRY 16. DECEDENT'S LISUAL OCCUPATION 15. DECEDENT'S EDUCATION (Spi Elementary/Secondary (0-12) College (1-4 or 5+) Dept H. H. S. Health Administrator 18. MOTHER'S NAME (First, Middle, Meiden Surname) 17. FATHER'S NAME (First, Middle, Last) Nethalee McCollough Smith Glover 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 19a, INFORMANT'S NAME (Type/Print) Seabrook, Md. Garla Glover 20e. METHOD OF DISPOSITION

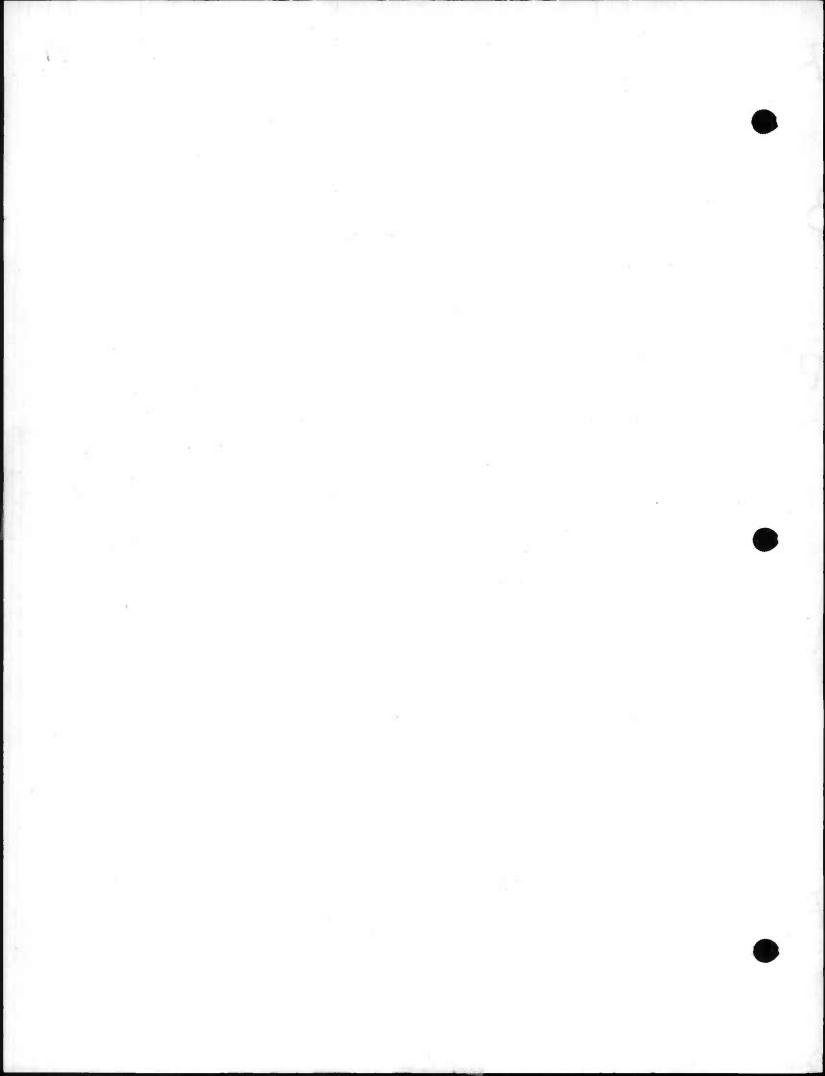
Suriel 2 Cremation 3 Removal from State 20c. LOCATION - City or Town, State 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or Rockville Md.
Marshall's Funeral
4217 9th Street,
Washington, D. C. Donation 5 - Other (Specify) Parklawn Memorial Gardens 21 SIGNATURE OF FUNERAL SERVICE LICENSEE 22, NAME AND ADDRESS OF FACILITY Home Ind N 20011 mar 23. PAR 1. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, Interval Batween shock, or heart failure. List only one cause on each line. Onset and Death disease or condition 1 year METASTASIS LUNG reaulting in death) DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL COMPLETION OF CAUSE any 1 YES 2 NO OF DEATH? 1 YES 2 NO has be Dept. 1 23 sh PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) **EXAMINER?** OTHER: 4 Nursing Home 5 Residence 8 Other (Specify) 1 WES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA 10 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED 1 YES 2 NO ВҰ Accident 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28s. PLACE OF INJURY — At home, farm, street, factory, office building. etc. (Specify) 3 Suicide 8 Could not be COMPLETED 4 Homicide 29e. CERTIFIER CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. IMPORTANT: 296. SIGNATURE AND TITLE O BE 2

ha Davidson-Randale



1 - STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR				ICALE	0.			REG. N	U.		
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF DEATH	DAY	WEAR	3. TIME OF DEATH
	CONRAD	GOLDEN							10 2	DAY 4	54	12:30 Pm
	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs.	last birthday)	IF UNDER 1	YEAR	IF UNDER	24 HRS.	7. DATE OF BIRTH			IPLACE (State or Foreign
	_579-38-4388	1√√M2□F	62	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, Day, Year) 05 05	32	Count	sh., D.C.
	9e. FACILITY NAME (If not institution, give si	4141			9b. CITY, 1	OWN O	R LOCATIO	ON OF DEA			UNTY OF D	
œ	DOW SHOUD WOSDIE	A.T.									Baltimore City	
읝	BON SEOUR HOSPIT	AL			we	St	Ba1t	Linor	<u>e</u>	De	a I L III	lore city
Ē	10e. STATE 10b. COUNTY	7		10c. CIT	Y, TOWN OR	LOCATI	ION					10d. INSIDE CITY
5				Wa	shing	ton	, D.	C.				LIMITS?
7	10e. STREET AND NUMBER	-				10f.	ZIP CODE			10a, Cl	TIZEN OF V	WHAT COUNTRY?
3	346 Raleigh Stre	et S E.					200	32				
FUNERAL DIRECTOR	11. MARITAL STATUS		EVER IN U.S.	ARMED	12 W	S DECE			C ORIGIN? (Specify	lan as Na		A.
	1x Never Married 2 Merried	12. WAS DECEDENT FORCES? 1.2 IF YES, GIVE WI	XYES 2	NO	It y	yes, spe	city/Cuber	n, Mexican	, Puerto Rican, etc.)	WW OF NO	Blac	E — American Indian, k, White, etc.
BY	3 Widowed 4 Divorced	IF YES, GIVE W	WW I	r	1 (YES	2 🖰 NO	Specify:			Spec	BLACK
	15. DECEDENT'S EDUC	CATION		DECEDENT'S	USUAL OCC	UPATIO	N		16b, KIND OF E	USINESS/IN		
E	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)		(Give kind of life. Do NOT u.	work done du se retired.)	ring mos	st of working	g				
4	12th	College (I-4 of 5+)	'	C	lerk				Federa	al Gov	vernm	nent
COMPLETED	17. FATHER'S NAME (First, Middle, Last)						18. MOTH	IFR'S NAM	IE (First, Middle, Meid	n Sumame)		
	Willie Gold	en				1			ia Hymes			
B	19e. INFORMANT'S NAME (Type/Print)			19b. MAIL INC	ADDRESS /	Street or	nd Akumber	or Burni B	oute Number, City or 1	num Chain 7	lin Codel	
٩	Shirley Jackson/s	ister			aleig							
	20e. METHOD OF DISPOSITION	10001	00h BI 46	EANDDATE								
	1XXBurial 2 ☐ Cremetion 3 ☐ Reme	oval from State		crematory or o					DATE 20c.	OCATION -		
	4 Donation 5 Other (Specify)	Auges /	пап	nony r								
	II. SIGNAL SERVICE CO	A A	note	. /	22Ro	ber	t G.	Mas	on Funer	al Ho	me, I	nc.
	(legge)	Non	129		16	61	Good	Нор	e Rd.,SE	Wasl	h.,DC	20020
	23. PART I. Enter the discess, or o	complications that	caused the	eeth. Do	not entar ti	na mod	de of dyi	ng, such	sa cardisc or rea	piratory a	rrest,	Approximata
	shock, or heart thillyre.	List only one caus	se on asch/li	ma.								Intarval Between Onset and Death
	disease or condition	G P P P T G	mork									Onser and Dawn
H	resulting in death)	a. SEPTICA DUE TO (SEQUENCE O	F):							
_	resulting in death)	DUE TO (OR AS A CON									
NOI	Sequentially list conditions,	DUE TO (OR AS A CON					-				
CATION	Sequentially list conditions, if any, laading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A CONS	SEQUENCE O	F):			-				
FICATION	Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury	DUE TO (DUE TO (DUE TO (DUE TO (OR AS A CONS	SEQUENCE O	n: ISEASE	2						
RTIFICATION	Sequentially list conditions, if any, laading to immediate cause. Enter UNDERLYING	DUE TO (DUE TO (DUE TO (DUE TO (OR AS A CONS OR AS A CONS AGE RE	SEQUENCE O	n: ISEASE	Ē						
CERTIFICATION	Sequantisliy list conditions, if smy, isading to immediata cause. Enter UNDERLYING CAUSE (Disesse or injury that initiated events resulting in desth) LAST	DUE TO (DUE TO (DUE TO (DUE TO (DUE TO (DUE TO (OR AS A CONSOR AS A CONSOR AS A CONS	SEQUENCE O	F): CSEASE F):							
AL CERTIFICATION	Sequentisily list conditions, if smy, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in desth) LAST PART II. Other significant condition	DUE TO (D. PNEUMOR DUE TO (DUE TO (DUE TO (DUE TO (OR AS A CONSOR AS A CONSOR AS A CONS	SEQUENCE O	F): CSEASE F):		j causa g	jiven in F	Part i. 24a. WAS.	AN AUTOPSY	1 246	b. WERE AUTOPSY FINDINGS
EAL CERTIFICATION	Sequantisliy list conditions, if smy, isading to immediata cause. Enter UNDERLYING CAUSE (Disesse or injury that initiated events resulting in desth) LAST	DUE TO (D. PNEUMOR DUE TO (DUE TO (DUE TO (DUE TO (OR AS A CONSOR AS A CONSOR AS A CONS	SEQUENCE O	F): CSEASE F):		j causa g	given in f	Part I. 24a. WAS PERF	ORMED?	7 245	AVAILABLE PRIOR TO COMPLETION OF CAUSE
EDEAL	Sequentisily list conditions, if smy, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in desth) LAST PART II. Other significant condition	DUE TO (D. PNEUMOR DUE TO (DUE TO (DUE TO (DUE TO (OR AS A CONSOR AS A CONSOR AS A CONS	SEQUENCE O	F): CSEASE F):		ı causa g	jiven in f	PERF	ORMED?	1 24b	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
MEDEAL	Sequentisily list conditions, if smy, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in desth) LAST PART II. Other significant condition	DUE TO (D. PNEUMO) DUE TO (D	OR AS A CONSTRUCTION OR AS A CONSTRUCTION OR AS A CONSTRUCTION OF	SEQUENCE O	SEASE	ariying		given in f	PERF 1 TYES	ORMED?	f 24b	AVAILABLE PRIOR TO COMPLETION OF CAUSE
MEDEAL	Sequentially list conditions, if any, laading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition Decubitus Ulcers DID TOBACCO USE (25. WAS CASE REFERRED TO MEDICAL	DUE TO (D. PNEUMO) DUE TO (D	OR AS A CONSTRUCTION OR AS A CONSTRUCTION OR AS A CONSTRUCTION OF	SEQUENCE O	SEASE	ariying	ES 🗆	NO	PERF 1 TYES	ORMED?	7 24b	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
MEDEAL	Sequentisily list conditions, if smy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in desth) LAST PART II. Other significant condition Decubitus Ulcers DID TOBACCO USE (DUE TO (D. PNEUMO) DUE TO (C. END STA DUE TO (d. CONTRIBUTE HOSPITAL:	OR AS A CONSTRUCTION OF AS A C	NAL DI SEQUENCE O	SEASE	ariying	ES ACE OF DE	NO EATH (Che	PERF 1 VES	ORMED?	7 246	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
MEDEAL	Sequentially list conditions, if any, lasding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition Decubitus Ulcers DID TOBACCO USE (25. WAS CASE REFERRED TO MEDICAL EXAMINER?	DUE TO (D. PNEUMO) DUE TO (D	OR AS A CONSTRUCTION OF AS A C	NAL DI SEQUENCE O	DEATH	YI YI 26. PL	ES ACE OF DE	NO EATH (Cher	PERF 1 VES ck only one) 6 Other (Specify)	ORMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PHYSICIAN: MEDEAL	Sequentisily list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in desth) LAST PART II. Other significant condition Decubitus Ulcers DID TOBACCO USE (25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 X Netural 5 Pending	DUE TO (D. PNEUMOD DUE TO (D	OR AS A CONSTRUCTION OF AS A C	SEQUENCE O	DEATH	ariying 28, PL 19 Home 18c, INJU	ACE OF DE	NO EATH (Cheral Sidence	PERF 1 VES	ORMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
BY PHYSICIAN: MEDEAL	Sequentisily list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in desth) LAST PART II. Other significant condition Decubitus Ulcers DID TOBACCO USE (25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 X Netural 5 Pending Investigation	DUE TO (b. PNEUMO) DUE TO (c. END STA DUE TO (d. 6 contributing to 6 6 contributing to 6 7 contributing to 6 8 contributing	OR AS A CONSTRUCTION OF AS A C	SEQUENCE OF SEQUEN	DEATH OTHER: 4 Nursir	26, PL. 26, PL. 26, PL. 26, PL. 26, PL. 27, PL.	ES DACE OF DE	NO EATH (Cheral Sidence	PERF 1 YES ck only one) B Other (Specify) 28d. DESCRIBE HON	ORMED? 2 NO VINJURY OF	CCURED	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
ED BY PHYSICIAN: MEDEAL	Sequentisily list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in desth) LAST PART II. Other significant condition Decubitus Ulcers DID TOBACCO USE (25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 X Netural 5 Pending	DUE TO (b. PNEUMOD DUE TO (c. END STA DUE TO (d	OR AS A CONSTRUCTION OF AS A C	SEQUENCE OF SEQUEN	DEATH OTHER: 4 Nursir	26, PL. 26, PL. 26, PL. 26, PL. 26, PL. 27, PL.	ES DACE OF DE	NO EATH (Cheral	PERF 1 VES ck only one) 6 Other (Specify)	ORMED? 2 NO VINJURY OF	CCURED	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
ED BY PHYSICIAN: MEDEAL	Sequantisily list conditions, if sny, isading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition Decubitus Ulcers DID TOBACCO USE (25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1XX Nature 5 Pending Investigation 3 Suicide 8 Could not be determined	DUE TO (b. PNEUMOD DUE TO (c. END STA DUE TO (d. 6 contributing to (5) CONTRIBUTE HOSPITAL: XX inpetient 2 28e. DATE OF (Month, Da 28e. PLACE OF building, 4	OR AS A CONSTRUCTION OF AS A C	SEQUENCE O	DEATH	26. PL. 26. PL. 9 Home 8c. INJU WOI 1 Y y, office	ES ACE OF DI 5 Re URY AT RK? ES 2	NO EATH (Checked In the Checked In t	PERF 1 YES Ck only one) 6 Other (Specify) 26d. DESCRIBE HON City or Town, Ste	ORMED? 2 NO 4 INJURY Of end Number	CCURED or or Rural is	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
ED BY PHYSICIAN: MEDEAL	Sequentially list conditions, if any, lasding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition Decubitus Ulcers DID TOBACCO USE (25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 X Natural 5 Pending Investigation 1 2 Accident 3 Suicide 4 Homicide 8 Could not be determined 29e. CERTIFIER (Check only) CERTIFYING PHYSIC	DUE TO (D. PNEUMOD DUE TO (D	OR AS A CONSTRUCTION OF AS A C	SEQUENCE O NAL D SEQUENCE O ot resulting USE OF 3 DOA 28b. TIM home, term,	DEATH OTHER: 4 Nursir E OF 2 street, factor	26. PL. 1 YI 26. PL. 1 WOI 1 Y 1 Y, office	ACE OF DI S G Re URY AT RK? end place,	NO EATH (Choosidence I	PERF 1 YES 1 YES Ok only one) 6 Other (Specify) 26d. DESCRIBE HON City or Town, Ste	ORMED? 2 NO / INJURY Or de and Number	CCURED er or Rural i	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
ED BY PHYSICIAN: MEDEAL	Sequantisily list conditions, if sny, isading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition Decubitus Ulcers DID TOBACCO USE (25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1XX Nature 5 Pending Investigation 3 Suicide 8 Could not be determined	DUE TO (D. PNEUMOD DUE TO (D	OR AS A CONSTRUCTION OF AS A C	SEQUENCE O NAL D SEQUENCE O ot resulting USE OF 3 DOA 28b. TIM home, term,	DEATH OTHER: 4 Nursir E OF 2 street, factor	26. PL. 1 YI 26. PL. 1 WOI 1 Y 1 Y, office	ACE OF DI S G Re URY AT RK? end place,	NO EATH (Choosidence I	PERF 1 YES 1 YES Ok only one) 6 Other (Specify) 26d. DESCRIBE HON City or Town, Ste	ORMED? 2 NO / INJURY Or de and Number	CCURED er or Rural i	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
E COMPLETED BY PHYSICIAN: MEDEAL	Sequentially list conditions, if any, lasding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition Decubitus Ulcers DID TOBACCO USE (25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 X Natural 5 Pending Investigation 1 2 Accident 3 Suicide 4 Homicide 8 Could not be determined 29e. CERTIFIER (Check only) CERTIFYING PHYSIC	DUE TO (b. PNEUMO) DUE TO (c. END STA DUE TO (d. 6 contributing to 6 6 contributing to 6 7 CONTRIBUTE HOSPITAL: XX inpellent 2 2 28e. DATE OF (Month, De 28e. PLACE OF building, 4	OR AS A CONSTRUCTION OF AS A C	SEQUENCE O NAL D SEQUENCE O ot resulting USE OF 3 DOA 28b. TIM home, term,	DEATH OTHER: 4 Nursir E OF 2 street, factor	26. PL. 1 YI 26. PL. 1 WOI 1 Y 1 Y, office	ACE OF DI S Re S Re S Re OF DI S Re OF	NO EATH (Choral sidence II) NO and due II ed at the II	PERF 1 YES 1 YES 28t. LOCATION (Stree City or Town, Ste 10 the cause(s) end r 1 time, dete end place, BER	ORMED? 2 NO VINJURY OF end Numbre)	CCURED or or Rural interest.	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
BE COMPLETED BY PHYSICIAN: MEDERAL	Sequentially list conditions, if any, isading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition Decubitus Ulcers DID TOBACCO USE (Control of the condition) Decubitus Ulcers DID TOBACCO USE (Control of the condition) Decubitus Ulcers 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 Yes 2 NO 27. MANNER OF DEATH 1 XNetural S Pending Investigation Investigation Investigation Investigation Control of the determined Physical Check only one) MEDICAL EXAMINE Physical of the control of the condition Control of the condition Control of the condition Control of the condition Control of the condition Control of the condition Control of the condition Control of the condition Control of the condition Control of the condition Control of the condition Control of the condition Control of the condition Control of the condition Control of the condition Control of the condition Control of the condition Control of the condition Condition Control of the condition Contro	DUE TO (b. PNEIMOD DUE TO (c. END STA DUE TO (d	OR AS A CONSTRUCTION OF AS A C	SEQUENCE O NAL D SEQUENCE O ot resulting USE OF 3 DOA 28b. TiM IN. home, term,	DEATH OTHER: 4 Nursir E OF 2 street, factor ed at the tim on, in my opi	26. PL. 1 YI 26. PL. 1 WOI 1 Y 1 Y, office	ACE OF DI S Re S Re S Re OF DI S Re OF	NO EATH (Chee sidence (PERF 1 YES 1 YES 28t. LOCATION (Stree City or Town, Ste 10 the cause(s) end r 1 time, dete end place, BER	ORMED? 2 NO VINJURY OF THE PROPERTY OF THE PRO	CCURED or or Rural interest.	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Route Number, e) end menner es steted.
E COMPLETED BY PHYSICIAN: MEDEAL	Sequentially list conditions, if any, lasding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition Decubitus Ulcers DID TOBACCO USE (Control of the condition of the	DUE TO (b. PNEIMOD DUE TO (c. END STA DUE TO (d	OR AS A CONSTRUCTION OF AS A C	SEQUENCE O NAL D SEQUENCE O ot resulting USE OF 3 DOA 28b. TiM IN. home, term,	DEATH OTHER: 4 Nursir E OF 2 street, factor ed at the tim on, in my opi	26. PL. 1 YI 26. PL. 1 WOI 1 Y 1 Y, office	ACE OF DI S Re S Re S Re OF DI S Re OF	NO EATH (Choral sidence II) NO and due II ed at the II	PERF 1 YES 1 YES 28t. LOCATION (Stree City or Town, Ste 10 the cause(s) end r 1 time, dete end place, BER	ORMED? 2 NO VINJURY OF THE PROPERTY OF THE PRO	er or Rural listed.	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Route Number, e) end menner es steted.
BE COMPLETED BY PHYSICIAN: MEDERAL	Sequentially list conditions, if any, laading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition Decubitus Ulcers DID TOBACCO USE (25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Yes 2 NO 27. MANNER OF DEATH 1 Yes 2 NO 28. Was CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 29. CERTIFIER (Check only one) CERTIFYING PHYSI (Check only one) MEDICAL EXAMINE 29b. SIGNATURE AND TITLE OF CENTRUM 30. NAME AND ADDRESS OF DERSON WAS	DUE TO (b. PNEUMO) DUE TO (c. END STA DUE TO (d. e contributing to o c. e contributing t	OR AS A CONSTRUCTION OF AS A C	SEQUENCE O NAL DI SEQUENCE O ot resulting USE OF 3 DOA 28b. TIM IN. deeth occurr for investigation	DEATH OTHER: 4 Nursir E OF 2 street, factor on, in my opi	Y Y 26, PL Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	ACE OF DI ACE OF DI S 5 Re TRY? TRY? TRY? TRY? TRY? TRY TRY	NO EATH (Check sidence to sidence	PERF 1 YES 1 YES 3 Other (Specify) 28d. DESCRIBE HON City or Town, Ste to the cause(e) end re lime, dete end place, BER 3 7	ORMED? 2 NO / INJURY Of ind Number of and Number of and due to 29d. DA	er or Rural leted. In the cause(I	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Rioure Number, e) end menner es steted. 0 (Month, Day, Year) 5-94
BE COMPLETED BY PHYSICIAN: MEDERAL	Sequentially list conditions, if any, isading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition Decubitus Ulcers DID TOBACCO USE (Control of the condition) Decubitus Ulcers DID TOBACCO USE (Control of the condition) Decubitus Ulcers 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 Yes 2 NO 27. MANNER OF DEATH 1 XNetural S Pending Investigation Investigation Investigation Investigation Control of the determined Physical Check only one) MEDICAL EXAMINE Physical of the control of the condition Control of the condition Control of the condition Control of the condition Control of the condition Control of the condition Control of the condition Control of the condition Control of the condition Control of the condition Control of the condition Control of the condition Control of the condition Control of the condition Control of the condition Control of the condition Control of the condition Control of the condition Condition Control of the condition Contro	DUE TO (b. PNEUMO) DUE TO (c. END STA DUE TO (d. 6 contributing to 6 6 contributing to 6 7 contributing to 6 7 contributing to 6 8 contributing	OR AS A CONSTRUCTION OF AS A C	SEQUENCE O NAL DI SEQUENCE O ot resulting USE OF 3 DOA 28b. TIM IN. deeth occurr for investigation TEM 27) (Type 160	DEATH OTHER: 4 Nursir E OF 2 street, factor on, in my opi	Y Y 26, PL Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	ACE OF DI ACE OF DI S 5 Re TRY? TRY? TRY? TRY? TRY? TRY TRY	NO EATH (Check sidence to sidence	PERF 1 YES 1 YES 28t. LOCATION (Stree City or Town, Ste 10 the cause(s) end r 1 time, dete end place, BER	ORMED? 2 NO / INJURY Of injury of and Numbre) tenner se at and due to 29d. DA	er or Rural leted. In the cause(I	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Rioure Number, e) end menner es steted. 0 (Month, Day, Year) 5-94



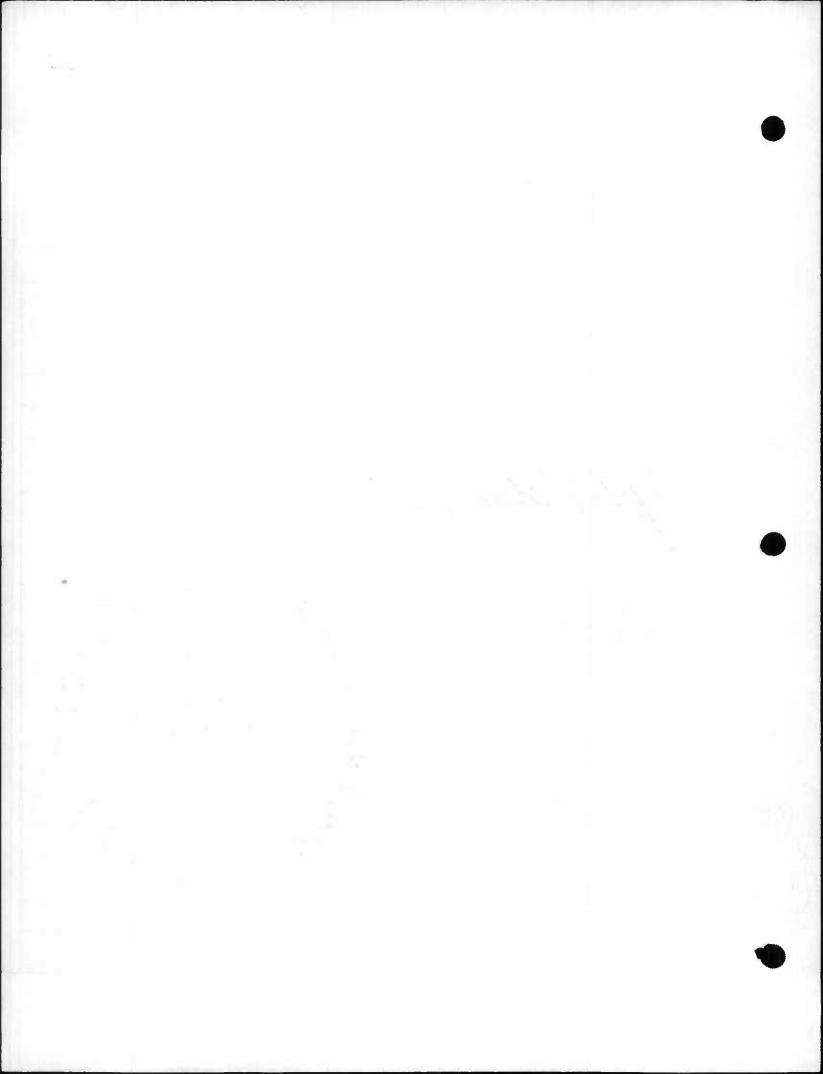
are certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

The modified at once. ISICIAN: The law requires that the death certificate be executed within 2. hours after death. Page 6 may be retained by the hospital or attending physician. IMPORTANT: # # TO THE HOSPITE TO THE FUNERA De filed within 72

BALTIMORE, MARYLAND 21215-0020

DNOF VITAL RECORDS, P.O. BOX 68760,

	1 - FOR STATE REGISTRAR	STATE OF I	MARYLAND / DEP/ CERTI	RTMENT OF I		MENTA	L HYGIEN			
	1. DECEDENT'S NAME (First, Middle, Last)						OF DEATH		3	. TIME OF DEATH
1 5	LILLIE	B.	G:	EBSON		MONT	-11-9		YEAR	1:15 P. W
1	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (in yrs. lest birthde		IF UNDER 24 HRS.		OF BIRTH 1		. BIRTHPL	ACE (State or Foreign
	578-48-9741	1 🗆 M 2 🖰 F	-63 62 YAS	MONTHS DAYS	HOURS MIN.		1, Day, Year)		Country)	_
	Se. FACILITY NAME (If not institution, give s	treet and number)		96. CITY, TOWN	OR LOCATION OF D			9c. COUNT		
DIRECTOR	909 Applewood	Street		Capit	ol Heig	ghts		Princ	ce G	eorge's
D D	10a. STATE 10b. COUNTY			ITY, TOWN OR LOCA	TION	-			1	Od. INSIDE CITY
		ce Geor	ge's	Capitol	Height	S			1	LIMITS?
FUNERAL	10e. STREET AND NUMBER			10	r. ZIP CODE					AT COUNTRY?
Ä	909 Applewood				2074	3		Uni	ted	States
5	11. MARITAL STATUS 1 Never Married 2 X Married		T EVER IN U.S. ARMED	13. WAS DE	CENDENT OF HISPA	NIC ORIGIN	17 (Specify Yes	or No-	4. RACE - Black, 1	- American Indian, White, etc.
B	3 Widowed 4 Divorced	IF YES, GIVE Y	MAR OR DATES	1 TYE	pecify Cuban, Mexic S 2 NO Speci	lly:			Specify:	
	15. DECEDENT'S EDUC	CATION	16a DECEDENT	'S USUAL OCCUPATI	ON	1 445	. KIND OF BU	PINESS (INIO)		ack
	(Specify only highest grade Elementary/Secondary (0-12)		(Give kind	of work done during m use retired.)		100	KIND OF BU	SINCSS/INOU	31H1	
COMPLETED	Listrick y decorately (o 12)	5+		. Teach	er		Got	ernm	ent	
ő	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S N					
BE (Elijah Bro	wn			Geo	rgia	a Gil	chris	t	
10	19s. INFORMANT'S NAME (Type/Print) Willie Gibsor		19b. MAILI	NG ADDRESS (Street	and Number or Rural	Route Numi	ber, City or Tow	n, Stete, Zip C	ode)	3.1. 363
-		1				· · ·				ghts, Md.
	20g METHOD OF DISPOSITION 1 ☑ Burial 2 ☐ Transition 3 ☐ Rame	ovel from State	20b. PLACE AND DAT	E OF DISPOSITION (N other place)	ame of	DAT	20c. LO	CATION — CI	ty or Town	n, State
	* Constignt 5 Other (Specify)	mused !	Cemetery, comatory of MT. MOT		ND ADDRESS OF F		4 Gre	enwo	oa,	S.C.
	1/1/	Vitan	11-11		WART FU		L HON	1E		
	John .	Relly	nc, [[[400	l Benni	ng R	d. N.	E.,	Wasl	n. D.C.
	21. PART V Entar the diseases, or of shock, or heart failure.	complications the	it caused the daeth. Do	not antar the me	oda of dying, su	ch as card	flac or respi	ratory arre	at,	Approximata
	IMMEDIATE CAUSE (Final		AUSCHIOCHUM AS						0	intervel Between Onset and Death
	discussion or condition	. Hype	VO PEMILE OR AS A CONSEQUENCE							
	V					0				
CERTIFICATION	Sequentially list conditions,	DUE TO	a Static (1000 (cecai)	Ca	ucer			1
AT	If any, leading to immediate cause. Enter UNDERLYING		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	017.						i
F	CAUSE (Disease or Injury that initiated events	DUE TO	(OR AS A CONSEQUENCE	OF):						
F	resulting in death) LAST	d								
2	PAST II Other significant condition		4-20-6-2			A	- Village		_	
AL.	PART II. Other significent condition	s contributing to	death but not resultin	g in the underlyin	ig cause given in	Part i.	24a. WAS AN PERFOR		A	PERE AUTOPSY FINDINGS MAILABLE PRIOR TO
MEDIC							1 TYES 2	□ NO		OMPLETION OF CAUSE OF DEATH?
									1	☐ YES 2 ☐ NO
AN	25. WAS CASE REFERRED TO MEDICAL									- 4
PHYSICIAN:	EXAMINER?	HOSPITAL:		OTHER:	LACE OF DEATH (C	heck only on	ne)			
ΙΥS	1 YES 2 NO	1 Inpetient 2	ER/Outpetlent 3 DOA	-	ne 5 🗆 Residence	1				
	1 Natural 5 Pending	(Month, L		NJURY W	JURY AT ORK?	28d. DES	CRIBE HOW I	NJURY OCCU	IRED	
BY	2 Accident Investigation 3 Suicide 6 Could not be	28a, PLACE C	OF INJURY — At home, farm		YES 2 NO	201 1 00	ATION (Chant	and Months a	. 0	- W
COMPLETED	4 Homicide 6 Could not be	building	etc. (Specify)	, screet, tectory, orm		City	ATION (Street a or Town, State)	and Number o	r Huniii Hol	ne number,
9	29a. CERTIFIER				2-1-1-1					
MP			my knowledge, death occurrence investigation and/or investigation							
8				mon, ar my opinion,	_		and place, an			
핆	296. SIGNATURE AND TITLE OF CERTIFIED	AND W	0		29c. LICENSE NU	MBER		29d. DATE	SIGNED (A	fonth, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WH			ne Print	1 4 4 Y	04.	1		14	44
					1 10/2 /2	/	1100	lun 1	7-	20777
	Robert Car, MD 31. DATE FILED (Month, Day, Year) NOV 1 7 1994	32. REGISTRA	AR'S SIGNATURE	center 415	of Blackers	DALL 1	ma COI	10/1	(Cerco-	2010-7
	NOV 1 7 1004	0 K. 1	. Dand . 00							



215-	attendir
Ξ.	5
BALTIMORE, MARYLAND 21215-	hours after death. Page 6 may be retained by the hospital or attendir
	#
>	E
MAR	refained
	2
2	A May
0	C
Σ	Pane
ALT	death
8	after
	Pours
Œ	
60	d with
68760	pecuted

TO THE WEST ATT ON OF VITAL RECORDS, P.O. BOX 68760

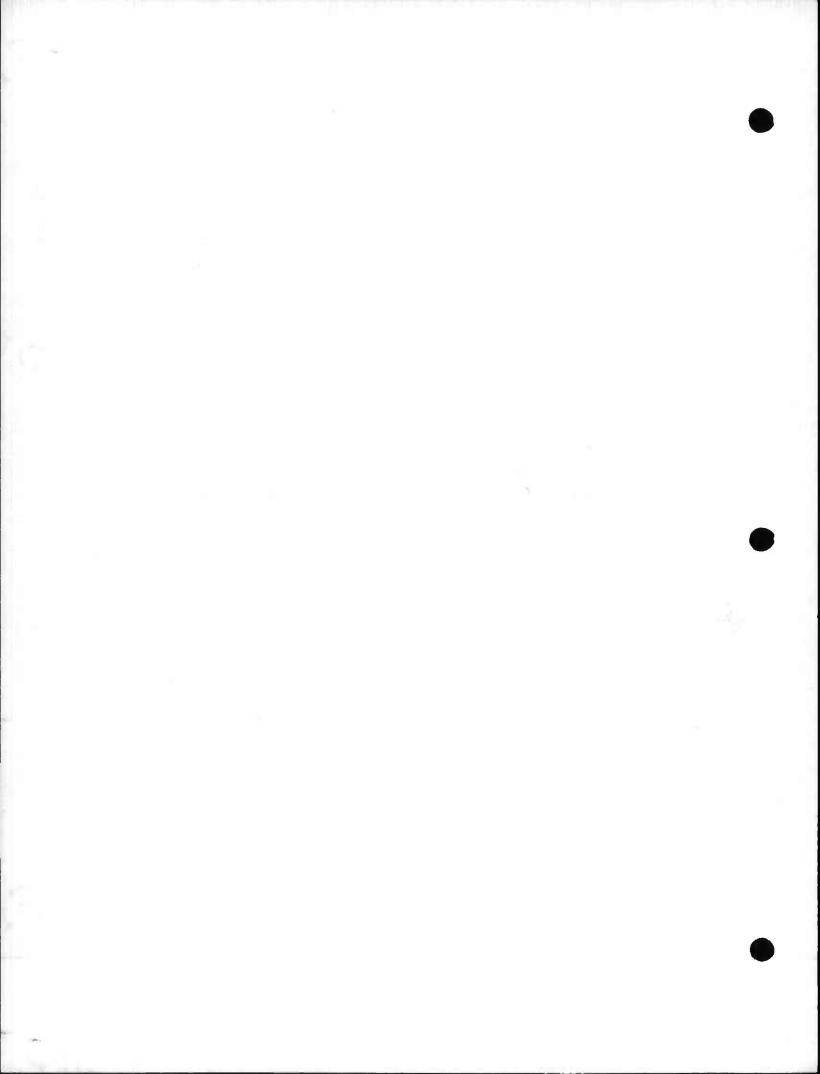
BALTIMORE, MARYLAND 21215-0020

TO THE WEST ATT ONG PHYSICIAN: The law requires that the death certificate be executed with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

TO THE WEST After this certificate has been signed by the anending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be not seen with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: Illiem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFICA	ENT OF H	EALTH AND N	MENTAL HYGIEN		
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH
		VIRGINIA	HOPE			November 13	, 1994	8:08 am
	4. SOCIAL SECURITY NUMBER	19-11 TO 19-		UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	8. BIRT Coun	HPLACE (State or Foreign
	215-26-5978		6 YRS.			May 20, 1918		laryland
or l	9a. FACILITY NAME (If not institution, give		9b.		R LOCATION OF DEA	ATH	Bc. COUNTY OF	
DIRECTOR	1606 S. Kaywood	Dr.		Salis	bury		Wicom	ico
ਜ਼	10a. STATE 10b. COUNT	Υ	10c. CITY, TO	WN OR LOCAT	ION			10d. INSIDE CITY LIMITS?
		omico	Sa	alisbur	-			1 YES 2 X NO
FUNERAL	10e. STREET AND NUMBER	_		101.	ZIP CODE		27. 1.1111.22	WHAT COUNTRY?
N N	1606 S. Kaywood	Dr .	ALLO ADMED	40 1110 050	21801		USA	
	1 Never Married 2 Married	FORCES? 1 YES	2 XNO	Il yes, spe	cify Cuban, Mexican	C ORIGIN? (Specify Yea , Puerto Rican, etc.)	Blac	CE — American Indian, ck, White, atc.
BY	3 Widowed 4 Divorced	I TES, GIVE THEN ON O	TES .	I L TES	2 XNO Specify		Spe W	ony: hite
띹	15. DECEOENT'S EDU (Specify only highest grade	CATION completed)	16a. OECEDENT'S USU (Give kind of work	done during mos	N it of working	16b, KIND OF BUS	SINESS/INOUSTRY	
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	Homemake					
NO N	17. FATHER'S NAME (First, Middle, Last)		пошешаке		16. MOTHER'S NAM	AE (First, Middle, Maiden	Sumamal	
BEC	Frank (unk) D	ennis			Sadie		ayne	
TO B	19a. INFORMANT'S NAME (Type/Print)					oute Number, City or Town		
۴	Fred Hope		1606 S.	. Kaywo	ood Dr.,	Salisbury		
	20a. METHOD OF DISPOSITION 1 ☐ Burial 2 ☐ Cremation 3 ☐ Rem	novel from State Cert	PLACE AND DATE OF DI Setery, crematory or other po Springhill Me	SPOSITION (Nei	me of	1	CATION — City or T	lown, State
	4 Donatton 5 M Other (Specify)		Springhill Me		COMMENS OF FAC	11/16 Het	oron, MD	
	1/2	1/10//		Hollo	way Fune	ral Home		_
	A PART I. Enter the diseases, or	elloway	I The death Death	501 8	now Hill	Rd., Sal:	isbury, l	
	ahock, or heart fallure.	List only one cause on a	ach lina,	mier the mod	ia of dying, auch	as cardiac or respi	ratory erreat,	Approximate Interval Between
	MEDIATE CAUSE (Final disease or condition	Friedly	Ta loudas	***				Onset and Death
	resulting in death)	DUE TO (OR AS A	CONSEQUENCE OF):	11 Code				<u> </u>
Z	Sequentially list conditions,	b						
CERTIFICATION	If any, leading to immediate cause, Enter UNDERLYING	DUE TO (OR AS A	CONSEQUENCE OF):					
E S	CAUSE (Disease or Injury that initiated events	c. DUE TO (OR AS A	CONSEQUENCE OF):					
E	resulting in death) LAST	d						! !
	PART II. Other algolificant condition	ne contributing to death b	art mot requirements in th	a madadulas	carra abras la f			
CAL	TANT II. Other argument condition	E contributing to death b	at not resulting in th	ia underlying	causa givan in i	PERFOR	MED?	b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE
MEDIC						1 YES 2	NO	OF DEATH?
2	DID TOBACCO USE	CONTRIBUTE TO	CAUSE OF I	DEATH Y	YES IT NO			1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			28. PL	ACE OF OEATH (Che			
YSI	1 VES 2 NO	HOSPITAL: 1 Inputient 2 ER/Outp		HER: Nursing Home	5 Besidence	8 Other (Specify)		
	27. MANNER OF OEATH 1 Natural 5 Pending	28a. OATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	WOI	RK?	26d. DESCRIBE HOW II	NJURY OCCURED	
BY	2 Accident Investigation	28a PLACE OF INJURY	- At home, farm, street	" 1 0 1	ES 2 NO	nes I continu m		
COMPLETED	3 Suicide 8 Could not be 4 Homicide determined	building, atc. (Spec	(Hy)	i, ractory, office		281. LOCATION (Street a City or Town, State)	ind Number of Hurai	Houte Number,
LE	290, CERTIFIER 1 CERTIFYING PHYS	ICIAN: To the best of my know	ledge death occurred at	the time date	and place, and due t	to the devental and man		
MC		ER: On the besis of examination						(a) and manner es stated.
	296. SIGNATURE AND TITLE OF CERTIFIE				29c. LICENSE NUM			D (Month, Day, Year)
TO BE	- He yamo				02020	つつ	► 11/16	194
F	36. NAME AND ADDRESS OF PERSON W	O COMPLETED CAUSE OF OE	ATH (ITEM 27) (Type, Print	200	[2	Cn	0.4	Mm
	31. DATE FILED Month, Day, Year)	17WOLO		MARI	N 74	ORU	somy	(110)
	NOV 1 6 1994	32 REGISTRAR'S SIGN	Rankell					
	110 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	-13						



	REGIST
1	1. DECEDENT
l	KATH
	4. SOCIAL SE

1/2

THE CLOSE AND A CONTROLL After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should make a sum of the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

ATTENDING PHYSICIAN: The law requires that the death certificate be executed with DIVISION OF VITAL RECORDS, P.O. BOX 68760

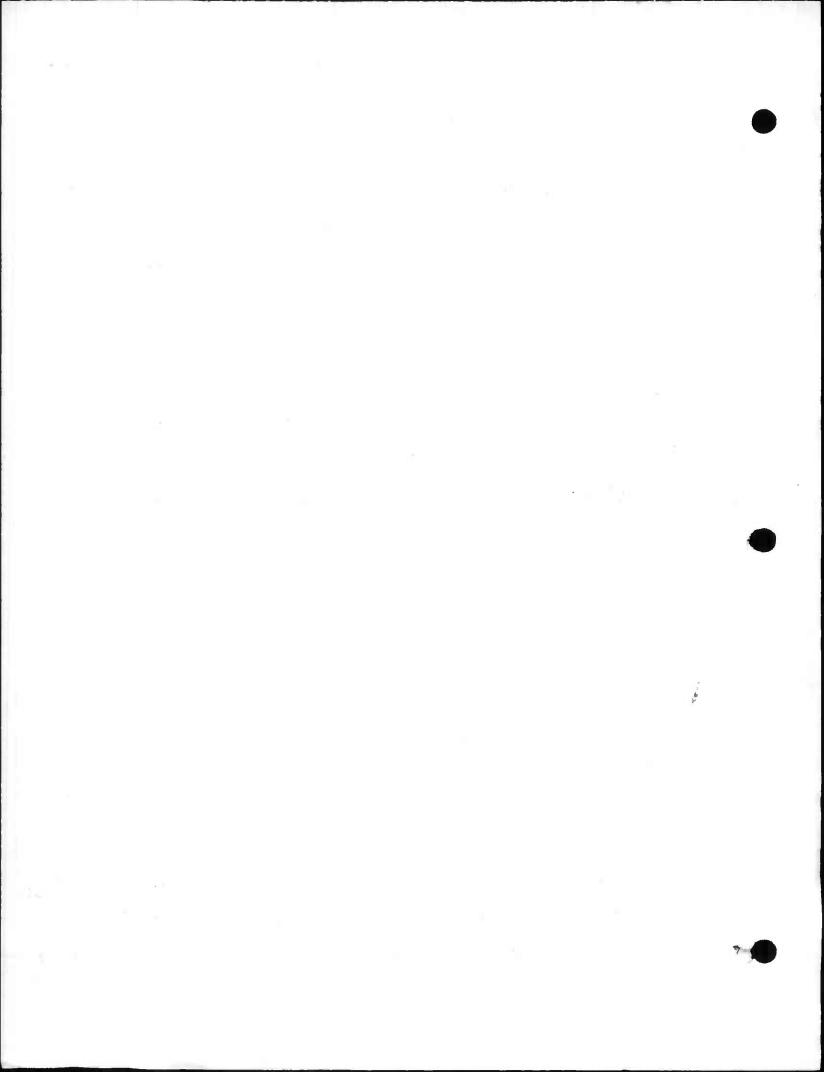
ours after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020

3

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL LIVER

	FOR STATE REGISTRAR	STATE OF MARYLA		MENT OF H			SIENE NO.	
	1. DECEDENT'S NAME (First, Middle, Last) KATHERINE	HARR]	IS			2. DATE OF DEA	R 5, 199	year 9.10 PM M
3	4. SOCIAL SECURITY NUMBER		n yrs. lest birtnday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7 DATE OF BIO	и .	BIRTHPLACE (State or Foreign
	477-30-0987 9e. FACILITY NAME (If not institution, give :		62 YRS.			Dec 12,		innesota
B	Prince Georges Con	•		Chever	OR LOCATION OF DE	ATH		y of DEATH e Georges
CT	RESIDENCE OF DECEDENT	RESIDENCE OF DECEDENT						0001805
DIRECTOR		e Georges		tol Heig				10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	10e. STREET AND NUMBER				. ZIP CODE			N OF WHAT COUNTRY?
INE	1211 Benning Rd #4	12. WAS DECEDENT EVER IN	II C ADMED		20743			d States
	1 Never Merried 2 Merried	FORCES? 1 YES	2 NO	If yee, spe	ENDENT OF HISPAN acify Cuben, Mexice 20 NO Specify	n, Puerto Ricen, e		4. RACE — Americen Indien, Black, White, etc.
ВУ	3 Widowed 4 Divorced			1 123	as no specify			Specify: Black
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	16a. DECEDENT'S I (Give kind of w life. Do NOT use	ork done during mo-	ON st of working	16b. KIND (F BUSINESS/INDU	STRY
PLE	Elementary/Secondary (0-12)	College (1-4 or 5+)	Housewif			Priv	ate	
OM	17. FATHER'S NAME (First, Middle, Last)		HOUSEWII		18. MOTHER'S NAI			
BE C	Roy A. Russell				Thelma			
0	19e. INFORMANT'S NAME (Type/Print)		1		nd Number or Rural F		-	
-	Richard Jacobs				Rd #4 Cap			
	1 Buriel 2 Cremetion 3 Rem 4 Donetion 5 Other (Specify)	come to tate	PLACE AND DATE O etery, crematory or other rmony Me:	F DISPOSITION (Na	me of		andover	
	21. SIGNATURE OF FUNERAL SERVICE LI		Imony rie		D ADDRESS OF FAC		andover	Md
	► /11/1. X	Dano In			NDER S. F			
\neg	23. PART I. Enter the diseases, or	complications that caused	the deeth. Do no	15538 N	farlboro	Pike Fo	restvill	e Md 20747
I	shock, or heart failure, IMMEDIATE CAUSE (Fine)	List only one ceute on ea	ch line.				roopiiatory errec	intervel Between Onset and Death
	disease or condition resulting in death)	Jues ca	mo-/					
	,	DUE TO (OR AS A	CONSEQUENCE OF):				
ON	Sequentially list conditions,	b DUE TO (OR AS A	DUE TO (OR AS A CONSEQUENCE OF):					
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING							į
Ĕ	CAUSE (Disease or injury that initiated events	DUE TO (OR AS A	CONSEQUENCE OF	:				
Ë	resulting in death) LAST	d						
AL C	PART ii. Other significant condition	ns contributing to deeth bu	it not resulting in	the underlying	ceuse given in	Part i. 24s. W	AS AN AUTOPSY	24b. WERE AUTOPSY FINDINGS
S							ERFORMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE
MEDIC,							The state of the s	OF DEATH?
ÿ	DID TOBACCO USE CONT	RIBUTE TO CAUSE OF	DEATH YES	S NO	UNCERTAIN	1 🗆		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	6. PLACE OF DEATH	OTHER:				
14S	1 PES 2 NO 27. MANNER OF DEATH	1 ☐ Inpatient 2 ☑ ER/Outpar 28e. DATE OF INJURY	tient 3 DOA		5 Residence		OW INJURY OCCU	250
	1 Natural 5 Pending	(Month, Day, Year)	INJU		RK?	200. DESCRIBE I	IOW INJUNY OCCU	RED
D BY	2 Accident Investigation 3 Suicida 8 Could not be	28a. PLACE OF INJURY - building, atc. (Specif	— At home, term, st	reet, fectory, office		281. LOCATION (S	treet and Number or	Rural Route Number,
ETE	4 Homicide detarmined	andrig, etc. (cpoon				City or Town,	State)	
COMPLETED		ICIAN: To the beat of my knowle						
8		R: On the besis of examination	and/or investigation	, in my opinion, de	eath occured at the t	time, date end ple	ce, end due to the o	ceuse(s) and menner es stated.
BE	296. SIGNATURE AND TITLE OF CERTIFIED	Portich 1	m		29C LICENSE NUM	BER 2	29d. DATE S	HIGNED (Month, Day, Year)
2	30 MAME AND ADDRESS OF PERSON WH	O COMPLETE CAUSE OF DEAT	TH (ITEM 27) (Type	Print)	4217	20	170100	MD16/1995E
	Hugusto P. Roa	Lugues MM	,5009	Raybo	um Ct.	Cola	n. Mc	1 20748
1	31. DATE FILED (Month, Pay, 4 ar) 994	Je Handa Halla	the Handall					,

DHMH-16 Rev 1/89



Š	2
BALLIMORE, MARYLAND 21215-00	affending
	5
NON	hospital
4	4
-	2
MAK	retained
Į,	may be
)	40
Σ	Pane
AL	death
מ	after
	SUNDE
00,	within hours after death. Page 6 may be retained by the hospital or attending of

DIVISION OF VITAL RECORDS, P.O. BOX 68760

HALL PHECOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should not be marked, or them 28 is marked, or them 28 is marked, or them 28 is marked, or them 28 is marked, or them 29 shows any Injury, or other traumatic event, the medical examinar must be maritimed at owner. PITAL OF ATTENDING PHYSICIAN: The law requires that the death certificate be executed

1 - STATE REGISTRAR	STATE OF MARY		MENT OF HEALTH	F0.1	YGIENE EG. NO.		
1. DECEDENT'S NAME (First, Middle, Les CARLTO)	И В.	Holl	and	2. DATE OF I	DEATH DAY	YEAR 0555	
4. SOCIAL SECURITY NUMBER 217-12-4021 90. FACILITY NAME (If not institution, give	1 M 2 D F	85 YRS.	FUNDER 1 YEAR IF UNDER	Min. (Month, De 1-25	-1909	8. BIRTNPLACE (State or Foreign Country) MD	
			SALISBURY	ON OF DEATH		COMICO	
10e. STATE 10b. COUR	TCOMICO		OWN OR LOCATION ALISBURY		7 11 18	10d. INSIDE CITY LIMITS? 1 YES 2 XNO	
			10f. ZIP COD	ε 801		TIZEN OF WHAT COUNTRY?	
10. STREET AND NUMBER 519 GORI 11. MARITAL STATUS 1 Never Merried 2 Merried 3 🗶 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 XYES IF YES, GIVE WAR OR WW II	2 NO	13. WAS DECENDENT OF THE PROPERTY CASE OF THE PROPERTY CASE OF THE PROPERTY OF	OF NISPANIC ORIGIN? (Sin, Mexican, Puerto Ricar Specify:	pecify Yes or No-	14. RACE — American Indian, Black, White, stc. Specify: WHITE	
15. DECEDENT'S El (Specify only highest gra Elementary/Secondary (0-12)		16e. DECEDENT'S US (Give kind of wor life. Do NOT use of CARPE)	c done during most of world etired.)	ng	OWN HOM	IDUSTRY	
Elementary/Secondary (0-12) 12 17. FATNER'S NAME (First, Middle, Last) JAMES O	HOLLAND	CARPIS	18. MOT	NER'S NAME (First, Middle BERTHA E)	le, Maiden Surname)		
196. INFORMANT'S NAME (Type/Print) LOU ANN MARSH	IALL		PAILROAD				
23. PART I. Enter the diseases, poshock, pr heart failur immediate cause or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	e. Liet only one ceuse on a	A CONSEQUENCE OF): A CONSEQUENCE OF):	anter the mode of dy			TISBURY, MD . Approximats Interval Betwee Onset and Dec	
PART II. Other algnificant conditi	one contributing to death gestron Cur	but not resulting in	the undarlying ceuse		NAS AN AUTOPSY PERFORMED? YES 2 NO	24b. WERE AUTOPSY FINOING ANALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PLACE OF D	DEATN (Check only one)			
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending investigation	1) Inpetient 2 ER/Ou 28e. DATE OF INJURY (Month, Day, Year)	28b. TIME (OF 28c. INJURY AT WORK? M 1 YES 2 [28d. DESCRI	BE HOW INJURY OC	COURED	
2 Accident Investigation 3 Suicide 8 Could not be 4 Nomicide determined 28e. PLACE OF INJURY — At home, farm, street, fectory, office building, stc. (Specify) 28f. LOCATION (Street end Number or Rural Route Number, City or Town, Stete)							
one)	YSICIAN: To the best of my kno INER: On the basis of examinat					ated.	
296. SIGNATURE AND TITLE OF CERTIF	e e		D	25/05		ITE SIGNED (Month, Day, Year)	
Sharon Messics	106 Milford -	ST. SALIS	bruy, Md 2	1801			
Sharon Messics 31. DATE FILED MOV POLY 41. 199	4 July d'intel	NATURE LOC-ROYLELL					

CHARLE OF BOLLAND

Continue concess INA manufacture attitudes

BARRION STATE OF THE STATE OF

BALTIMORE, MARYLAND 21215-0020	AN: The law requires that the death certificate be executed within mouns after death. Page 6 may be retained by the hospital or attending physician.	Artificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit. Pages 1, 2, 3 should the State Dept. of Health and Memial Hygiene prior to bunial, cremation, or removal.	ne form of absence and influent an address described an annual data manufacture manual to a matter of a
FVITAL RECORDS, P.O. BOX 68760,	d within	ompletely fig.	de de
687	execute	and co	modile
30X	ate be	ysician prior to	- American
0	ertifica	ling phy ygiene	atha
<u>ر</u> م	death	attendental H	700
RDS	at the	by the	the last
000	Jires th	Signed	-
RE	aw requ	s been	O oho
TA	The	ate ha	S and
2	AN	III SI	11

TO BE COMPLETED BY FUNERAL DIRECTOR

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

SUCCESSION OF VITAL RECORDS, P. RECORDS, P. RECORDS AND THE INTERIOR THE INTERIOR OF THE ATTENT OF T

12	'n
0 0 0	S Salve
TO THE HOSPITA	C unithin
A E E	Married In
J HE	he filad
/ ==	L

1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPAR CERTIF	RTMENT O	F HEALTH AND OF DEATH	MENTAL HYGIEN REG. NO			
1. DECEDENT'S NAME (First, Middle, Lest)					2. DATE OF DEATH			3. TIME OF DEATH
MARIE HAL	1				NOVEMBER	13 1	YEAR 1994	1:22 P M
		(In yrs. last birthday)	IF UNDER 1 YE	AR IF UNDER 24 HRS.	7. DATE OF BIRTH			PLACE (State or Foreign
214-58-1383	1 □ M 2 🔀 F 4	13 YRS.	MONTHS DA	YS HOURS MIN.	(Month, Day, Year) 12-05-5		Country)
9a. FACILITY NAME (If not institution, give street	et and number)		96. CITY TO	WN OR LOCATION OF D			Was	h. D.C.
P.G. HOSPITAL				VERLY	2011			
RESIDENCE OF DECEDENT			CITE	AFKDI		PKII	NCE	GEORGE'S
10a. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR L	OCATION				10d. INSIDE CITY
Maryland Princ	e George'	S	Suit	land			- 1	LIMITS?
10e. STREET AND NUMBER				101. ZIP CODE		10a, CITI		HAT COUNTRY?
2228 Houston St	reet			20746				d States
11. MARITAL STATUS	2. WAS DECEDENT EVER I	N U.S. ARMED	13. WAS	DECENDENT OF HISPAN	HC ORIGIN? (Specify Ve			
1 Never Married 2 Merried	FORCES? 1 YES	2. NO	If yes	I, specify Cuben, Maxica YES 2 NO Specifi	n, Puarto Rican, atc.)			— American Indian, White, etc.
3 Widowed 4 Divorced	ii ico, aire iam on o	AICS	1 ''	YES 2 ZY NO Specif	γ:		Specif	Black
15. DECEDENT'S EOUCAT (Specify only highest grade co	TION	18a. DECEDENT'S			16b. KIND OF BU	SINESS/IND		
	College (1-4 or 5+)	(Give kind of v	work done durin se retired.)	g most of working				
10th		Unem	nploye	ed	Gover	nmen	n t	
17. FATHER'S NAME (First, Middle, Last)	**		1		ME (First, Middle, Maider			
Howard W.	Hall				y Patter			
19a. INFORMANT'S NAME (Type/Print)		195 MARING	AODDESS (S)	eet and Number or Rural			0.11	
Brian A. Hall		2228	Hous	ston Stre	et. Suit	and	Mc Mc	1 20746
20p, METHANT OF DISPOSITION			_				_	
1 A Burlist 2 Cremation 3 Remove	il from State	netery, cremetory or o	ther place)	Park Ceme	OATE 20c. LC	CATION —	City or Tow	vn, State
21 SIGNATURE OF FANERAL SERVICE LICEN	the Inc	armony I		PAIK CEME		94 L	ando	ver, Ma.
6/0/w/ /	TOMAIT	- 7/1	STE	WART FUN Bennin	ERAL HOM	E	Mack	2 D.C
23. Part I. Enter the diseases, or cor	nolications that cause	d the death. Do r	not enter the	Toda of divine and	g Ru. N.	E . ,	wasi	
ellock, or heart validre. Lis	it only one cause on a	ach line.	iot enter the	mode of dying, suc	ii ae cardiac or resp	iratory arr	reet,	Approximate interval Between
MANEDIATE CAUSE (Final	1.14 P.a.	0 0.00	2 (-	100				Onsat and Death
suiting in death)	Left Ret	1 gl Cell	arc	inama, fo	ye (V			5 mos.
Øľ	DUE TO (OR AS /	A CONSEQUENCE OF	F):		0			
Sequentielly list conditione, b.		-						
if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A	CONSEQUENCE OF	F):					
CAUSE (Diseese or Injury C.								
that initiated avanta resulting in death) LAST	OUE TO (OR AS A	CONSEQUENCE OF	F);					
d				<u> </u>				
PART ii. Other aignificant conditions of								
	contributing to death b	out not recuiting i	in the under	ving cause given in	Part I. 24a WAS AN	ALITOPSY	245	WEDS AUTODSV SIMOMOS
A .	contributing to death E	out not resulting i	in the under	lying cause givan in	Part i. 24a. WAS AN PERFO			WERE AUTOPSY FINDINGS MAILABLE PRIOR TO
	contributing to death t	out not resulting i	in the under	lying cause givan in		RMED?		
DID TOPASSO USE SOLVEN					PERFO	RMED?		AVAILABLE PRIOR TO COMPLETION DF CAUSE
DID TOBACCO USE CONTRIB		OF DEATH YE	s 🗆 no	UNCERTAI	PERFO	RMED?		AVAILABLE PRIOR TO COMPLETION DF CAUSE OF OEATH?
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	BUTE TO CAUSE O		S NO	UNCERTAI	PERFO	RMED?		AVAILABLE PRIOR TO COMPLETION DF CAUSE OF OEATH?
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	BUTE TO CAUSE O	OF DEATH YE	S NO	UNCERTAI	PERFOI	RMED?		AVAILABLE PRIOR TO COMPLETION DF CAUSE OF OEATH?
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1. MANNER OF DEATH	BUTE TO CAUSE O	DF DEATH YE 28. PLACE OF DEAT patient 3 □ DOA 28b. TIM	S NO TH (Check only OTHER: 4 Nursing	UNCERTAIN	PERFOI	RMED?		AVAILABLE PRIOR TO COMPLETION DF CAUSE OF OEATH?
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	BUTE TO CAUSE O	DF DEATH YE 28. PLACE OF DEAT patient 3 □ DOA 28b. TIM	S NO TH (Check only OTHER: 4 Nursing E OF 28c.	UNCERTAIN One) Home 5 G Residence	PERFOI 1 YES :	RMED?		AVAILABLE PRIOR TO COMPLETION DF CAUSE OF OEATH?
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1. 27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation 3 Suicide 8 Could not be	BUTE TO CAUSE O	DF DEATH YE 28. PLACE OF DEAT Detient 3 DOA 28b. TIMI INJ	S NO TH (Check only OTHER: 4 Nursing E OF 28c. URY M 1	UNCERTAIN one) Home 5 Residence INJURY AT WORK? YES 2 NO	PERFOI 1 YES : 6 Other (Specify) 28d. DESCRIBE HOW	RMED? NO NJURY OCC	CURED	AMALABLE PRIOR TO COMPLETION DF CAUSE OF OEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1. 27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	BUTE TO CAUSE O	DF DEATH YE 28. PLACE OF DEAT Detient 3 DOA 28b. TIMI INJ	S NO TH (Check only OTHER: 4 Nursing E OF 28c. URY M 1	UNCERTAIN one) Home 5 Residence INJURY AT WORK? YES 2 NO	PERFOI 1 YES : 6 Other (Specify) 28d. DESCRIBE HOW	RMED? NO NJURY OCC	CURED	AMALABLE PRIOR TO COMPLETION DF CAUSE OF OEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1. MANNER OF DEATH 1 Natural 5 Pending investigation 3 Suicide 8 Could not be detarmined	BUTE TO CAUSE OF TO CAUSE OF TAL: Inparliant 2 = ER/Outp 28a. DATE OF INJURY (Month, Day, Year) 28a. PLACE OF INJURY building, etc. (Special	DF DEATH YE 28. PLACE OF DEAT Detfent 3 DOA 28b. TIMI INJ — At home, term, a	OTHER: 4 Nursing E OF 28c. URY M 1street, fectory,	UNCERTAIN UNCERTAIN UNCERTAIN One) Home 5 Residence INJURY AT WORK? YES 2 NO office	PERFOI 1 YES : 6 Other (Specify) 28d. DESCRIBE HOW City or Town, State,	NJURY OCC	CURED or Runil Ro	AMALABLE PRIOR TO COMPLETION DF CAUSE OF OEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	BUTE TO CAUSE OF T	DF DEATH YE 28. PLACE OF DEAT Petiant 3 DOA 28b. TIMI INJ — At home, term, a	OTHER: 4 Nursing E OF 28c URY M 1	UNCERTAIN one) Home 5 Residence INJURY AT WORK? YES 2 NO office	FERFOL To ther (Specify) The second of the control of the cause(a) and market second of the cause(a) and m	NJURY OCC	CURED or Rural Ro	AMALABLE PRIOR TO COMPLETION DF CAUSE OF CEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	BUTE TO CAUSE OF T	DF DEATH YE 28. PLACE OF DEAT Petiant 3 DOA 28b. TIMI INJ — At home, term, a	OTHER: 4 Nursing E OF 28c URY M 1	UNCERTAIN DOING HOME 5 Residence INJURY AT WORK? YES 2 NO office deta and place, and due on, death occured at the	PERFOI 1 YES: 6 Other (Specify) 28d. DESCRIBE HOW I 28t. LOCATION (Street City or Town, State, 10 the cause(a) and me time, date end place, ar	NJURY OCC	CURED or Rural Ru (ed. te cause(e)	AMALABLE PRIOR TO COMPLETION DF CAUSE OF CAITH'S OF CAUSE OF CAITH'S OF CAUSE OF CAUSE OF CAITH'S OF CAUSE OF CAITH'S OF
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	BUTE TO CAUSE OF T	DF DEATH YE 28. PLACE OF DEAT Petiant 3 DOA 28b. TIMI INJ — At home, term, a	OTHER: 4 Nursing E OF 28c URY M 1	UNCERTAIN one) Home 5 Residence INJURY AT WORK? YES 2 NO office	PERFOI 1 YES: 6 Other (Specify) 28d. DESCRIBE HOW I 28t. LOCATION (Street City or Town, State, 10 the cause(a) and me time, date end place, ar	NJURY OCC	CURED or Rural Ru (ed. te cause(e)	AMALABLE PRIOR TO COMPLETION DF CAUSE OF CEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	BUTE TO CAUSE CO. SPITAL: Inpatient 2 = ER/Outp 28a. DATE OF INJURY (Month, Dey, Year) 28a. PLACE OF INJURY building, etc. (Special IN: To the best of my know On the beste of axamination	28. PLACE OF DEAT 28. PLACE OF DEAT 28b. TIM 28b. TIM 27 — At home, term, a 27 / At home, term, a 28c. Time 28c. T	S NO IH (Check only OTHER: 4 Nursing E OF URY M 1 street, fectory, of the time, in, in my opinion	UNCERTAIN DOING HOME 5 Residence INJURY AT WORK? YES 2 NO office deta and place, and due on, death occured at the	PERFOI 1 YES: 6 Other (Specify) 28d. DESCRIBE HOW I 28t. LOCATION (Street City or Town, State, 10 the cause(a) and me time, date end place, ar	NJURY OCC	CURED or Rural Ru (ed. te cause(e)	AMALABLE PRIOR TO COMPLETION DF CAUSE OF CAITH'S OF CAUSE OF CAITH'S OF CAUSE OF CAUSE OF CAITH'S OF CAUSE OF CAITH'S OF
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	BUTE TO CAUSE CO. SPITAL: Inpatient 2 = ER/Outp 28a. DATE OF INJURY (Month, Dey, Year) 28a. PLACE OF INJURY building, etc. (Special IN: To the best of my know On the beste of axamination	28. PLACE OF DEAT 28. PLACE OF DEAT 28b. TIM 28b. TIM 27 — At home, term, a 27 / At home, term, a 28c. Time 28c. T	S NO IM (Check only OTHER: 4 Nursing E OF URY M 1 street, fectory, or other	UNCERTAIN one) Home 5 Residence INJURY AT WORK?	PERFOL To ther (Specify) 28d. DESCRIBE HOW City or Town, State, to the cause(a) and mattime, date end place, and the cause (a) and mattime, date end place, and the cause (a) and mattime, date end place, and the cause (a) and mattime, date end place, and the cause (a) and mattime, date end place, and the cause (a) and mattime, date end place, and the cause (a) and mattime, date end place, and the cause (a) and mattime, date end place, and the cause (a) and the cause (b) and the cause (c) and	NJURY OCC	CURED or Rural Rolled. ted. E SIGNED (AMALABLE PRIOR TO COMPLETION DF CAUSE OF CEATHY 1 YES 2 NO Pulle Number, and manner as stated. Month, Day, Year)
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	BUTE TO CAUSE OF INJURY (Month, Day, Year) 28a. PLACE OF INJURY building, etc. (Special Complete Cause of or Second Complete Cause of Or Second Complete Cause of Or Second Cause Of Or Or Second Cause Of Or Or Second Cause Of Or Or Or Or Or Or Or Or Or Or Or Or Or	28. PLACE OF DEAT 28. PLACE OF DEAT 28b. TIMI 28b. TIMI 27 (Type. ATH (ITEM 27) (Type.	S NO IH (Check only OTHER: 4 Nursing E OF URY M 1 street, fectory, of the time, in, in my opinion	UNCERTAIN DONE) Home 5 Residence INJURY AT WORK? YES 2 NO offlice deta and place, and due in, death occured at the 29c. LICENSE NUR A	PERFOI 1 YES: 6 Other (Specify) 28d. DESCRIBE HOW I 28t. LOCATION (Street City or Town, State, 10 the cause(a) and me time, date end place, ar	NJURY OCC	CURED or Rural Rolled. ted. E SIGNED (AMALABLE PRIOR TO COMPLETION DF CAUSE OF GEATH? 1 YES 2 NO Pulle Number, and manner as stated. Month, Day, Year)
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	BUTE TO CAUSE CO. SPITAL: Inpatient 2 = ER/Outp 28a. DATE OF INJURY (Month, Dey, Year) 28a. PLACE OF INJURY building, etc. (Special IN: To the best of my know On the beste of axamination	28. PLACE OF DEAT 28. PLACE OF DEAT 28b. TIM 28b. TIM 1NJ 28b. Tim 28b. Tim 1NJ 28b. Tim 28b. Tim 1NJ At home, term, a 28b. Tim 28b.	S NO IM (Check only OTHER: 4 Nursing E OF URY M 1 street, fectory, or other	UNCERTAIN one) Home 5 Residence INJURY AT WORK?	PERFOL To ther (Specify) 28d. DESCRIBE HOW City or Town, State, to the cause(a) and mattime, date end place, and the cause (a) and mattime, date end place, and the cause (a) and mattime, date end place, and the cause (a) and mattime, date end place, and the cause (a) and mattime, date end place, and the cause (a) and mattime, date end place, and the cause (a) and mattime, date end place, and the cause (a) and mattime, date end place, and the cause (a) and the cause (b) and the cause (c) and	NJURY OCC	CURED or Rural Rolled. ted. E SIGNED (AMALABLE PRIOR TO COMPLETION DF CAUSE OF GEATH? 1 YES 2 NO Pulle Number, and manner as stated. Month, Day, Year)

permit. Pages 1, 2, 3 use as the burial-transit Page 6 may be retained by the hospital or attending physician. funeral director, page 5 should be detached for pe examiner g. or removal. other traumatic event, the medical filled in by and completely fi to burial, cremation Hygiene prior to

notified at once.

must

shows a

23

ä å

22

28

PHYSICIAN:

ВҮ

COMPLETED

BE

2

31. DATE FILED (Month, Day, Year)

NOV T 2 1994

32. REGISTRAR'S SIGNATURE

Davidson-Randall

has been Dept. of h

The C

FUNERAL within 72 =

TO THE HOSPITA
TO THE FUNERA
DIE RIED WITHIN 72
IMPORTANT: 1

death

State

BALTIMORE, MARYLAND 21215-0020

MON OF VITAL RECORDS, P.O. BOX 68760

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Lest) 2. DATE OF DEATH 3. TIME OF DEATH EVADIE HALL Evadnie M. Hall NOV. dEAR 11:15 AM 4. SOCIAL SECURITY NUMBER 5. SFX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign IF UNDER 1 YEAR | IF UNDER 24 HRS. JUNE 16, 1 [M 2 X F DAYS HOURS 577-94-6874 32 1962 MARYLAND VRS 9e. FACILITY NAME (If not institution, give street end number, 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH 7446 LANDOVER ROAD DIRECTOR LANDOVER PRINCE GEORGES RESIDENCE OF DECEDENT 10a STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d, INSIDE CITY MARYLAND PRINCE GEORGES LANDOVER XX YES 2 NO FUNERAL 10a STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 7304 LANDOVER ROAD #B 20785 UNITED STATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No—II yee, specify Cuben, Mexican, Puerto Rican, etc.)

1 YES 2 HO Specify: 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED Never Merried 2 Merried 14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2 YOUNO
IF YES, GIVE WAR OR DATES BY Specify: Widowed 4 Divorced BLACK 16e. DECEDENT'S USUAL OCCUPATION ETED 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade completed) (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5 +) N/A COMPL **12TH** N/A 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Meiden Surname) RUDOLPH HALL JR. ELIZABETH HUTTON HALL 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zio Code 2 7304 LANDOVER ROAD #B, LANDOVER, MD ELIZABETH HALL 20a. METHOD OF DISPOSITION

1 Xatirlel 2 Cremation 3 Re
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State GLENWOOD CEMETERY 11-18-94 WASHINGTON, D.C. 21. SIGNATURE OF JUNERAL SERVICE LICENSEE E.M. DUDLEY FUNERAL HOME 3200 RHODE ISLAND AVE., MT.RAINIER, MD 23. PART I. Enter the diseases, Dr complications the caused the deeth. Do not enter the mode of dying, such as cerdiac or respiratory errest, Approximate shock, or heart failure. List pnly one ceuse on each line. interval Between IMMEDIATE CAUSE (Final **Onset and Death** disease or condition resulting in desth) Strang Wation
DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Diseese or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in deeth) LAST PART II. Other algorificent conditions contributing to death but not resulting in the underlying cause given in Pert I. 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY PERFORMED? MEDICAL 1 TYES 2 NO OF DEATH? 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL: OTHER: 1 | Inpatient 2 | ER/Outpatient 3 | DOA 4 - Nursing Home XX Reeldence 8 - Other (Specify) 28a. DATE OF INJURY FOLKSOND Day, Year) 11-10-94 27. MANNER OF DEATH 28b. TIME OF INJURY (28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 16 AM 1 YES 2 NO Strange subject 2 Accident Investigation 28e. PLACE OF INJURY — At home, farm, street, fectory, office building, etc. (Specify) 3 Sulcida 281. LOCATION (Str. 6 Could not be 7414 Landover Rd ldin 4 Homicide 29a, CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, deeth occurred at the time, date end place, end due to the cause(e) end manner as stated. MEDICAL EXAMINER: On the beale of exemination and/or investigation, in my opinion, death occurred at the time, date end piece, end due to the ceuse(e) end menner ee stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) Chints Denni O.C.M.E NOV. 11,1994 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 111 Penn Street, Baltimore, Maryland 21201

· . Fills Printers.

8	
_	4
	Þ
	r
ď.	3
~	
~	7
	1
w.	
9	
_	
\simeq	
\circ	*
m	4
-	-
0	
а.	4
-	
(A)	4
ä	
_	1
-	1
\sim	4
\sim	
0	
11	1
~	
_	
-1	
_	
Q,	1
_	ŀ
_	-
>	4
	č
_	è
OF VITAL RECORDS, P.O. BOX 68760	

ION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	PHYSICIAN: The law requires that the death certificate be executed within a viours after death, Page 6 may be retained by the hospital or attending physician.	A Marie this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be attached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit.	is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
(PHOSION OF VITAI	TO THE HOSPITAL OF SCHOOL PHYSICIAN; The I	to the Fundam different and this certificate ha	IMPORTANT: If Item 28 is marked, or Item 2

	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM			MENTA	L HYGIEN	E			
	1. OECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH 3. TIME OF DEATH					
		MARY LOUISE HAMILTON				NOVEMBER 12, 1994 1:05					
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE ((John Land Company) a Grock I Text a Grock 24 Kin							LACE (State or Foreign	
	577-18-5583	5ept. 10, 12							92 0 Indiana		
Œ	Prince George's				R LOCATION OF D	EATH		3.7	TY OF DEA		
DIRECTOR	RESIDENCE OF DECEDENT	Chever1	everly Prince Geo					eorge's			
R	10e. STATE 10b. COUNTY		10c. CITY, T	OWN OR LOCAT	ION				1	Od. INSIDE CITY LIMITS?	
	Maryland Prince	rerly_				1 X YES 2 NO					
RA	10e. STREET AND NUMBER		ZIP COOE					AT COUNTRY?			
FUNERAL	2509 Crest Avenue 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED				20785			U.S.			
	1 Never Married 2 Married	FORCES? 1 YES	2 XNO	II yes, spe	ENDENT OF HISPAI city Cuben, Mexica 2 X NO Specif	an, Puerto F	Rican, etc.)	Black, White, atc.			
BY	3 Widowed 4 Divorced	n res, sive valid on or	1123	1 1 123	Z M NO Specif	ry:			Specify:	White	
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)	16a. DECEDENT'S US	done during mos	N it of working	16b.	KIND OF BUS	INESS/INOL	USTRY		
ا چ	Elementary/Secondary (0-12)	College (1-4 or 5 +)	life. Do NOT use re								
Ž I	17. FATHER'S NAME (First, Middle, Last)		Homemaker		40 4407117010 111		Own Ho				
	Thomas Meunier				Gladys			Sumame)			
BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING AD	DRESS (Street a	d Number or Rural			State Zin	Code)		
임	William Hamilton		2509 Cre							85	
	20a. METHOD OF DISPOSITION 1 ↑ Burlel 2 □ Cremetion 3 □ Remo	20b	PLACE AND DATE OF D	ISPOSITION /No.	me of	CAT	200 100	ATION C	Mr. or Town	Ctata	
	4 Donation 5 Other (Specify)	Ar	lington Na	ational	Cemeter	ry11/	17/94	Arli:	ngton	, Virginia	
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE AMI	1_	22. NAME AN	D AOORESS OF FA	MCILITY				e, P. A.	
	(Ilcules	- Bed								, MD 20781	
	23. PART i. Enter the diseases, or c	complications that caused List only one cause on e	the deeth. Do not	enter the mo	le of dying, suc	h as cerd	liec or reapir	atory erre	st,	Approximate	
		ACTION IN A ACTUAL OF								Interval Between Onset and Death	
	disease or condition resulting In death) a. SUDSIS DUE TO (OR AS A CONSEQUENCE OF):										
	DUE TO (OR AS A CONSEQUENCE OF):										
NO.	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events OUE TO (OR AS A CONSEQUENCE OF): OUE TO (OR AS A CONSEQUENCE OF): OUE TO (OR AS A CONSEQUENCE OF):										
Ä	f any, leeding to immediate AUSE (Disease or Injury)										
Ĕ	CAUSE (Disease or Injury that initieted events	OUE TO (OR AS A	CONSEQUENCE OF):								
CERTIFICATION	resulting in deeth) LAST	meta state	c carre	inomo	a of (olov	\				
AL C	PART II. Other eignificant condition	e contributing to deeth be	ut not recuiting in t	he underlying	cause given in	Part I.	24a. WAS AN	AUTOPSY	24b. W	ERE AUTOPSY FINDINGS	
ই ∥	PERFORMED?							A	VAILABLE PRIOR TO OMPLETION OF CAUSE		
						_	1 YES 2	X		F DEATH?	
PHYSICIAN: MEDIC	DID TOBACCO USE CONTR	RIBUTE TO CAUSE O	F DEATH YES		UNCERTAII	N 🗆					
ᇹ┃	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	26. PLACE OF DEATH (Check only one)							
ı X	1 TYES 2 NO	1 Anpatient 2 - ER/Outp	etlent 3 DOA 4	Nursing Home	5 Residence	6 🗆 Other	(Specify)				
	27. MANNER OF DEATH 1 Netural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	26b. TIME O	WOI	tK?	28d. OEŞ	CRIBE HOW IN	JURY OCCI	URED		
B d	2 Accident Investigation	28s. PLACE OF INJURY	— At home form street		1 YES 2 NO						
COMPLETED	4 Homicide determined	3 Suicide 6 Could not be determined 28. PLACE OF INJURY — At home, farm, street, tactory, office building, atc. (Specify) 28. LOCATION (Street and Number or Rural Route Number, City or Town, State)									
١٣	29a. CERTIFIER CERTIFYING PHYSIC	CIAN: To the heet of my knowl	ados deeth occurred a	t the time date	and place, and due	40.40	- (2) 4				
<u> </u>	CERTIFIER (Check on) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated.										
	296. SIGNATURE AND TITLE OF CERTIFIER		29c. LICENSE NUMBER				29d. OATE SIGNED (Month, Day, Year)				
O BE	10mingt	MD			0425			>	11/12/96		
ř	30. NAME AND ADDRESS OF PERSON WHO								•		
	21 DATE EN ED Month Day Wash	S AUJLA	G501 (-anda	ver Rd	che	werk	MD	20	185.	
	NOV 1 5 1994	32. REGISTRAR'S SIGN	don- Mande								

7	Z		-2
	8		3
	<u>a</u>		5
ı	0		=
1	Z		1
	2		P
	3		9
	댦		5
	5		2
ú	03		
9	00		2
1	a		-
	9		8
	8		Ē
	2		Ξ
	P		9
	Sq.		를
	9		E
	2		2
	2	100	
	1	8	100
	ã	E	3
	_	5	9
	P	Ö	E
	1	-	-
	軍	0	ĕ
	3	4	-
	욢	E	=
	충	2	ě
	Ē		2
	8	8	-
	o	Þ	ž
	F	-	9
	5	2	5
	픙	6	70
	3	3	4
	È	60	1
	Q.	E S	ž
	5	6	5
	듛	£	<u></u>
	e	700	0
	#	끝	>
	9	Ae	5
	\$	=	=
	2	8	=
	0	10	E
	8	皇	d
	.D	9	22
	67	X	6
	e	6	=
	ڇ	7	-
	SE	e e	2
	Ĕ	0	=
	5	ate	8
	3	S	=
	#		5
	9	5	-
	5	5	Ď
	章	3	8
	-	5	8
	100	at	E
-	4	8	-
ľ	æ	20	e
Ü	6	爱	言
į,	M	100	33
ø	W.	B	壨
e	百	3	器
м	. 1	Æ.	-
9			
	The second right of the following the stending physician and completely filled in by the funeral director, page 5 should be detached	Ŋ,	The marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1 - STATE STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR

CERTIFICATE OF DEATH

1. DECEDENT'S NAME (First, Middle, Last)

2. DATE OF DEATH

3.

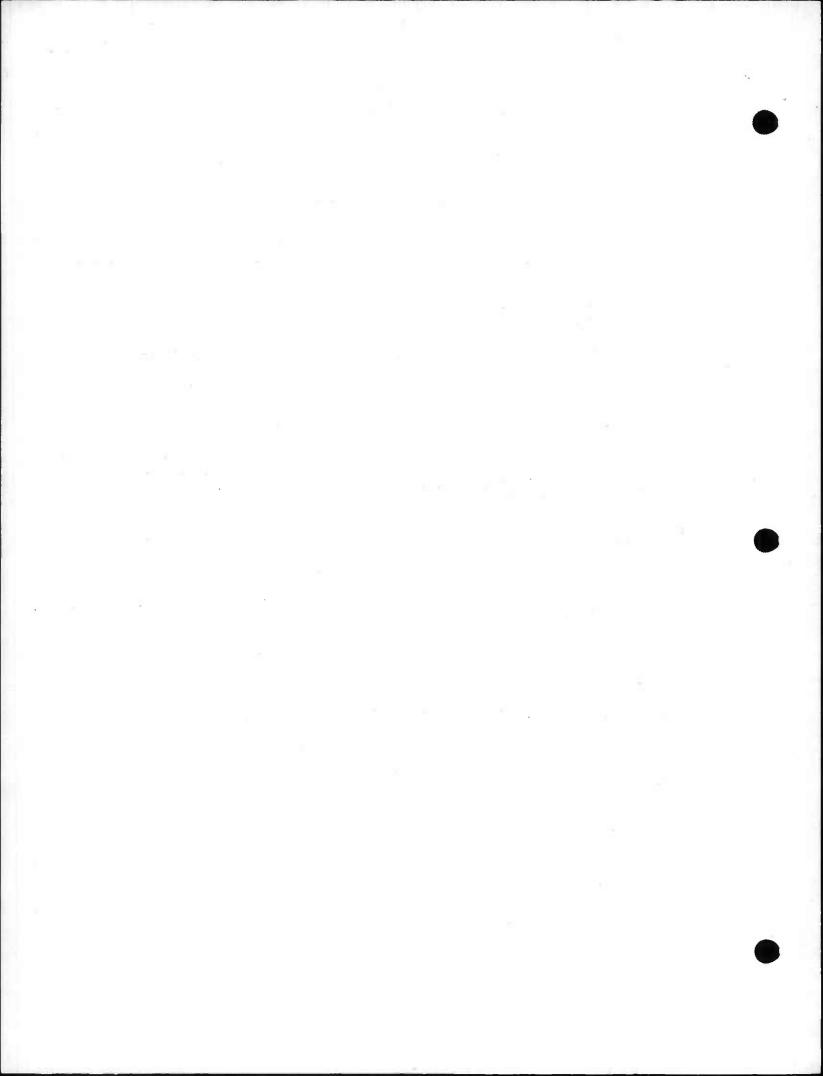
	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF DEATH MONTH DA	Y YE	3. TIME OF DEATH	
	SUSIE 4. SOCIAL SECURITY NUMBER	HADLEY				11 1	11 11 94 1:30/AM			
8	TO TO THE COLOR OF		(In yrs. last birthday) 87 YRS.	IF UNDER 1	DAYS HOU	DER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	0	SIRTHPLACE (State or Foreign Country) DRTH CARDLINA	
	Se. FACILITY NAME (If not institution, give st		97	9b. CITY, 1	OWN OR LOC	ATION OF D	8-15-0	9c. COUNTY	of DEATH Prince	
OB	PINEVIEW MANOR	9106 PINE	VIEW LINE	0	LINT	DN 1	4D. 20735	P.	George's	
2	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY			Y, TOWN OR					10d. INSIDE CITY	
DIRECTOR	Maryland Prince		100.01	Clint				LIMITS?		
	10a. STREET AND NUMBER	C(M)	10f. ZIP (ODE		10g. CITIZEN	OF WHAT COUNTRY?			
FUNERAL	9106 Prneview,		78	735		Unite	d States			
E	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER FORCES? 1 YES	N U.S. ARMED	13. W	S DECENDER	IT OF HISPAI	NIC ORIGIN? (Specify Years, Puerto Ricen, etc.)		RACE — American Indien, Black, White, atc.	
B	3 Widowed 4 Divorced	IF YES, GIVE WAR OR (ATES	1 (YES 2X	NO Specif	y:	specify: Blach		
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)	18e. DECEDENT'S	work done du	UPATION ring most of w	orkina	16b, KIND OF BUS			
7	Elementary/Secondary (0-12) Elementary/4	College (1-4 or 5+)	ins. Do NOT u Labor	se retired.)			To divide	minl D		
MO	17. FATHER'S NAME (First, Middle, Lest)		Labor	er	18.4	OTHER'S NA	ME (First, Middle, Meiden	rial Fa	actory	
BE C	Ander Ragland					Unkno		Surrierrey		
TO B	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street and Nur	nber or Rumi	Route Number, City or Town	n, Stata, Zip Cod	(e)	
-	Louis/Lewis Ragla					Uppe	r Marlboro			
	20a. METHOD OF DISPOSITION 1	oval from State Car	metery, cremetory or o	ther plecal			0ATE 20c. LO			
- 1	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE		22. N/	ME AND ADI	RESS OF FA	11/15 Cha	f Diggs	Mortuary	
	Marles C.	Sugar	7	490	06 Ive	rson	Pl., Templ	e Hills	s, MD 20748	
CERTIFICATION	immediate Cause (Finel disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):									
MEDICAL	Congestive fear failure - Die beles 1 yes 2 No OF DEATH?								24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			26. PLACE O	F OEATH (Ch	eck only one)			
YSI	t TYES 2 NO	1 Inpatient 2 ER/Out		-			8 Other (Specify)			
ВУ РН	27. MANNER OF DEATH 280. OATE OF INJURY (Month, Day, Year) 280. TIME OF 1 28c. INJURY AT WORK? 1 A Natural 5 Pending Investigation 2 Accident Investigation									
								ural Route Number,		
BE COMPLETED		CIAN: To the best of my known: R: On the beele of examination							use(e) end manner ee stated.	
3E C	29b. SIGNATURE AND TITLE OF CERTIFIER		9011	. :	29c.	LICENSE NUI	MBER 7/1		NED (Month, Day, Yeer)	
2	30. NAME AND ADDRESS OF PERSON WH	COMPLETED CAUSE OF DE	LATH (ITEM 27) (Type	Print)		34.	1/9	►//·	11.99	
/										
	31. DATE FILED (Month, Day, Year) NOV 1 4 199	1 32. REGISTRAR'S SIGN	Hason-Rind	all						
	MOAT # 199	1	1							

BALTIMORE, MARYLAND 21215-0020

	٦
20	*
7	•
œ	-
9	
×	
0	
BOX 6876	
P.0	
o.	
-	
S, P.	
0	
œ	
\overline{O}	
Ö	
ш	•
<u>~</u>	
_	
7	
	ı
÷	:
>	1
ш	1
0	-
7	4
2	1
\simeq	1
S	1
DIVISION OF VITAL RECORDS, P	
=	1
	ρÌ

FOR 1 - STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

		REGISTRAR			KIIF	CATE	UF DE	AIH	REG. NO			
		1. DECEDENT'S NAME (First, Middle, Last)	ELAINE , / I	ROSE	. HC	PKINS			2. DATE OF DEATH	AY 1	3. TIME OF DEATH	
		4. SOCIAL SECURITY NUMBER		E (In yrs. last	pirtholox I	IF UNDER 1 Y	FAIR REAL	NDER 24 HRS.	7. DATE OF BIRTH		4 0850 A M BIRTHPLACE (State or Foreign	
_		213-38-9291	1 - FEMALE	55	YRS.		AYE HOU			1938 N	EW YORK	
3 should	_	9a. FACILITY NAME (If not institution, give			96. CITY, TOWN OR LOCATION OF DEATH				EATH			
1. 2. 3	DIRECTOR	NORTHWEST HOSPIT	RANDALLSTOWN					BALT	TIMORE			
) H	10a. STATE 10b. COUNT	LTIMORE		10c. CITY, TOWN OR LOCATION REISTERSTOWN						tod. INSIDE CITY	
permit. Pages		100, STREET AND NUMBER			101. ZIP CODE				1 YES 2 NO			
nsit	FUNERAL	209 HIGH FALCON	RD.				10f. ZIP C	211	36	N OF WHAT COUNTRY?		
020 physician. burial-transit	FUN	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER FORCES? 1 YE	S 2 N					NIC ORIGIN? (Specify Yer	or No — 14	14. RACE — American Indian, Black, White, etc.	
215-0020 attending physician se as the burial-tra	B≺	3 Widowed Manufreed	IF YES, GIVE WAR OR	DATES		1 🗆	YES 2	NO Specif	y.		*WHITE	
21215 ai or atten for use as	TED	15. DECEDENT'S EDU (Specify only highest grad		(Gh	re kind of w	USUAL OCCU	PATION ng most of w	orking	16b, KIND OF BU	SINESS/INDUS	TRY	
D 21	PLET	Elementary/Secondary (0-12)	College (1-4 or 5+)	me.	DO NOT US MEMAK	e recired.)			OWN	HOME		
YLAND 2. by the hospital of the detached for	COMPL	17. FATHER'S NAME (First, Middle, Last)				CLIC	18. N	AOTHER'S NA	ME (First, Middle, Maiden			
	in	EDWARD GEIGER						-	EL HENNING			
MARYLAND retained by the hospit 5 should be detached	2	190. INFORMANT'S NAME (Type/Print) GEORGE C. HOPKIN	rC.						Route Number, City or Tow EISTERSTOW		MD 21136	
		20a. METHOD OF DISPOSITION BU				F DISPOSITION		KD. K			ry or Town, State	
IMORE, Page 6 may be al director, page		4 Donation 5 Other (Specify)		PIP	E"CRI	EEK CE	METER	RY	11/25 N	R. NEV	WINDSOR, MD	
BALTIMORE, ser death. Page 6 may be the funeral director, page val.		21. SIGNAPURE OF FUNERAL SERVICE LI	CENSEE /	50	1	22. NAI	ME AND ADI	DRESS OF FA			ZLER & SONS	
0 = 6		(atharine)	V. Xyan	jar	_				INDSOR, MD			
urs in t			complications that cause .List only one cause on	eech line.	eth. Do n	ot enter the	mode of	dying, suc	h aa cardlec or reep	iratory arrea	Intarval Between	
all ju		IMMEDIATE CAUSE (Final disease or condition	Can	23			11	0 - 1	- P.L . C	ila	Onset and Death	
		resulting in deeth)	DUE TO (OR AS	A CONSEO	UENCE OF):		(1) (2)	Laca	<i>y</i> • • • • • • • • • • • • • • • • • • •	4 · miles	
68 Gecute and c		Sequentially list conditions,	6. COTO	S NO	UENCE ON	~	ns	ufl	jame	7,		
Siciar Pe	CAT	if any, leading to immediate cause. Enter UNDERLYING	. Diele	ete	S course of	m	il	22/10	~ ~	U	Y =3	
. 4 4 6 2	CERTIFICATION	CAUSE (Disease or Injury thet initiated events resulting in deeth) LAST	DUE TO (OR AS	A CONSEO	UENCE OF):						
Tend ath	CER		d									
2 2 2 2 2	AL	PART II. Other significant condition	na contributing to death	but not re	eulting i	n the unde	rlying cau	se given in	Part I, 24a. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO	
O 5 5 5 8	EDICAL								1 YES 2	□ NO	OF DEATH?	
Par red		DID TOBACCO USE	CONTRIBUTE TO	CAUS	E OF	DEATH	YES	П ИС			1 TES 2 NO	
- S S S S	IAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?						OF DEATH (Ch				
OF VITAL HYSICIAN: The law his certificate has lawith the State Dept. Med. or liter; 23		1 TES 2 XNO	HOSPITAL;		DOA	OTHER: 4 Nursing	Home 5	Residence	8 Other (Specify)			
	H	27. MANNER OF DEATH 1 Netural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)		28b. TIME	URY	WORK?		28d. DESCRIBE HOW I	NJURY OCCU	RED	
TSION TTENDING TTOR: After after death	ا م ا	2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE OF INJUI building, etc. (Sp	RY — At hor	ne, term, s			2 110	28f. LOCATION (Street	and Number or	Rural Route Number,	
DIVISION DR ATTENDING R DIRECTOR: After Rhours after death	ETE	4 Homicide detarmined	building, etc. [St	Decity)					City or Town, State)			
₹ ₹ R =	AP.		SICIAN: To the best of my kno									
THE HOSPITAL THE FUNERAL SHED WITHIN 72	S	29b. SIGNATURE AND TITLE OF CERTIFIE		lion and/or ir		n, In my opin					cause(s) and manner as stated.	
TO THE FUNER DE-filed within) BE	Min	luna	~			290.	D 12	001	29d. DATE S	BIGNED (Month, Day, Year) - 21-9 4	
	2	30. NAME AND ADDRESS OF PERSON W	10 COMPLETED CAUSE OF I	DEATH (ITEM	1 27) (Type,	Print)			7	21		
The state of the s		31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIG) K o	00	C -	Ve	1-6-22	ga mu	les,	M1) 21117	
	9	NUV 23 1994	32. HEGISTHAN'S SIC	Alall				(
				T VINE TO THE								



99	ficate he execu
×	8
8	d en
	ifica
0	PP
۵.	uires that the death cer
Ś	a de
믔	f th
ō	1
S	Jires.
OF VITAL RECORDS, P.O. BOX	aw renu
Ļ	3
¥.	The
<u></u>	AN
L	SIC
0	PHY
Ž	NG
2	UN
IVISION	OR ATTENDING PHYSICIAN
\leq	J. H.

VSICIAN: The law requires that the death certificate be executed within after death. Page 6 may be retained by the hospital or attending physician.	is certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, Pages 1, 2, 3 should	r removal.	nedical examiner must be notified at once,	
THE JOSHIAL DRIVING PHYSICIAN: The law requires that the death certificate be executed within the property of	IN Def FUNEHAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled	In the warm of hours after death with the State Dept. of Health and Mental Hygiene prior to bunal, cremation, or removal.	IMPORTANT. If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	COLOR THE SAME SECTION OF STREET SECTION OF STREET

	REGISTRAR		CERTIFIC	ATE OF DEATH	REG. NO					
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH		3. TIME OF DEATH			
1	Joan Leonard Hun	tington			November	8 1994	0550 M			
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(In yrs. Jast birthday)	UNDER 1 YEAR IF UNDER 24 HRS.			THPLACE (State or Foreign			
	220-26-3290	1 D M 2 1 63		NTHS DAYS HOURS MIN.	November		ntry)			
	9e. FACILITY NAME (If not institution, give s	street end number)	91	a. CITY, TOWN OR LOCATION OF I	DEATH	Sc. COUNTY OF	DEATH			
5										
DIRECTOR	Kent & Queen Anne's Co. Hospital Inc. Chestertown Kent									
10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE C										
ā	MD	KENT	CHI	ESTERTOWN			LIMITSTY Y			
AL	10e. STREET AND NUMBER			101. ZIP CODE			WHAT COUNTRY?			
FUNERAL	25 7 99 John	Hanson Ro	oad	216	20	U.S	.A.			
5	11. MARITAL STATUS XX	12. WAS DECEDENT EVER I	N U.S. ARMED	13. WAS DECENDENT OF HISPA	NIC ORIGIN? (Specify Yes	or No.— 14. RA	CE — American Indian.			
	1 Never Merried 2 Merried	FORCES? 1 YES	2 NO	If yes, specify/Cuben, Mexic	an, Puerto Rican, etc.)	Bla	ck, White, etc.			
B	3 Widowed 4 Divorced			A I I I I I I I I I I I I I I I I I I I	ry.	Spe	while			
	15. DECEDENT'S EDU (Specify only highest grade		16a. DECEDENT'S US	UAL OCCUPATION	16b. KIND OF BUS	SINESS/INDUSTRY				
🗓	Elementary/Seeondary (0-12)	College (1-4 or 5+)	life. Do NOT use re	done during most of working tired.)						
COMPLETED	1.2	10	_ Libri	ian	Edu	cation				
Ö	17. FATHER'S NAME (First, Middle, Last)			18. MOTHER'S N	AME (First, Middle, Maiden					
BE (Thomas Bra	ackett Lec	onard	El	sie Clair	Sing	er or (bo			
0	19e. INFORMANT'S NAME (Type/Print)	atri matrice. To	19b. MAILING AD	oress (Street and Number of Rura.) John Hans	Route Number, City or Tow	n, State, Zip Code)	21020			
🏲	John C. Hur	icingcon Ji	25 /95	John Hans	on Road,	Chest	ertown, MD			
	20e. METHOD OF DISPOSITION 1 Burlet 2 Cremetion 3 Rem		. PLACE AND DATE OF D		DATE 20c. LO	CATION - City or	Town, State			
	4 Donation 5 Other (Specify)	Cen	retery, crematory or other Capitol	Crematory	11/9/94	DO	VER.DE			
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE / A	^	22. NAME AND ADDRESS OF F		ertown	MD 21620			
	* Moreni V	Willi	1 .	Marvin V. W	illiams F	hineral	Services			
	22 BADT I Enter the discourse	00.	7				Del Alces			
	23. PART I. Entar tha diseases, or e ehock, or heert failura.	Liat only one ceuse on e	o tha daeth. Do not ech iina.	antar tha mode of dying, su	oh es cerdiac or respi	ratory arrest,	Approximete interval Batween			
	IMMEDIATE CAUSE (Final	00.100					Onset and Death			
	disease or condition resulting in death)	PANCRI	=ATIC	CANCER			4 months			
		DUE TO (OR AS A	CONSEQUENCE OF):							
Z	Sequantially list conditions,	b								
CERTIFICATION	if any, leading to immediate	OUE TO (OR AS A	CONSEQUENCE OF):							
2	cause. Enter UNDERLYING CAUSE (Disease or injury	C								
	that initieted events resulting in daeth) LAST	OUE TO (OR AS A	CONSEQUENCE OF):							
15		d								
	PART ii. Other significant condition	a contributing to death t	ut not resulting in t	he underlying causa given in	Part I. 24s. WAS AN	AUTOPSY 24	b. WERE AUTOPSY FINDINGS			
EDICAL	•			, ,	PERFOR	MEO?	AVAILABLE PRIOR TO COMPLETION OF CAUSE			
					1 🗆 YES 2	₩ NO	OF DEATH?			
Σ	DID TORACCO LIST CONT	DIDLITE TO CALLEE O	E DEATH VEC				1 TYES 2 NO			
A	DID TOBACCO USE CONTI				N L J					
PHYSICIAN:	EXAMINER?	HOSPITAL:	28. PLACE OF DEATH (THER:						
₹	1 TYES 2 NO		1 11 11 11	☐ Nursing Home 5 ☐ Residence	8 Other (Specify)					
표	27. MANNER OF DEATH 1 Natural 5 Pending	(Month, Day, Year)	28b. TIME O	F 28c. INJURY AT WORK?	28d. DEŞCRIBE HOW II	NJURY OCCURED				
à	2 Accident investigation			M 1 YES 2 NO						
	3 Suicide 8 Could not be	28e. PLACE OF INJURY building, atc. (Spec	- At home, ferm, stree	it, factory, office	281. LOCATION (Street e City or Town, State)	and Number or Rural	Route Number,			
	4 Homicide datermined				,					
P.	29e. CERTIFIER 1 CERTIFYING PHYSI	CIAN: To the best of my know	ledge, death occurred a	t the time, date end piece, end du	e to the ceuse(s) and men	iner es stated.				
COMPLET				n my opinion, death occured at the			(s) and manner as stated.			
	29b. SIGNATURE AND TITLE OF CERTIFIER			29c. LICENSE NU						
BE	121, A MA	We mis		D415			8-94			
임	30. NAME AND ADDRESS OF PERSON WH		ATH (ITEM 27) / Time Dai		0 /	- 110	0 - 17			
	Helen A. Noble				~ IVID 01/	20				
		Trr Dbe	er. ua.	Chestertow	מוא, מוא, מ	20				
1	31, DATE FILEO (Month Day Mont)	32 REGISTERANC OLON	ATHRE							
15	31. DATE FILEO (Month, Day, Year)	32. REGISTRAR'S SIGN	widson-Randa							

FOR STATE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Amendel# 1, 11-23.94, Ct, Wash Count

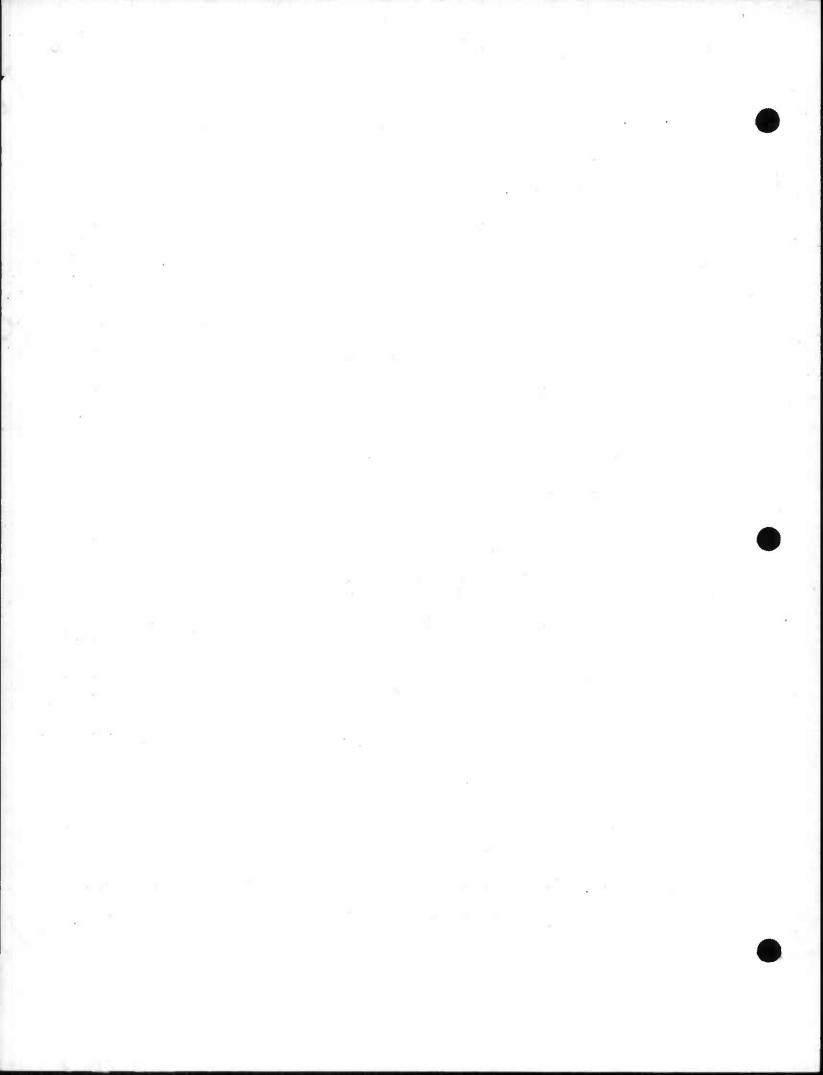
	REGISTRAR		CI	ERTIFI	CATE	OF	DEATH		REG. NO.	7			
	1. DECEDENT'S NAME (First, Middle, Last)			-				2. DATE OF	OEATH	=======================================		3. TIME OF OEATH	
	Goldie C. HANTZ	CATHERI	NIE	HA	NT-	7		MONTH	nber		YEAR		A.E
	4. SOCIAL SECURITY NUMBER		AGE (In yrs. las	t birthdeu	IF UNDER I	YEAD	IF UNDER 24 HRS.	7 DATE OF	DANCEL I			12:05 p.	
	213-18-8047 1 - M 2 1 F 84 YRS. MONTHS DAYS HOURS MIN. (MONTH, Day, Year) 1910 Ma							Countr Mai	y) cyland				
	9e. FACILITY NAME (If not institution, give	street end number)	_		9b. CITY,	TOWN 0	R LOCATION OF DE				NTY OF D	EATH	
POT	Ravenwood Luther	an Village			На	gers	stown			Was	shing	gton	
DIRECTOR	Maryland W	ashington		10c. CITY, TOWN OR LOCATION Hagerstown							10d. INSIDE CITY VLIMITS? 1 TYES 2 NO		
FUNERAL	100. STREET AND NUMBER 1183 Luther Driv	e				101.	21740				ZEN OF V	VHAT COUNTRY?	
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 A Wildowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES				11	yes, spe	ENDENT OF NISPAP selfty Cuban, Mexica 2 NO Specifi	n, Puerto Ric	Specify Yee an, etc.)	or No—	14. RACE Black Speci U.S		
COMPLETED	15. DECEDENT'S EDU (Specify only highest grad	JCATION e completed)	/G	CEDENT'S I	ork done du			16b. K	IND OF BUS	SINESS/INI		·A.	
APLE	Elementary/Secondary (0-12)	College (1-4 or 5+)		ales	,	k		De	part	ment	Stor	re	
ģ	17. FATHER'S NAME (First, Middle, Last)						18. MOTNER'S NA						
BE	Harvey G. Delaut	er					Esta M	issouı	ri St	ottle	emyei		
2	19e. INFORMANT'S NAME (Type/Print)		194	b. MAILING	ADDRESS	(Street a	nd Number or Rural i						
٦	D. Pauline Hoch		9	703 C	love:	rhe	ights Rd	. Hag	gerst	own,	Md.	21740	
	29. METNOD OF DISPOSITION 1 Durial 2 Cremetion 3 Rem	noval from State	20b. PLACE /	AND DATEO	F DISPOSIT	TION (Na	me of	DATE	20c. LO	CATION —	City or To	wn, State	
	4 Donation 5 Other (Specify)		Rest	Haven	Cem	etei	ry 11-23	-94	Hag	erst	own,	Maryland	
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	`		22. N	AME AN	D ADDRESS OF FA	CILITY ME	innic	h Fui	neral	L Home	
	Scotts	Mus	mer	2								Md. 2174	.0
	23. PART I. Enter the diseases, or ahock, or heart failure. IMMEDIATE CAUSE (Final	complications that c List only one cause	aused the de on each line	eath. Do no	ot enter t	the mo	de of dying, suc	h as cardla	c or respi	ratory ar	rest,	Approximate interval Betwee Onset and De	
	diagram on condition									5 DAY	s		
S S	Sequentially list conditions,	a CERE SA	AL A	THEN	0 500								
CATI	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	DUE 10 (0)	R AS A CONSE	OUENCE OF):								
CERTIFICATION	that initiated events resulting in death) LAST	DUE TO (O	R AS A CONSEC	OUENCE OF):								
	PART ii. Other significant condition	ns contributing to de	eth but not r	esulting is	the und	lerlylne	L Cause obser in	Part I 2	4a. WAS AN	ALITOREY	045	. WERE AUTOPSY FINDIN	
SA	NUNE		au out not r	outing i	T the diff	erry irre	Cause given in		PERFOR	MED?		AMAILABLE PRIOR TO COMPLETION OF CAUSE	
								- 1	YES 2	410		OF DEATH?	
Σ								_				1 YES 2 NO	
A A	25. WAS CASE REFERRED TO MEDICAL	T				26 PI	ACE OF DEATH (Ch	eck only one)					_
SC	EXAMINER?	HOSPITAL:	R/Outnetlent 3		OTHER		5 Residence		2				-
PHYSICIAN: ME	27. MANNER OF DEATN	28a. DATE OF IN	JURY	28b. TIME	OF 2	28c. INJI	URY AT	28d. DESCF		NJURY OC	CURED		\dashv
BY P	1 Natural 5 Pending	(Month, Day,		INJE	JRY M	t 🔲 Y							
	2 Accident Investigation 3 Suicide 8 Could not be	28s. PLACE OF II building, etc	NJURY - At ho	me, ferm, st	reet, factor	ry, office					r or Rural F	Route Number,	_
_	4 Nomicide determined							City or	Town, State)				
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end piece, and due to the ceuse(e) and menner ee stated. 2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, date end piece, and due to the ceuse(e) end menner ea state							e) end menner ea stated					
	296. SIGNATURE AND TITLE OF CERTIFIE					Т	29c. LICENSE NUI						
B	no mi	1 20	3									(Month, Day, Year)	
2	30. NAME AND ADDRESS OF PERSON WI	O COMPLETED CAUSE	OF DEATH (ITE	M 27) (Type.	Print)		1010			11	-21	-/7	
	BARAY M. COHEN,	my 187	or CA	37V0	Q QO	1.	DO 10	2570 d	NN	10,	21	242	
	31. DATE FILED (Month Day, Year)	32. REGISTRAR'S	SPANIEL	Pag.									

TO THE HOST OF ALFORNIC PHYSICIAN. The law requires that the death certificate be executed within 50 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be fined that the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT. If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020



0	nure offer death. Done & serie he retained he the honolost or others described
N	1
2	0
BALTIMORE, MARYLAND 21215-0020	dia
7	0
N	-
2	3
~	it a
브	5
5	4
4	-
=	ì
Œ	3
d	Jan
2	-
	2
ш	ì
Œ	Ė
0	9
≥	90
	۵
_	+
4	dia.
0	3
	90
	aut.

TENERAL DIFFERENCE After this centificate has been support by the attention private of completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be further than the Same Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

ONTABLE If here 28 is marked, or lies 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

SPITAL OR ATTENDING PHYSICIAN. The live requires that the death certificate be executed within DIVISION OF VITAL RECORDS, P.O. BOX 68760,

1	-	STATE REGISTRAR
I	1. D	ECEDENT'S NAI
		177

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

-	REGISTIAN			OL.		IOAIL		DLA		HEG. NO			
i	1. DECEDENT'S NAME (First, WILLI		JAMES		H	ARRI	S	111		2. DATE OF DEATH	AY	YEAR 3.	12:00 p M
	4. SOCIAL SECURITY NUMBER 5 24 20 - 0		6. SEX	8. AGE (In yrs. las	t birthday)	IF UNDER	DAY8	IF UNDE	R 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	00	Country)	ACE (State or Foreign NGTON, D.C.
OR		mpto	2	e	FOY L Wa					-	TY OF DEAT		
딥	RESIDENCE OF DEC	10b. COUNTY	1		10c. CIT	Y, TOWN O	R LOCAT	ION		,		10	d, INSIDE CITY
L DIRECTOR	MARYLAND 100. STREET AND NUMBER	PRINC	E GEORGE		176	RT WA	SHI					12	LIMITS?
RA		DOM T 4						400					T COUNTRY?
FUNERAL	12819 LAMPT	TON LA	-	IT EVER IN U.S. AR	MED	Laga		2074		ORIGIN? (Specify Ye		USA	American Indian,
ВУ	1 Never Married 2 3 Divo		FORCES? 1 IF YES, GIVE W 1976-19	YES 2 N	10	81	yes, sp	ecity Cubi		Puerto Rican, etc.)	a or No.	Black, V Specify:	Black
ETED		EDENT'S EDU		(G)	ive kind of a	USUAL OC	CUPATIO	N st of work	ina	16b. KIND OF BU	SINESS/INDU	JSTRY	
COMPLET	Elementary/Secondary (0		College (1-4 or 5 o	life	Do NOT u	se retired.) RINE				MILITA	RY		
Ö	17. FATHER'S NAME (First, M	iddle, Last)				/	77			E (First, Middle, Melder			
ш	JAMES TH	HOMAS I	HARRIS					SA	LLIE	ELIZABETH	COLE	MAN F	IARRTS
TO B	19a. INFORMANT'S NAME (ype/Print)	State of the state	191	. MAILING	ADDRESS	(Street e			ute Number, City or Tov			
F	PAULETTE T.	HARR	IS		1281	9 LAM	PTO	N LA	NE FT	. WASHING	TON.	MD 2	0744
	20a, METHOD OF DISPOSIT		oval from State	20b.PLACE A	AND DATE	OF DISPOS					CATION - C		
	4 Donation 6 Other	(Specify)		- ARLIN	GTON	NATI	ONA	L_CE	METER	Y 11/29 A	RLING	TON.	VA
	21. SIGNATURE OF FUNERA	non	Thos			TH	IORN	TON		AL HOME D. 20640	1		
NOI	IMMEDIATE CAUSE (Fir disease or condition resulting in death) Sequentially list condit	esrt fsilure.	s. Ren o		QUENCE O	Ca				and the same of the same	interiory street	,	Approximata Interval Between Onset and Death
CERTIFICATION	If sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST												
MEDICAL	PART II. Other significa	int condition	s contributing to	death but not r	eaulting	in the un	dariyin	csuse	given in P	24a. WAS AF PERFO	AMED?	Ali CC	ARLABLE PRIOR TO MPLETION OF CAUSE F DEATH? YES 2 NO
A	25. WAS CASE REFERRED T	O MEDICAL				_	28. PI	ACE OF I	DEATH (Chec	tr only one)			
SIC	EXAMINER?		HOSPITAL:	ER/Outpatient 3	□ DOA	OTHER	l:		-	Other (Specify)			
PHYSICIAN:	27. MANNER OF DEATH	Pending	28a, DATE OF (Month, D	INJURY	28b. TIN		28c. INJ			26d. DESCRIBE HOW	INJURY OCC	URED	
ETED BY	3 Suicide 6	Investigation Could not be determined	28a. PLACE O building,	OF INJURY — At ho	me, ferm,	street, fact				261. LOCATION (Street City or Town, State	and Number (or Rural Rou	te Number,
COMPLE	anal .									o the cause(a) and ma me, data and place, a			nd menner as stated.
BE	296. SIGNATURE AND THE	1-1-	nas			9		29c, LIC	ENSE NUME	DER	29d. DATE	SIGNED (M	onth, Day, Year)
10	30. NAME AND ADDRESS O	A -	Skern	SE OF DEATH (ITE	1 27) (Type	herine)	la	No	rvai	1 Hosp	ital		
	31. DATE FILED (Month, Day,	2319	94 July	AR'S SIGNATURE	Rando	K	ŀ			Hosp			

LARS STERNAS, M.D. 395-94-5739 MCI-NAVY ONCOLOGY FELLOW bego 1390.

LARS STERMAS, M.D. 205-94-5739 MCHMAYY ONCOLOGY FELLOW

burial-transit hours after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020 LIDER After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the must be notified at once. TO THE HOSE NOTE ATTENDED PROJECTION THE FOR COUNTY OF THE ATTENDED BY THE TOTAL AND COMPLETELY filled in by the numeral union. The Function, or removal.

IMPORTANT II IEM 28 is marked, or them 23 shows any injury, or other traumatic event, the medical examiner is incompletely filled. IION OF VITAL RECORDS, P.O. BOX 68760

2

									94	3	5810
	1 - FOR STATE REGISTRAR	STATE OF MA	RYLAND /	DEPAR	TMENT O	F HEALTH	AND ME	NTAL HYGIEN	E		
-	1. DECEDENT'S NAME (First, Middle, Last) ROBERT, TR	VING					2.	DATE OF DEATH	3 19	YEAR 94	3. TIME OF DEATH 0 2 50 M
	4. SOCIAL SECURITY NUMBER 278-24-7779	5. SEX 1 M 2 D F	AGE (in yrs. last	birthday) YRS.	IF UNDER 1 YE		MIN.	OV. 15, 19	923 .	COUNTY	Carolina
POR	9a. FACILITY NAME (If not institution, give s Washington Advent		tal			vn on Locatio 1a Park		н	9c. COU	nty of De	EATH
DIRECTOR	10a. STATE 10b. COUNTY MD. Prince			y, town on Lo						10d. INSIDE CITY LIMITS? 1 YES 2 \(\square\) NO	
FUNERAL	1801 Metzerott F	Road				101. ZIP CODE 207				S.A.	THAT COUNTRY?
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 XXWidowed 4 Divorced	12. WAS DECEDENT I FORCES? 1 X IF YES, GIVE WAF 4/6/43	YES 2 N	2 NO If yes, specify Cuban, Mexican, Puarto					C ORIGIN? (Specify Yea or No—Puerto Ricen, atc.) 14. RACE — American Black, White, Specify: Black		
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12) 11th	(G/s	18e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) Construction			166. KIND OF BUS		DUSTRY			
BE CO	17. FATHER'S NAME (First, Middle, Last) John L. Irving					ers name	(First, Middle, Maiden	Surname)			
2	19a. INFORMANT'S NAME (Type/Print) Marjorie Kelley	+1E+ E5						#304, Si			20910
	20s. METHOD OF DISPOSITION LANGUAGE 2 Cremetion 3 Rem 4 Donation 5 Other (Specify)		20b. PLACE A	NDDATE	OF DISPOSITION	al Cem	Cem. 11/	DATE 20c. LOC 15/94 Tr	CATION —	City or Tov	vn, State
	21. SIGNATURE OF FUNERAL SERVICE LIC	Latron	Act)	22. NAM	e and address 6 Kenne	s of facili	Johnsot., N.W.	n & Wash	Jenk	ins Inc.
	23. PART I. Saler the diseases, pr cahock, pr heart failure. IMMEDIATE CAUSE (Final	complications that of List only one cause	eused the dec on each line.				ng, such e	s cerdiac or respi	retory an	reat,	Approximata Interval Between Onset and Death
	disease or condition reaulting in death)	O. SEP	TIC R AS A CONSEO		HOCK						Sheat and Death
ERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	b. DUE TO (O	R AS A CONSEO	UENCE O	F):						
ERTIFIC	CAUSE (Disease or Injury that initieted events resulting in death) LAST	DUE TO (O	R AS A CONSEO	UENCE OI	F):						

PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY PERFORMED? OF DEATH? 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES \square NO \square UNCERTAIN 25. WAS CASE REFERRED TO MEDICAL EXAMINER? TO NO 28. PLACE OF DEATH (Check only one) HOSPITAL: 1 Inpetient 2 ER/Outpetient 3 I DOA Home 5 ☐ Rasidence 8 ☐ Other (Specify) 27. MANNER OF DEATH 28s. DATE OF INJURY 28c. INJURY AT WORK? 28b. TIME OF INJURY 28d. DEŞCRIBE HOW INJURY OCCURED 1 X Natural 1 YES 2 NO Investigation 2 Accident 28s. PLACE OF INJURY — At home, ferm, street, factory, office building, atc. (Specify) 3 Sulcide 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be 4 Homicide

29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the beat of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner ea stated.

2 MEDICAL EXAMINER: On the basis of exemination and/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(s) and manner as attend. 29b. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year)

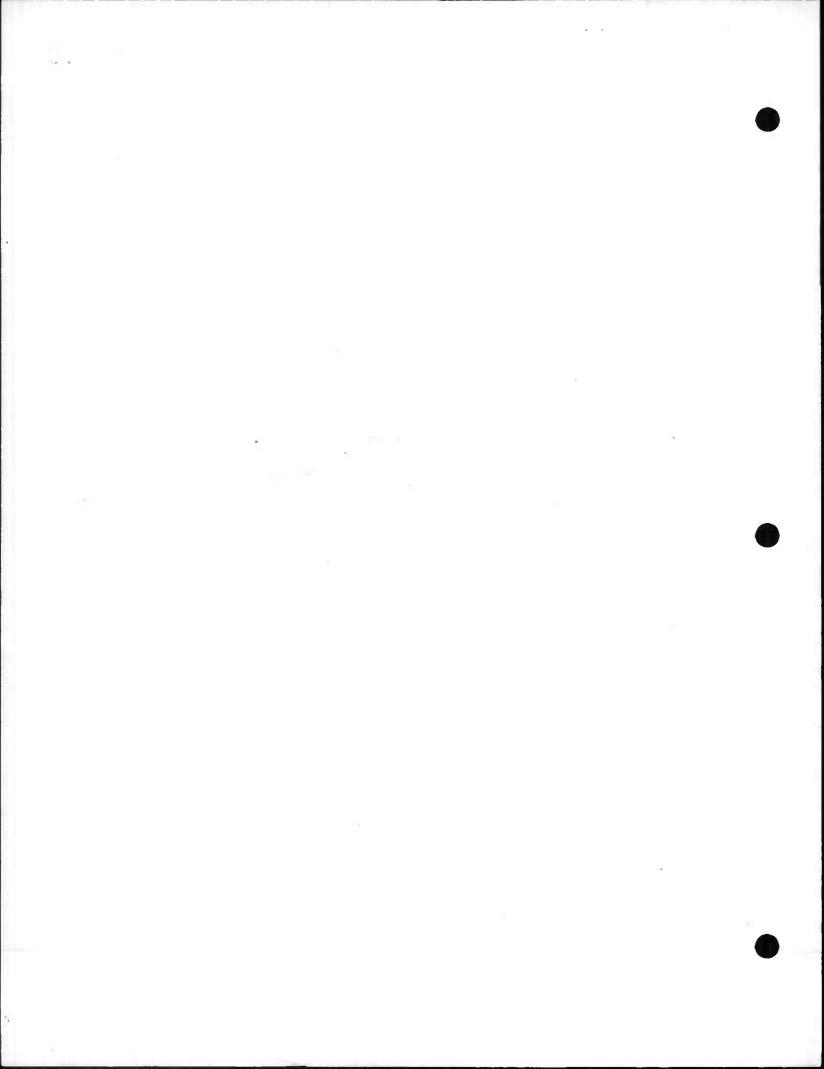
1/9/9/4

	1	_	00-00						
30.	NAME	AND	ADDRESS O	F PERSON WHO	COMPLETED CAL	USE OF I	DEATH (ITEM	27) (Туре,	Print)

7207 HANOVER PARK WAY AA. GREENBELT MY 20776 A. DASHOTTAR.

31. DATE FILED (Month, Day, Year)
NOV 1 5 1994

DHMH-18 Rev 1/89



ours after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020 TO REPORTED ON ATTENDING PRISICIAN: The law requires that the beam countries to execute the following the funeral director, page 5 should be detached to the attending physician and completely filled in by the funeral director, page 5 should be detached to the attending physician and completely filled in by the funeral director, page 5 should be detached to the funeral director, page 5 should be detached to the funeral filled at the funeral filled at the funeral filled at the funeral filled at the function of the funeral filled at the funeral filled at the function of the funeral filled at the function of the funeral filled at the funeral filled at the function of the function of the function of the funeral filled at the function of the func

and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should

DIVISION OF VITAL RECORDS, P.O. BOX 68760

2

	FOR 1 - STATE REGISTRAR	STATE OF MARY	YLAND / Ce	DEPAR ERTIF	ITMENT	OF H	EALTH AND	MENTAL HYGIE	NE	+ 3	85811	
	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE OF DEATH			3. TIME OF DEATH	
- 1	John Benjamin J	ones						November	26, 19	94	1:15	Рм
- 1	4. SOCIAL SECURITY NUMBER	5. SEX 6. AG	GE (In yrs. les	t birthday)	IF UNDER 1		IF UNDER 24 HRS.	7, DATE OF BIRTH (Month, Day, Year)			PLACE (State or Forei	ign
	217-14-7908	1 🔀 M 2 🗀 F	73	YRS.	MONTHS	DAYS	HOURS MIN.	March 15,	1921		ryland	
~	9a. FACILITY NAME (If not institution, give st	reet and number)			9b. CITY,	TOWN C	R LOCATION OF D	EATH	9c. COL	NTY OF D	EATH	
5	General Delivery				Av	enu	e		St	. Mar	y's	
DIRECTOR	10a. STATE 10b. COUNTY			10c. CIT	Y, TOWN OF	R LOCAT	ION				10d, INSIDE CITY	
8	Maryland St. Mary's Avenue										LIMITS?	0
	10e. STREET AND NUMBER	nary 3		AVC	inue	101	. ZIP CODE		10g. CI1	IZEN OF W	WHAT COUNTRY?	
FUNERAL	General Delivery				20609		IIn	ted	States			
5	11. MARITAL STATUS	12. WAS DECEDENT EVER IN U.S. ARMED			13. W	AS DEC	ENDENT OF HISPA	NIC ORIGIN? (Specify Y			E — American Indian,	,
BY F	1 Never Married 2 Nerried 3 Widowed 4 Divorced	FORCES? 1 X YE		10			ecify Cuban, Maxica 2 ☑ NO Specif	in, Puerto Rican, etc.)	100	Speci		
	1 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 -	1941-19	_							Bla	ck	- 11
	15. DECEDENT'S EDUC (Specify only highest grade		(G/	Ve kind of a Do NOT us	Work done di	CUPATIO uring mo	ON st of working	16b. KIND OF B	USINESS/IN	DUSTRY		
7	Elementary/Secondary (0-12)	College (1-4 or 5+)										
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		wa	atern	nan		18. MOTHER'S NA	ME (First, Middle, Maide	n Sumama)			_
	George Jones							Woodland	ir Surneme)			
BE	19a. INFORMANT'S NAME (Type/Print)		192	. MAILING	ADORESS	(Street a		Route Number, City or To	wn, State, Zi	p Code)		
2	Ann R. Jones		Ge	enera	al De	live	ery, Ave	nue, Mary	Land	20609)	
	20a. METHOD OF DISPOSITION 1 Burlel 2 Cremetion 3 Remo	oval from State	20b. PLACE	ND DATE	OF DISPOSIT	TION (Na	me of		OCATION -			
ļ	4 Donetion 5 Other (Specify)	0 1	Metro	polit					rgin	ia		
	21. SIGNATURE OF POLICE ALCOHOLOGICAL	12/1/	V.	/			Field Fu	neral Home				
	Edward N. Bri	nsfield, Jr	. MO	00052				Leonardtov		rvlar	nd 20650	
	23. PART I. Enter the diseasea, or c ahock, or heart failure. I IMMEDIATE CAUSE (Finel disease or condition resulting in death)	omplications that ceur List only one cause or	aed the den each lina	ath. Do r	not enter t	the mo	de of dying, auc	h aa cerdiac or rea	piratory er	reat,	Approximate interval Bette Onset and E	wean
RTIFICATION	Sequentielly liet conditione, If any, leeding to immediate cause. Enter UNDERLYING	DUE TO JOH AN	S A CONSEC	MENCE OF		0	3					
ERTIFIC	CAUSE (Disease or injury that initieted events resulting in death) LAST	DUE TO (OR A	S A CONSEC	DUENCE OF	F)=							
L CEF	PART II. Other algnificent conditions	contributing to deet	but not re	eaulting	in the unc	lerivino	ceuse given in	Part I 24a WAS A	N AUTOPSY	246	. WERE AUTOPSY FIND	VINCE
MEDICAL									RMED?		AMAILABLE PRIOR TO COMPLETION DF CAU OF DEATH?	USE
ä	DID TOBACCO USE C	ONTRIBUTE TO	CAUS	E OF	DEATH	ł YI	ES NO					
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:					ACE OF OEATH (Ch	eck only one)				
YSI	1 TES 2 NO	1 Inpetient 2 ER/O	utpetient 3	□ DOA	OTHER 4 Nursi		e 5 Residence	6 Other (Specify)				
BY PHYSICIAN:	27. MANNER OF OEATH 1 Natural 5 Pending 2 Accident Investigation	28a. OATE OF INJUR (Month, Day, Yee.		28b. TIM INJ	E OF JURY M		URY AT RK? /ES 2 NO	28d. OESCRIBE HOW	INJURY OC	CUREO		
	2 3 Pulate - 1 288 PLACE OF INJURY - At home form office 1 301 LOCATION (Count and Number of Count Count to									oute Number,		
COMPLETED	one) 2 MEDICAL EXAMINER	CIAN: To the best of my kn) and manner as stat	ed.
BE	29b. SIGNATURE AND TITLE OF CERTIFIER						29c. LICENSE NUI	MBER	29d. DAT	E SIGNED	(Month, Day, Year)	

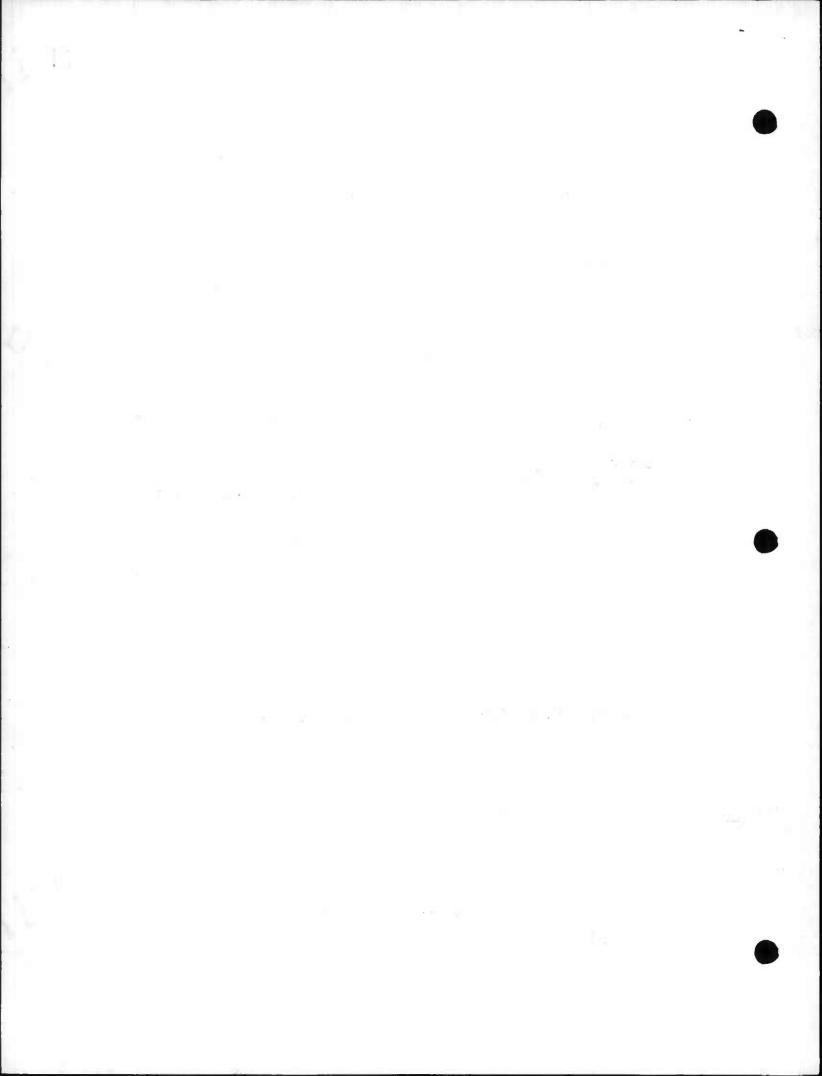
24s. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?
- (1 TES 2 NO

29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 29-D09178

WHO COMPLETEO CAUSE OF OEATH (ITEM 27) (Type, Print)

Youngsik Moon, M.D Hollywood, Maryland 20636 31. DATE FILED (Month, C

32. BEGISTRAR'S SIGNATURES
Jalia D'auxilian-Randall Day Year) 1994



1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Lest)

2. DATE OF DEATH MONTH DAY

		1. DECEDENT'S NAME (First, Middle, Lest)	T.		TOHNS	ion	2. DATE OF DEATH	AY YEAR	3. TIME OF DEATH P			
P		4. SOCIAL SECURITY NUMBER 218-24-7437	12 F	(In yrs, lest birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) May (e, /	928 8. BIRT Coun	HPLACE (State or Foreign try) M.C.			
. 2. 3 should	TOR	9a. FACILITY NAME (If not institution, give street and number) PENINSULA REGIONAL MEDICAL CENTER 9b. CITY, TOWN OR LOCATION OF DEATH WICOMICO RESIDENCE OF DECEDENT										
it. Pages 1	DIRECTOR	ma. STATE 10b. COUNT	comics	10c. CIT	y, town or LOCAT	100			10d. INSIDE CITY LIMITS? 1 YES 2 NO			
an. ransit permit.	FUNERAL	602 Dennis			10	2/80		10g. CITIZEN OF	WHAT COUNTRY?			
215-0020 attending physician. se as the burlal-transit	ВУ	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES	S 2 900	If yes, sp	ENDENT OF HISPAN ecity Cuban, Maxica 2 4 No Specify	IIC ORIGIN? (Specify Yes n, Puarto Rican, etc.) :	s or No— 14, RAC Blac Spec	E - American Indian, ik, Whita, etc. City: Black			
21 21 or 10 u	COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)		16a. DECEDENT'S (Give kind of a life. Do NOT us	work done during mo	ON si of working	Polymen	Con to/	Operator			
YLA by the be der	BE CON	17. FATHER'S NAME (First, Middle, Last) JAMES P.	Tohnson		0	18. MOTHER'S NAI	ME (First, Middle, Melden O . C	uff	0			
E, MAR) y be retained to age 5 should be notified	TO E	Lealer P	TohNSON	60Z	- Denni	and Number or Rural F 5 Stree	Toute Number, City or Tow F Salisb	m, State, Zip Code) wy, Mi	d.			
MOR e 6 ma rector, p		20a. METHOD OF DISPOSITION 1	oval from State	Ob. PLACE AND DATE of the company of	cres Con	retary	11/19 50	CATION - CHY OF T	mon, State			
S = 2 = 3		21. SIGNATURE OF FUNERAL SERVICE LI	ENSER		22. NAME AN LEW 1618	West	Rd. Sa	lisbury	md. 21801			
760, ed within cours completely filled in ball cremation, or rer event, the media	7	23. PART I. Enter the diseases, or ahock, or heert failure. IMMEDIATE CAUSE (Final disease or condition reaulting in deeth)	List only one cause on Refy	ed the death. Do reach line.	y Ver	and dying, such	to a cardiac or reap	ratory arrest,	Approximata interval Batween Onset and Death			
P.O. BOX th certificate be ex ending physician a l Hygiene prior to or other traum:	CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	Conge	A CONSEQUENCE OF	- (Sce	RT)100	mobs.	Thy				
RECORDS requires that the dien signed by the of Health and Mer shows any injury	MEDICAL	PART II. Other algorificent condition	a contributing to death	but not resulting	in the underlying	g ceuse given in	Part I. 24a. WAS AN PERFOR	AMED?	D. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
OF VITAL PHYSICIAN: The law this certificate has b with the State Depr. ked, or litem 23	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	itpatient 3 🗆 DOA	OTHER:	ACE OF DEATH (Che		-				
	ВУ РН	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)		JURY WO	URY AT PRK?	28d. DESCRIBE HOW I	NJURY OCCURED				
DIVISION OR ATTENDING F DIRECTOR After hours after death teem 28 is mar		3 Suicide 8 Could not be 4 Homicide determined	28s. PLACE OF INJUI building, atc. (Sp	RY — At home, ferm, secify)	street, factory, offic		28f. LOCATION (Street City or Town, State)	and Number or Rural	Route Number,			
DIV OSSETAL OR A MEN 72 hours URE II Item	COMPLETED		CIAN: To the best of my kno						is) and manner as stated.			
(RB	O BE	296. SIGNATURE AND TITLE OF CENTIFIE	410	- N	o lite	DRO44	4 .	29d. DATE SIGNED	(Month, Day, Year)			
0	"	30. HAND AND ADDRESS OF PERSON WH	1 RAFFETTU	on, no		1 LOCUST	3/3 3/	OLKBURY,	mo 21801			
0,6		NOV 17 199	4 James States	Lear Rardall	500							

	0.		
į	eath.	funera	
	HINSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed with the hours after death. P.	E MINERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral	
	NOURS	d in b	-
Ì		/ fille	diam'r.
	with	pleteh	
5	petn	COM	1
	exec	n and	A- h
	te be	Sicial	
	rifica	d ph	
	th ce	endin	-
5	e dea	he att	A
1	H Th	by	7
)	tha	pe	Apr.
)	Juires	Sign L	Lina
	v re	pee	4
	he la	pas .	0
	N. I	ficate	1
	SICI	neo s	4. 46.
,	F	this	2
)	DING	After	
	UTEN	SIGN	- 44
	0R /	DIRE	-
	PITAL	RAL	-
-	욯	ş	1
	140	₩	۹

TO BE

31. DATE FILED Work Pay Year

1994

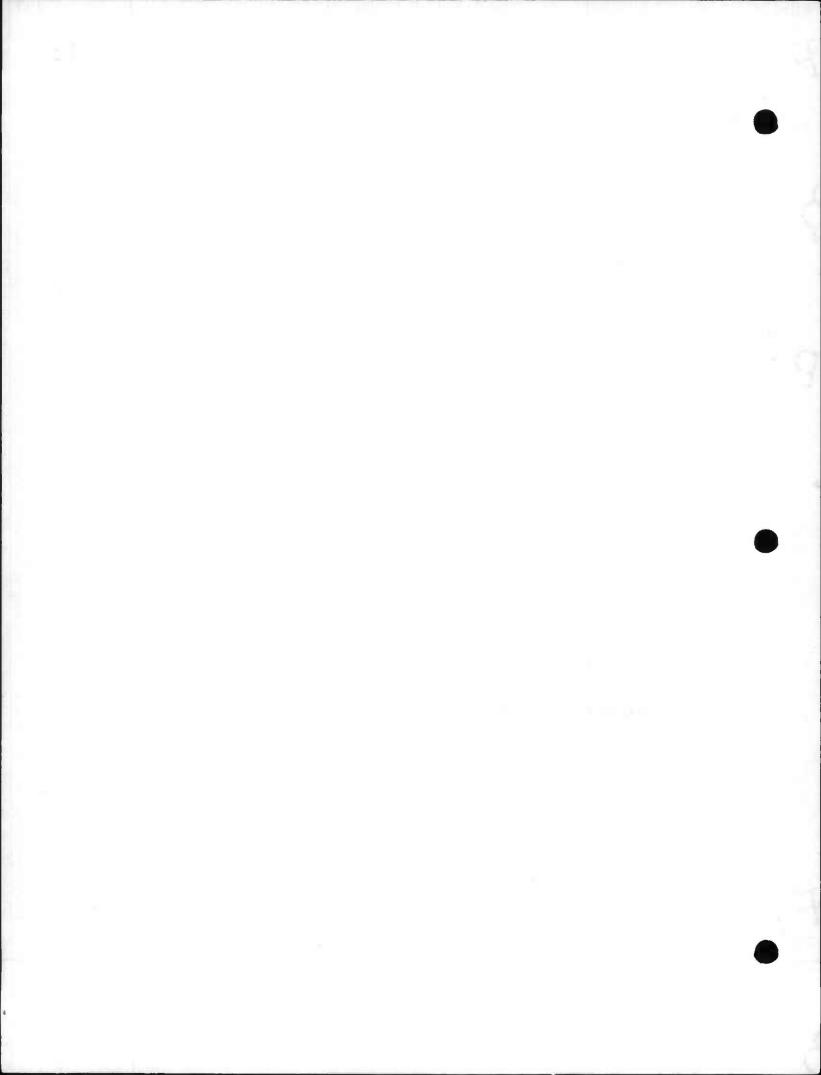
										94	35	8 3
	FOR 1 STATE	STATE OF MA	ARYLAND /	DEPAR	TMEN	T OF H	EALTH A	AND MEI	NTAL HYGIEN	E		
	REGISTRAR						DEAT		REG. NO.			
	t. OECEOENT'S NAME (First, Middle, Last)			_		(2.	DATE OF DEATH		3. T	IME OF OEATH
	Davon	Robert		20	94	561	^		12002	7 9	YEAR	= > 10 m
	4. SOCIAL SECURITY NUMBER 5.	SEX 6	. AGE (In yrs. las	t birthday)	IF UNDER	R I YEAR	IF UNDER 24	4 HRS. 7. I	DATE OF BIRTH	1	8. BIRTHPLAC	E (State or Foreign
	217-37-5772	X M 2 □ F	1	YRS.	MONTHS	DAYS	HOURS		(Month, Day, Year)		Country)	TARREST CONTRACTOR
	9a. FACILITY NAME (If not institution, give street	and number)			AL CITI	TOWAL C	D 4 OCATION	N OF DEATH	ov. 28,		Maryl	
(C)	The second secon		1					OF DEATH				
2	Washington Adventis	st Hospi	tal		Tak	coma	Park			Mon	tgomer	У
S	10e. STATE 10b. COUNTY			10c, CIT	y, TOWN	OR LOCAT	ION			_	104	INSIDE CITY
DIRECTOR	Maryland Prince	George'	c			7 i 11e						LIMITS?
	10e. STREET AND NUMBER	George	5	Ilya	LLSV		ZIP CODE			40- 0171	21	YES 2 NO
FUNERAL											IZEN OF WHAT	COUNTRY?
밀	7104 25th Avenue	Name and a second					0783			U.S		
5	11. MARITAL STATUS 12. 1 🐰 Never Married 2 🗌 Married	FORCES? 1	EVER IN U.S. AR	MED 10					RIGIN? (Specify Yes	or No-	14. RACE — A Black, Whi	merican indian, ita, etc.
B	3 Widowed 4 Divorced	IF YES, GIVE WAR	R OR DATES				2 X NO				Specify:	D 1 - 1.
ED	45 0505051170 501015		1 1/2 1/2							1		Black
프	15. DECEDENT'S EDUCATION (Specify only highest grade com		(G	CEDENT'S	work done	during mo:	on st of working		16b. KIND OF BUS	SINESS/IND	USTRY	
"	The state of the s	ollege (1-4 or 5 +)		Do NOT us	se retirea.)							
COMPLET	0		N/A	4					N/A			
8	17. FATHER'S NAME (First, Middle, Last)								First, Middle, Maiden	Sumame)		
8 8	(Unknown)						Jean	nette	Joseph			
2	19a. INFORMANT'S NAME (Type/Print)								Number, City or Tow			
	Jeanette Joseph		71	.04 2	5th	Aven	ue, E	lyatts	sville, N	fary1	and 20	783
	20a, METHOD OF DISPOSITION 1 N Buriel 2 Cremation 3 Removal	Imm State	20b. PLACE	AND DATE	OF DISPOS	SITION (Na	me of	1	DATE 20c. LO	CATION —	City or Town, S	Stata
	4 Donation 8 Other (Specify)	TOM State	Harmon	ny Me	mori	lal P	ark	11/12	2/94 Lar	dove	r. Mar	vland
	21. SIGNATURE OF FUNERAL SERVICE LICENS	EE .	1		22.	NAME AN	D ADDRESS	OF FACILIT	γ			
	1 4 40 100 Co	12 Day	1						Sons Fur			
	Laces +	10-66			47	39 B	altim	nore A	Ave., Hya	ttsv	ille,	MD 20781
	23. PART I. Enter the diseases, or com ahock, or heart failure. List	only one ceuse	faused the de on each line	ath. Do r	not enter	the mo	de ot dyin	g, such as	cardiac or respi	ratory arr	reat,	Approximate Interval Between
	IMMEDIATE CAUSE (Finel				100	0		ſ	4			Onset and Death
5	disease or condition resulting in death)		Cona	12 a	2040	10	7	4-60	A D	دنحمه	1260	
		DUE TO (O	R AS A CONSE	DUENCE OF	F):							
Z	b											
ERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (O	R AS A CONSEC	DUENCE OF	F):							
3 8	CAUSE (Disease or Injury											
	that initiated events	DUE TO (O	R AS A CONSEC	DUENCE OF	F):							
3 1	resulting in death) LAST											
	DATT II Oak - I - Mi - A - A III											
MEDICAL	PART II. Other algolificent conditions co	ontributing to d	eeth but not r	esulting	in the u	nderlying	g cause giv	ven in Pari	t I. 24s. WAS AN PERFOR			E AUTOPSY FINDINGS LABLE PRIOR TO
1 8									1 YES 2	₽ NO		PLETION OF CAUSE DEATH?
W											1	YES 2 NO
	DID TOBACCO USE CON	NTRIBUTE 1	TO CAUS	E OF	DEAT	H YE	S 🔲	NO [1			
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL					26. PL	ACE OF DEA	ATH (Check o	only one)			
Sign		OSPITAL:	R/Outpatient 3	□ DOA	OTHE		e 5 🗆 Resi	idenca 8 🗆	Other (Specify)			
<u>;</u>	27. MANNER OF DEATH	28a. DATE OF IN		28b. TIM	E OF	28c. INJ	URY AT		J. DESCRIBE HOW I	NJURY OCC	CURED	-
E	t Natural 5 Pending	(Month, Day,	rear/	INJ	IURY M		RK?	NO				
BY	2 Pulatida	28e. PLACE OF	INJURY — At ho	me, farm, :	street, tac	tory, office		281	LOCATION (Street a	and Number	or Rural Route	Number.
	4 Homicide 8 Could not be determined	building, et	c. (Specify)						City or Town, State)			
LET	29a. CERTIFIER				-							
N N	(Check only CERTIFYING PHYSICIAN											
COMP	one) 2 MEDICAL EXAMINER: 0	n the beals of exam	mination and/or i	investigatio	m, in my	opinion, d	eath occured	d at the time	, data and place, an	d dua to th	e cause(a) and	manner as stated.
BE 0	29b. SIGNATURE AND TITLE OF CONTIFIER) (29c. LICEN	SE NUMBER		29d. DATE	E SIGNED (Mon	th, Day, Year)
0 8	000	cuella	-	w.			20	BS'	25	> /	DO.	10 94

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTRAN'S RIGHATURE PANDER

218

AUR



DIVISION OF VITAL RECORDS, P.O. BOX 68760 NTTENDING PHYSICIAN:

Pages 1, 2, 3 should the funeral director, page 5 should be detached for use as the burial-transit permit. Page 6 may be retained by the hospital or attending physician. once. notified at 9 must examiner nours after death. medical completely filled in by traumatic event, the requires that the death certificate be executed within and com attending physician a ntal Hygiene prior to other t 0 certificate has been signed by the attern the State Dept. of Health and Mertal injury, 23 shows any The law I Item 0 this c is marked,

DIRECTOR

FUNERAL

В

COMPLETED

BE

9

CERTIFICATION

MEDICAL

PHYSICIAN:

BY

COMPLETED

0

29b. SIGNATURE AND TITLE OF CERTIFIER

Day. Year)

4 1994

01

AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF BEATH (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE

ulia Davidson-Pendale

After the

10R after 28

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH 3. TIME OF DEATH W. 7:50 A 11 6. AGE (In yrs. last birthday) 8. BIRTHPLACE (State or Foreign 7. DATE OF BIRTH IF UNDER 1 YEAR | IF UNDER 24 HRS. July 3, 230-44-9645 DAYS HOURS 1 M 2 XXF 82 YRS. 1912 North Carolina 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Hyattsville Health Care Hyattsville Prince Georges RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? D.C. N/A 1 X YES 2 NO Washington 10e. STREET AND NUMBER 101, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 4334 Blagden Avenue N.W. 20011 United States 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No—If yee, specify Cuben, Mexicen, Puerto Ricen, etc.)

1 □ YES 2 ☑ NO Specify: 14. RACE — American Indian, Black, White, etc. 1 Never Merried 2 Merried 3 🕅 Widowed 4 🗌 Divorced **Black** 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade co Elementary/Secondary (0-12) College (1-4 or 5+) Teacher Public Schools 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surname) John L. Wilson Ella Reid 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Joseph L. Jones, Jr. 8801 Pensacola Place, Upper Marlboro, Md. 20772 20a, METHOD OF DISPOSITION
1 (X Burlel 2 Cremetion 3 C 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 28c. LOCATION - City or Town, State Lincoln Memorial Cem. 11/19/94 4 Donation 5 Other (Specify) Suitland, Maryland 21. SIGNATURE OF FUNDINAL SERVICE LICENSEA 22. NAME AND ADDRESS OF FACILITY McGuire Funeral Service, Inc. 7400 Georgia Ave. N.W., Washington, 23. PART i. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, Approximata shock, or haart fallure. List only one cause on each line. intarvai Batween IMMEDIATE CAUSE (Final **Onset and Death** disease or condition_ reaulting in death) TO (OR AS A CONSEQUENCE OF) Sequantially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE 24s. WAS AN AUTOPSY anasuna 1 TYES 2 OF DEATH? 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 25. WAS CASE REFERRED TO MEDICAL EXAMINERS 26. PLACE OF DEATH (Check only one) HOSPITAL 1 YES 2 NO ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Home 5 - Residence 6 - Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY 28c. INJURY AT WORK? 28b. TIME OF INJURY 28d. DESCRIBE HOW INJURY OCCURED Natural 1 YES 2 NO Investigation 2 Accident 28e. PLACE OF INJURY — At home, ferm, street, fectory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be 4 Homicide 29e. CERTIFIER CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end menner ee atteted. (Check only one) 2 MEDICAL EXAMINER: On the of exemination end/or investigation, in my opinion, death occured at the time, date end place, end due to the cause(e) and menner ee stated.

29c. LICENSE NUMBER

29d. DATE SIGNED (Mgnth, Day,

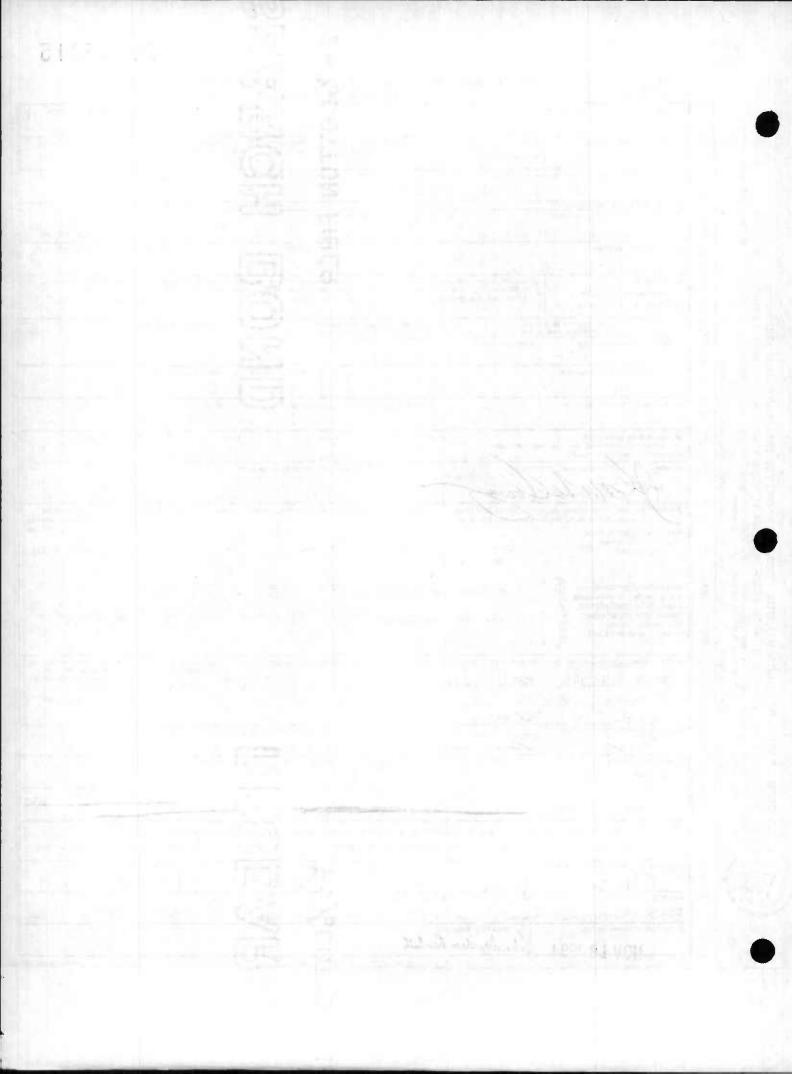
0	
21	
6.4	4
0	1
0	-
1	L
S	
-	ы
01	В
64	
-	1
N	
-	1
	3
-	- 3
~	4
A	
4	1
_	4
-	1
-	-
Œ	7
1	1
4	3
~	1
-	5
111	**
-	i
Œ	1
_	
0	q
-	
1	1
	d
h-	
BALTIMORE, MARYLAND 21215-0020	4
	1
ď	4
~	-
-	1
	4
	-
	- 3
	- 2
	-
1	
6	-3
	- 3
90	
9	-
760	and me
8760	and bear
58760	and bad up
68760	and bad un
X 68760	and bed in
X 68760	an amounted un
OX 68760	he mended up
30X 68760	the face annealist and me
BOX 68760	and he amounted no
BOX 68760	Garden has meanwhall us
). BOX 68760	siffered he meeting
O. BOX 68760	or had not man and upon the or
.O. BOX 68760	on had not many of my
P.O. BOX 68760	the annificants he assessed up
P.O. BOX 68760	note an eliferate he assessed up
S, P.O. BOX 68760	death andifferent he man-day
S, P.O. BOX 68760	doob andiffered he manifed up
DS, P.O. BOX 68760	he death and flash he manded no
IDS, P.O. BOX 68760	the death and Charle he amondered up
RDS, P.O. BOX 68760	no other deadle and discuss has accounted no
DRDS, P.O. BOX 68760	there the death and Charle he man day
ORDS, P.O. BOX 68760	that the death andifficult he manifold up
CORDS, P.O. BOX 68760	be the other density and distributed by the second of
CORDS, P.O. BOX 68760	done that the death and death and man in
ECORDS, P.O. BOX 68760	and the standard and displaced and the same and
RECORDS, P.O. BOX 68760	and any other deads and distant has any other and
RECORDS, P.O. BOX 68760	and they that deadliness he man the same and
RECORDS, P.O. BOX 68760	and the short should and deadle and the second of the
IL RECORDS, P.O. BOX 68760	and the short should and deadle and the second of the
AL RECORDS, P.O. BOX 68760	and the short that doods and short he man dad
FAL RECORDS, P.O. BOX 68760	The last short that though and the man short is
TAL RECORDS, P.O. BOX 68760	The last shot that doubt and the he are not the
IITAL RECORDS, P.O. BOX 68760	The last down that the doubt and the manufact in
VITAL RECORDS, P.O. BOX 68760	the transfers that the death and land he are an area and
WITAL RECORDS, P.O. BOX 68760	the state of the s
F VITAL RECORDS, P.O. BOX 68760	The state of the s
DF VITAL RECORDS, P.O. BOX 68760	the state of the s
OF VITAL RECORDS, P.O. BOX 68760	the state of the s
I OF VITAL RECORDS, P.O. BOX 68760	The state of the s
N OF VITAL RECORDS, P.O. BOX 68760	the first transfer and the same state of the same state and the same state of the sa
ON OF VITAL RECORDS, P.O. BOX 68760	the first first first first first first state of a state first fir
ON OF VITAL RECORDS, P.O. BOX 68760	the state of the s
ION OF VITAL RECORDS, P.O. BOX 68760	the state of the s
SION OF VITAL RECORDS, P.O. BOX 68760	the state of the s
ISION OF VITAL RECORDS, P.O. BOX 68760	the state of the s
VISION OF VITAL RECORDS, P.O. BOX 68760	the state of the s
IVISION OF VITAL RECORDS, P.O. BOX 68760	The state of the s
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	The state of the s

TOWNS THE MOST THE STATE OF THE MPORTANT: If Item

	ITEMS: 28e,28f, DELET		WARYLAND /				HTIA	AND	MENTA	HYGIE	NE	l Lş		180	0
	1 - STATE REGISTRAR	UINIE UI .		RTIF					MENIA	REG. N					
	1. DECEDENT'S NAME (First, Middle, Last)				-			-	2. DATE	OF DEATH	DAY	YEAR	3. TI	ME OF DEAT	гн .А
		IRENE		-	JE	NN	NO	5	7		11	94	0	314	М
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les	t birthday)	IF UNDER		IF UNDER		(Mont)	OF BIRTH		8. BIR		E (State or Fo	preign
	198-12-2592	1 🗆 M 2 🖳 F	71	YRS.	MONTHS	DAYS	HOURS	MIN.	Octo	ber 8	1923			, Canad	la
OR	90. FACILITY NAME (If not institution, give : PENINSULA REGION		AL CENTE	R		LISE		ON OF DI	EATH			COM:			
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT					R LOCATIO							_		
E E)N							INSIDE CITY	
	Maryland Wi	comico		3	alis	bury								YES 2 🔀	МО
FUNERAL	and the second second	D				101.	2 I O O						WHAT	COUNTRY?	
N N	5822 Kirknewton				_		2 180					USA			
BY FU	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced		IT EYER IN U.S. AR YES 2 1 PAR NAR OR DATES				offy Cuba	n, Maxica	in, Puerto	? (Specify ' Rican, etc.)	fes or No—	Sp	CE — Ar bek, Whit ocity: Thit		en,
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade		16a. DE	CEDENT'S	JSUAL O	CCUPATION		14.1	16b	KIND OF E	USINESS/II		III		
	Elamentary/Secondary (0-t2)	College (1-4 or 5	life	ve kind of w Do NOT us	retired.)	during mosi	or workin	g							
릴	12	1	Se	ecret	ary										
Į į	17. FATHER'S NAME (First, Middle, Last)						18. MOTH	HER'S NA	ME (First,	Aiddle, Maid	en Sumame)				
DE	William (un	k) All	.en				Gr	ace	(1	ink)	Gal	lowa	y		
0	190. INFORMANT'S NAME (Type/Print) Louis B. Jennii	ngs									own, State, 2		801	91	
	150 Burlel 2 Cremation 3 Rem 4 Donation 5 Offer (Specify) 21. SROMATURE OF THE RALL SERVICE 1 23. PART L. Enter the diseases, or shock, or heart failure.	CENSEE COMPLETE	Spring	hill M	emory 22.	Holl 501	oway Snow	SS OF FA	neral 11 Ro	Home	e alisb	ury,		2 180 Approxima	ste
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	CAR	2010GE	ماد		Sto	ar							20 H	d Death
ERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b	(OR AS A CONSEC	DUENCE OF):										
핑		d											+		
PHYSICIAN: MEDICAL	PART II. Other algoriticant condition GTASTED INTESTINAL	hervo ra		esulting i	n the un	derlying	csuse g	given in	Part I.		ORMED?	2	AVAIL	AUTOPSY FI ABLE PRIOR PLETION OF C	TO
	DIRRETES MELL	1715									2 M 110			EATH? YES 2 🗆 I	NO
-	CANCER UF	BRE AST						_							
₹	25. WAS CASE REFERRED TO MEDICAL	- CHEC 47 51				26. PL/	CE OF D	EATH (Ch	eck only or	e)		_			
	EXAMINER?	HOSPITAL:	ER/Outpatient 3	□ 004	OTHER	1:						1			
	27. MANNER OF DEATH 1 Natural 5 Pending	28a. DATE OF (Month, L	INJURY	28b. TIME	OF	28c, INJU WOR	RY AT		6 Othe		V INJURY O	CCURED			
TED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28a. PLACE Coulding	of INJURY — At he etc. (Specify)		treet, fact		जत्र द	u	City	ATION (Street	et and Numb	er or Run	100	lumber,	STREET
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYS	ICIAN: To the best of sER: On the beals of s											e(a) and	manner as s	stated.
BE C	296. SIGNATURE AND TITLE OF CERTIFIE	R					29c. LICE	ENSE NUI	MBEA		29d. D/	ATE SIGNI	ED (Mont	h, Day, Year)	

29a. CERTIFIER (Check only one) 1 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) D440 61 1994 30. NAME AND ADDRESS OF PERSON WNO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) NOV RIVER SIDE SALISBURY APPAU 540 Suite 21801 AKWASI DRIVE M.D. 31. DATE FILED (Month, Day, Year)

32. REGISTRAR'S SIGNATURE MOV 16

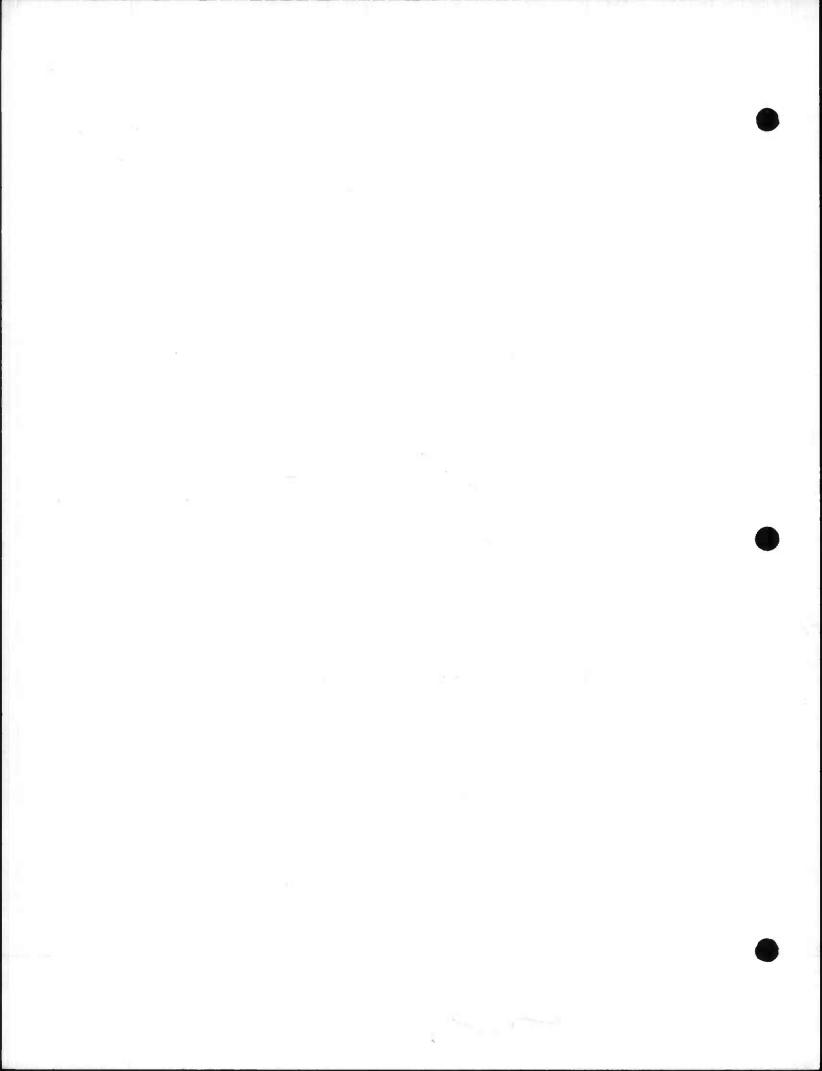


DRATENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should hours after death with the State Dept. of Health and Merital Hygiene prior to burial, cremation, or remost. It is marked or item 23 showes any injury, or other traumatic event, the medical examiner must be anothered.

1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

		REGISTRAN				CE	BUIL	ICATI	E UF	DEA	I H		REG. NO.			
	ľ	1. DECEDENT'S NAME (First, Middle,	- '									2. E	DATE OF DEATH			3. TIME OF DEATN
1	1	Peggy Tucker	Ki	ng									vember 1		YEAR QQ/i	8:30 P. M
	1	4. SOCIAL SECURITY NUMBER		5. SEX	6. AGE	(In yrs. last	birthday)	IF UNDER	1 YEAR	IF UNDER	24 MDC		ATE OF BIRTIN			NPLACE (State or Foreign
		215 20 0624		1 M 2 7 F			YRS.	MONTHS	DAYS	HOURS	MIN.	0	Month, Day, Year)		Count	ry)
		215-30-9634		1		6.0	YNS.						ov. 23,1	933	Mar	yland
		9a. FACILITY NAME (If not institution						9b. CITY	, TOWN	OR LOCATI	ON OF OE	EATH		9c. COU	INTY OF D	EATN
1 6	- 1	3716 Kenilwor	th	Drive			- 1	Ch	ievv	Chas	ie.			Mo	ntoc	mery
15		RESIDENCE OF DECEDER	1T											110	nie ge	mery
DIRECTOR		10a. STATE 10b. C	OUNT	Y			10c. CIT	Y, TOWN	OR LOCAT	ION						10d. INSIDE CITY
1 5		Maryland M	ont	gomery				hevy	Cha	000						LIMITS?
		10e. STREET AND NUMBER		80-10-7				110 1 9		. ZIP COD	-					
₹		2716 12 11							101							WHAT COUNTRY?
FUNERAL		3716 Kenilwort	n D							2081	5			Un	ited	States
15		11. MARITAL STATUS		12. WAS DECEDEN FORCES? 1	T EVER II	N U.S. ARM	ED	13.	WAS DEC	ENDENT C	F NISPAN	VIC OF	RIGIN? (Specify Yea	or No-	14. RACI	E — Americen Indian, k, White, atc.
BY		1 Never Married 2 Married		IF YES, GIVE V			,			2 NO			arto Rican, atc.)		Spec	
	- 10	3 X Widowed 4 Divorced									,				9,000	Black
COMPLETED	-	15. DECEDENT	S EDU	CATION		18a, DEC	EDENT'S	USUAL O	CCUPATIO	ON		T	16b. KIND OF BUS	INESS/INI	DUSTRY	
	- -	(Specify only highes Elementary/Secondary (0-12)	grade			(Give	e kind of u	vork done e retired.)	during mo	st of working	rg	- 1				
=		Elementary/Secondary (0-12)		College (1-4 or 5	•)	Fyo	outi	370 V	ico	Pres	4 4		Chasema	n En	tern	rice
	ŀ	17. FATNER'S NAME (First, Middle, La			_	LLANCE	cuti	ve v	rce	_	_				CCLP	1150
5 8													irst, Middle, Maiden	Surname)		
BE		Rufus A. Tuck		Sr.							ıma B					
		19a. INFORMANT'S NAME (Type/Print)			19b.	MAILING	ADDRESS	S (Street a	nd Number	or Rural F	Route i	Number, City or Town	n, State, Zij	p Code)	
2		Caryn Harris	on			4 9	979	Da1t	on D	r.,C	olum	ıbi	a, Maryl	and	2104	5
2	ı	20a. METHOD OF DISPOSITION			201	D. PLACE AN	UD DATE	S DISCOOL	NTION (No						Au =	- 70 E
Š		1 X Burlel 2 Cremation 3		oval from State		netery, crem .armor					1.1	/ 1	- / - /		City or To	
	-	4 Donation 5 Other (Specify			_ n	armon	iy M						-	ndov	er,	MD.
		21. SIGNATURE OF FUNERAL SERVI	CELTIC	ENSEE	01	/	0			D ADDRE				_		
Y	ŀ	1 They		1	$\times +$	27	1	- M	cGul	re r	uner	ат	Service	, In	C.	
	╁	22 PART I Fordale discolu		u (/	400	Geor	gıa	Av	e. N.W.,	Was	hing	ton, D.C.
		23. PART i. Enter the disease ehock, or heart fa	lure.	List Dniv Dne ceu	t caused ise Dn a	d the dee ach line.	th. Do r	ot enter	the mo	de of dy	ing, suct	h aa	cerdlec or reeple	ratory en	reat,	Approximate interval Between
		IMMEDIATE CAUSE (Final				0		-								Onset and Death
		disease or condition resulting in death)		(62	red	con	_(don	-0	. Qu	200m					Reas . Di
5	ĺ	resulting in pastri)	3.5	DUE TO	(OR AS A	A CONSEOL	JENCE OF	D:	,	2 -						1
-	I		_	Par .		-	0	2	1	2	-					
CERTIFICATION	l	Sequentially liet conditions,		b. OUF TO	(OB AS A	CONSECU	IENCE OF	- Will	7	2	Les	با	1			G-Carry.
F	1	If any, leading to immediata cause. Enter UNDERLYING			(0 1.0 1	· congai	LIVE O	, /	,							4
	1	CAUSE (Diseese or injury		C												
	1	thet initiated events		DUE TO	(OR AS A	CONSECU	JENCE OI	7):								
5 1	ı	resulting in death) LAST		d												
	ı		_													
EDICAL	H	PART ii. Other significant con	-	OL J	deeth b	out not re	sulting		/)		given in	Part	24a. WAS AN . PERFOR		24b	. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
		Clerca	يمو	_ 0078	cer	سمسر	e	Peals	de	wer	,		1 TYES 2			COMPLETION OF CAUSE
							V)	200				1 1 723 2	Viao	1	OF DEATH?
Σ		DID TODACCO HEE CO	N 171	DIDLITE TO CA						R_ `			.			1 TYES 2 NO
3 3		DID TOBACCO USE CO	-	KIBUIE IO CA						UNC	ERTAIN	<u>ч </u>] [
히	ı	25. WAS CASE REFERRED TO MEDIC EXAMINER?	AL	HOSPITAL:		26. PLACE	OF DEAT	H (Check								
S	1	1 YES 2 NO		1 Inpetient 2	ER/Outp	petlant 3	DOA			• 5X R	sidenca	6 🗆 6	Other (Specify)			
PHYSICIAN:	П	27. MANNER OF DEATH		28a. DATE OF			28b. TIM	E OF	28c. INJ			28d.	DESCRIBE HOW IN	JURY OC	CURED	
6		1 Natural 5 Pending		(Month, D	ау, гөш/)		INJ	URY M		RK? /ES 2	□ NO					
B	1	2 Accident Investiga 3 Suicide & Could b		28a. PLACE O	F INJURY	/ — At hom	e ferm	treat fact			-	204	LOCATION (Comme	and Marianters		N
	1	4 Homicide detarmin		building,	atc. (Spec	cify)	.,		ory, orner			201.	LOCATION (Street a City or Town, State)	nu Number	OF PILITET P	oute Number,
COMPLETED	1															
P		29a. CERTIFIER 1 X CERTIFYING	PNYSI	CIAN: To the best of	my know	ledge, dast	h occum	d at the t	lme, data	and place	and dua	to the	cause(s) and men	ner aa sta	ted.	
<u> </u>	1) and menner as stated.
Nö	-															
H		29b. SIGNATURE AND TITLE OF CES	7/2		7	- A	~				NSE NUM					(Month, Day, Year)
	L	Her /	13	Redo	1	le	7			D0	2210				11/1	5/94
2	F	30. NAME AND ADDRESS OF PERSO														
7	ļ	Irwin H. Arda	am,	M.D., 54	454 1	Wisco	nsi	n Av	e	Ste#	1425	. (Chevy Ch	ase.	MD	20815
	-	31. DATE FILED (Month, Day, Year)							,	11		, '	011	400,	ьш.	20015
			\sim	4	-	don-	0	N/S								
	1	NOV 1 5 7	994	del:	Jane	1 Ann A	TOMICLE	مكاثا								



Pages 1, 2, 3 should

permit.

burial-transit

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buriat-tran		
id bi	9		
endir	as th		
r att	use		
italo	1 for		
hosp	chec		65
the	deta		5
9	d be		d at
retained	5 shoul		ilem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
g /	age		be
EE .	or, p		nst
ige 6	Jirec		E
ath. P.	ineral (amine
ar de	he fi	6	ex.
s afti	3	emo	dica
hour	ni pa	0	E
124	y fill	ation,	the
within	pletel	hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	rent,
uted	000	ırial,	0
Ээхэ	and	0 0	ша
e pe	siciar	LIOL	tran
ificat	phy	ane p	her
cert	guipt	Hygi	10 7
leath	after	mtal	7, 0
the	the	d Me	를
that	5	h an	any
nires	Sign	Heatt	8 M
regi	Deen	JO .	\$
WE :	Tas I	Dept	23
Ĕ	ate	tate	Tem
CIAN	ertific	the S	6
HASE.	ils Co	vith 1	ed,
1G P	ter th	ath v	Than
NON	R. Af	er de	.52
ATTE	CTO	s afte	200
OR	H	DOURS	llem

BE

9

Lewis

2 MEDICAL EXAMINER:

Dennis

M. D.

WHO COMPLETED ONUSE OF DEATH (ITEM 27) (Type, Print)

Luca Day doon Handall

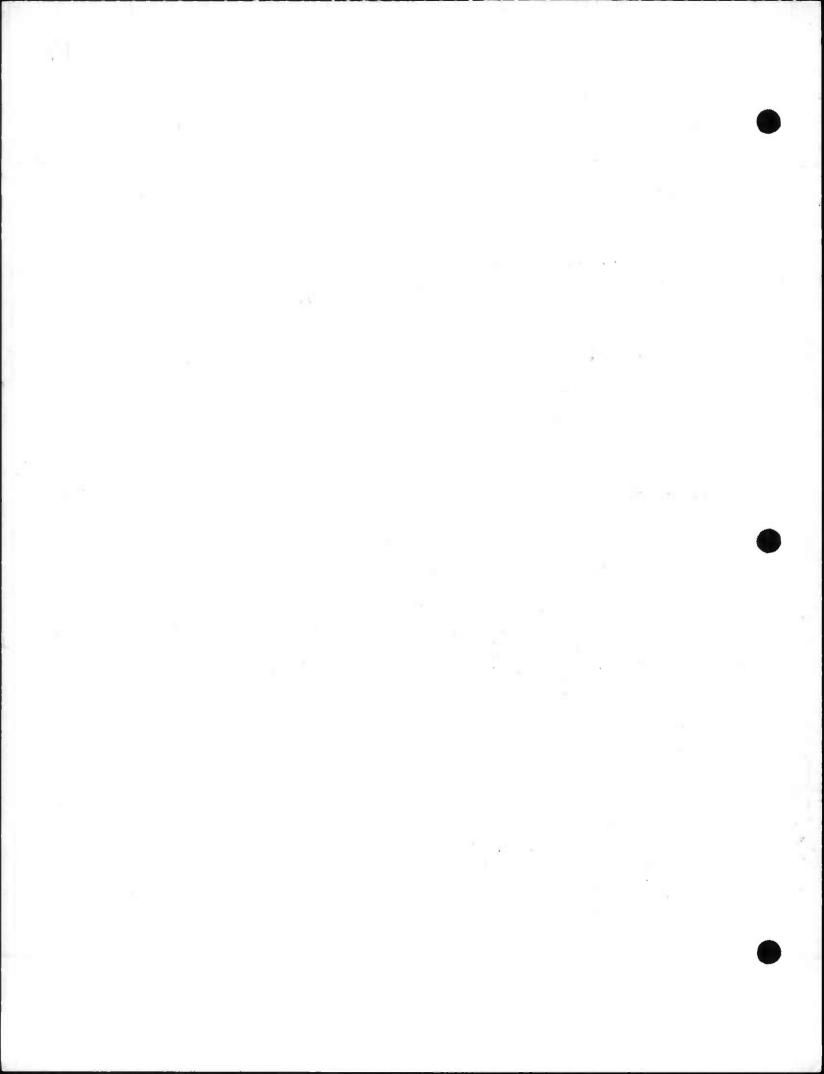
94 35817 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH YEAR Robert DIGO Kelly 2.35 AMM B 4. SOCIAL SECURITY NUMBER 8. AGE (In vrs. last birthday) 7. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign (Month, Day, Ye DAYS HOURS 1 🔯 M 2 🗌 F YRS Washington DC 579-82-9640 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Washington Adventist Hospital Takoma Park Montgomery 10h COUNTY 10c. CITY, TOWN OR LOCATION 10a STATE 10d. INSIDE CITY D. C. N/A Washington 4-X YES 2 □ NO 10a. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 908 Madison 20011 USA Street, N. W. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 2NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or NoIf yea, specify Cuban, Maxican, Puarto Rican, etc.)
1 YES 2XXNO Specify: RACE — American Indian, Black, White, etc. 1 Never Married 2 Married FORCES? 1 YES 2 BY Specify: 3 Widowed 4 Divorced Black. COMPLETED 18a. DECEDENT'S USUAL OCCUPATION 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade completed) (Give kind of work done during life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5 +) Guard Washington Post 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Bostic George Kelly Hortense BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)
008 Madison Street, N.W. Washington, DC 2 Hortense 908 Madison Street, N.W. 20011 Malloy 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State cemetery, crematory or other place) Harmony Memorial Park 4 ☐ Donation 5 ☐ Other (Specify) 11 - 23Landover, Md. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Marshall's Funeral Home Inc norska 20011 Washington, DC 23. PAST i. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiec or respiratory arrest, Approximate ehock, or heart feliure. List only one cause on each line. interval Between **IMMEDIATE CAUSE (Finel** Onset and Death diseese or condition reaulting in death) MEDICAL CERTIFICATION Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Diseese or Injury that initiated events resulting in deeth) LAST PART II. Other significant co 34b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE resulting in the underlying ca given in Part I. 24s. WAS AN AUTOPSY PERFORMED? H 1 T YES 2 T NO OF DEATH? 1 VES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH PHYSICIAN: YES NO UNCERTAIN 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only over EXAMINER? OTHER: 1 YES 2 MO tient 2 [] ER/Outpetient 3 [] DOA ng Home S 🗆 Residence S 🗀 Other (Specify) 27. MANNER OF BEATH 28s. DATE OF INJURY 286. TIME OF INJURY 28c. INJURY AT WORK? 16d. DESCRIBE HOW INJURY OCCURED 1 Settitural 1 YEB 2 NO BY 2 Accident 39e. PLACE OF INJURY — At home, ferm, street, fectory, uffice building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number Day or Town, State) 8 Could not be COMPLETED 4 Homicida (Clean only knowledgs, death occurred at the time, data and place, and due to the cause(s) and manner as stated. CERTIFYING PHYSICIAN:

29d. DATE SIGNED (Month, Day, Year)

IU

investigation, in my opinion, death occured at the time, data and place, and due to the cause(s) and manner as stated.

DOLUGE NUMBER

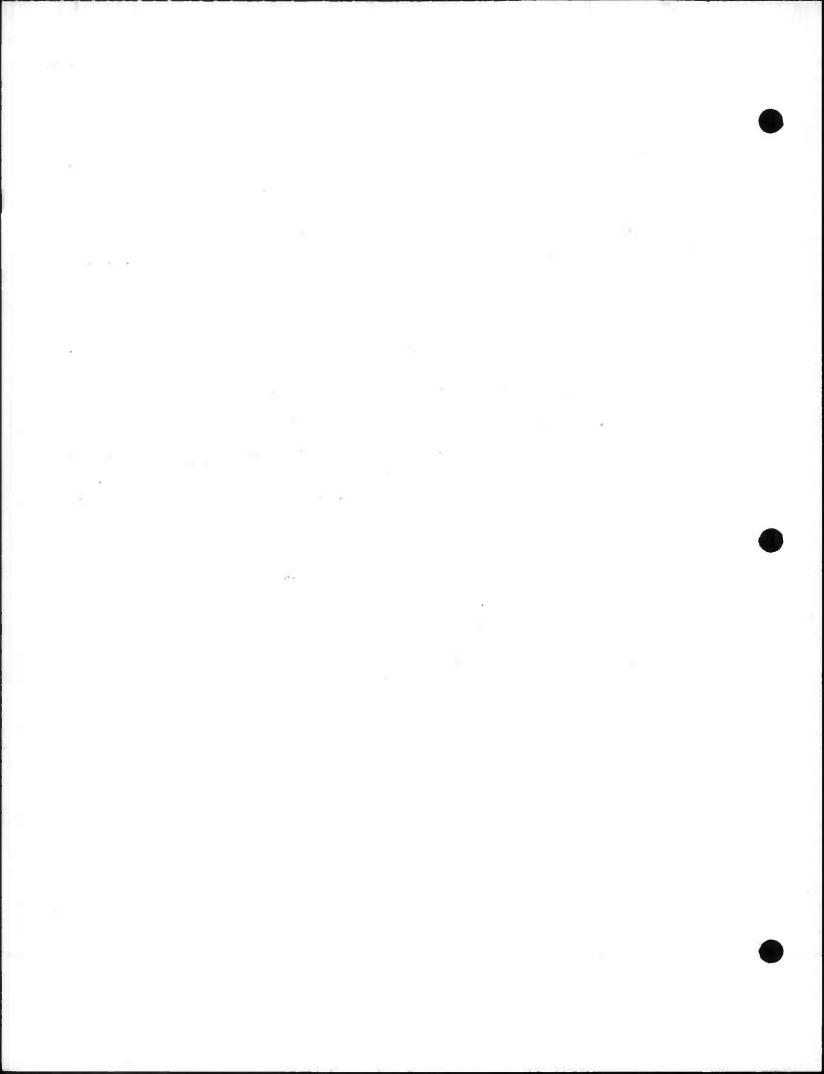


OHMH-18 Rev 1/89

BALTIMORE, MARYLAND 21215-0020

ON OF VITAL RECORDS, P.O. BOX 68760

FOR STATE REGISTRAR CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle Last) 2. DATE OF DEATH 3. TIME OF DEATH 0430 AM 4. SOCIAL SECURITY NUMBER 7. DATE OF BIRTH IF UNDER 1 YEAR 6. BIRTHPLACE (State or Foreign IF UNDER 24 HRS. 214-32-4881 61 1 M 2 X F 11-19-19 Pages 1, 2, 3 should 9s. FACILITY NAME (If not institution, give street and number, 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Washington County Hospital Hagerstown. Washington DIRECTOR RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MD. Washington Hagerstown. 1 YES ZE NO permit. FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 21740 10g. CITIZEN OF WHAT COUNTRY? 12024 Smithfield Farm Lane U.S.A. funeral director, page 5 should be detached for use as the burial-transit retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, atc. 1 Never Merried 2 Merried If yes, specify Cuben, Maxican, Puerto Rican, etc.) t YES 2 NO Specify: specify: White 8 3 Widowed 4 Divorced 16a. DECEDENT'S USUAL OCCUPATION COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY (Give kind of work done during most of work life. Do NOT use refired.)
Security Guard Elementary/Secondary (0-12) College (1-4 or 5+) Mack Trucks Corp. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Lauren Harry Stevens Rosie Louise Shaw BE notified 19a. INFORMANT'S NAME (Type/Print 19b. MAILING ADORESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Smithfield Farm Lane Hagerstown, Bobby E. Knable Page 6 may be 2 20s. METHOD OF DISPOSITION
1 Suriel 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION — City or Town, State must Shanktown Cemetery 11-27-94 Big Pool, MD. examiner 21. SIGNATURE OF FUNERAL SERVICE LION 22. NAME AND ADDRESS OF FACILITY Thompson Funeral Home, Inc. P.O.Box 310 Clear Spring, MD.21722 signed by the attending physician and completely filled in by the Health and Mental Hygiene prior to burial, cremation, or removal. the medical iseeses, or complications that caused the death. Do not enter the mode of dying, auch ea cerdlec or reepiratory arrest, shock, a heert fallure. List only one cause on each line. Interval Retween IMMEDIATE CAUSE (Finel **Onset and Death** disease or condition_ Milaslatu Ovarian Caremona event, reculting in death) DUE TO (OR AS A CONSEQUENCE OF): CM asstrue Reard traumatic CERTIFICATION Sequentially list conditions, AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury Rulmma DUE TO (OR AS A CONSCOUENCE OF) that initiated events resulting in death) LAST 0 PART II. Other eignificent conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE 24a, WAS AN AUTOPSY MEDICAL 1 YES 2 DO OF DEATH? 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO NO UNCERTAIN PHYSICIAN: has be Dept. NOING PHYSICIAN: The law 23 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF OEATH (Check only one) certificate I HOSPITAL: 1 - YES 2 00 itlant 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify) 0 27. MANNER OF DEATH 26s. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT 26d. DESCRIBE HOW INJURY OCCUREO After this c marked, 1 Natural 1 YES 2 NO BY death 2 Accident 28a. PLACE OF INJURY — At home, farm, street, fectory, office building, atc. (Specify) ETED | 3 Suicide 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 69 6 Could not be 4 Homicide 23 COMPL 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and piece, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF 29d. DATE SIGNEO (Month, Day 29c. LICENSE NUMBER **BE** P4187 28 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) PALTING ARLENE MEET 205 MILL HAGER 31. DATE FILED (Month, Day. mein Danden Ra NOV 28 1994



THE ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

1	-	FUR STATE REGISTRAF

	REGISTRAR			ENTIFIC	SAIE OF	DEATH	REG. NO			
	1. DECEDENT'S NAME (First, Middle, Lass Sterling M. 1						2. DATE OF DEATH DO 10		3. TIME OF OEATH	
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. le	st birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	1 1.4 4	BIRTHPLACE (State or Foreign	_
- 8	214-32-2013	1 M 2 F	87	YRS.	ONTHS DAYS	HOURS MIN.	(Month, Day, Year) 11/26/190		Maryland	
- 1	9a. FACILITY NAME (If not institution, give		Meridian	, ,	•	OR LOCATION OF DE		9c. COUNTY	The state of the s	-
DIRECTOR	Nursing Center	Corsica H	ills		Centi	reville		Queer	n Anne's	
ECI	RESIDENCE OF DECEDENT 10a, STATE 10b, COUN	TY		10c. CITY,	TOWN OR LOCA	ATION			10d. INSIDE CITY	_
DIA	Maryland Queen	n Anne's			Cen	treville			LIMITS?	
ERAL	10e. STREET AND NUMBER				.10	Of, ZIP CODE		10g. CITIZEN	N OF WHAT COUNTRY?	
1ER	1522 Burrisville	Road				21617		US	SA	
FUNI	11. MARITAL STATUS	12. WAS DECEDENT FORCES? 1	T EVER IN U.S. AF	MED	13. WAS DE	CENDENT OF HISPAN	IIC ORIGIN? (Specify Yearn, Puerto Rican, atc.)	or No- 14.	. RACE — American Indian, Black, White, etc.	
BY	3 Wildowed 4 Divorced	IF YES, GIVE W				S 2 NO Specify			Specify:	
ED	15, DECEDENT'S ED		16a, DE	CEDENT'S U	SUAL OCCUPAT	ION	16b. KIND OF BUS	I SINESS/INDUS	Black	
Ш	(Specify only highest grade Elementary/Secondary (0-12)	Coffege (1-4 or 5 +	·)	. Do NOT use	rk done during m retired.)	ost of working				
COMPL	Secondary(10)			Farm			Frami	ng		
8	17. FATHER'S NAME (First, Middle, Last)	,					ME (First, Middle, Maiden	Surname)		
BE	Jermiah Kennedy	<u> </u>	- 140			Annie	0.13	04		P
10	Mr. Robert Har	ndv	1				ark, Delaw			
	20 METHOD OF DISPOSITION		20b. PLACE		DISPOSITION /A					-
	Burial 2 Cremation 3 Re	moval from State	cognetoy, cre	amatohy or othe	DE NG	F.C.Al	11-5-94 C	ENRE	or Town, State	
	21. SIGNATURE OF FUNERAL SERVICE L	ICHARLE .	1/1			AND ADDRESS OF FA	CILITY			
	2 Jun	Use	D		Walle	y Funera	l Home,207 Maryland 2	Calve	rt St.,	
	23. PART I. Enter the diseases, or	complications that	caused tha d	ath. Do not	t antar tha m	ode of dying, suc	h as cardiac or reapi	ratory srrest	t, Approximate	
	ahock, or heart fellure IMMEDIATE CAUSE (Final	. List only one cau	se on each line						Interval Between Onset and Death	
	disease or condition reaulting in death)	a.		L	MY	Cance	-		114-	
		DUE TO	(OR AS A CONSE	OUENCE OF):	1					
CATION	Sequentially list conditions,	b	(OR AS A CONSE	OUENCE OF):						_
FA	If any, leading to immediate cause. Enter UNDERLYING	G.								
RTIFI	CAUSE (Disease or Injury that Initiated events	DUE TO	OR AS A CONSE	OUENCE OF):						
CER	resulting in death) LAST	d								-
- 1	PART II. Other algnificant condition	one contributing to	death but not i	reaulting in	the underlylr	ng cause given in			24b. WERE AUTOPSY FINDINGS	
EDICAL							PERFOR	direction of	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
MEI							_		1 TES 2 NO	
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			26. P OTHER:	PLACE OF DEATH (Ch	eck only one)			-
PHYS	1 TYES 2 NO 27. MANNER OF DEATH	1 Inpatient 2 I		26b. TIME		me 5 - Residence	6 Other (Specify) 26d. DESCRIBE HOW II	I III OCCUP	AFD.	
	1 Natural 5 Pending	(Month, De		INJUF	TY W	ORK?	200. DESCRIBE HOW II	430HY OCCUH	EU	
D BY	2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE OF	F INJURY — At he	ome, farm, atro			281. LOCATION (Street a	and Number or F	Rural Route Number,	1
ш	4 Homicide determined	ounding,	etc. (Specify)				City or Town, State)			l
COMPLET		SICIAN: To the best of	my knowledge, de	eath occurred	at the time, dat	e and place, and dua	to the cause(a) and man	iner as stated.		
OM	one) 2 MEDICAL EXAMIN	IER: On the basis of ex	amination and/or	Investigation,	In my opinion,	deeth occured at the	time, data end place, an	d due to the ce	ause(a) and menner as stated.	l
ш	296. SIGNATURE AND TITLE OF CERTIFI	ER N				29c. LICENSE NUM	IBER	29d. DATE S	IGNED (Month, Day, Year)	1
TO B	7 140	MM				D37	436	▶ 17.1	11/9	
-	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUS	E OF DEATH (ITE	M 27) (Type, P	rint)	00	1 00	71110		
	31. DATE FILED (Month, Day, Year)	032. REGISTRAL	R'S SIGNATURE	ny	h py	de Ch	Mh- Mi	0161	<u> </u>	ļ
2	NOV 16 '94	Julia Davi	dson-Rand	ell						
2 / NI		/ / 1	-							-1

21.

BALTIMORE, MARYLAND 21215-0020

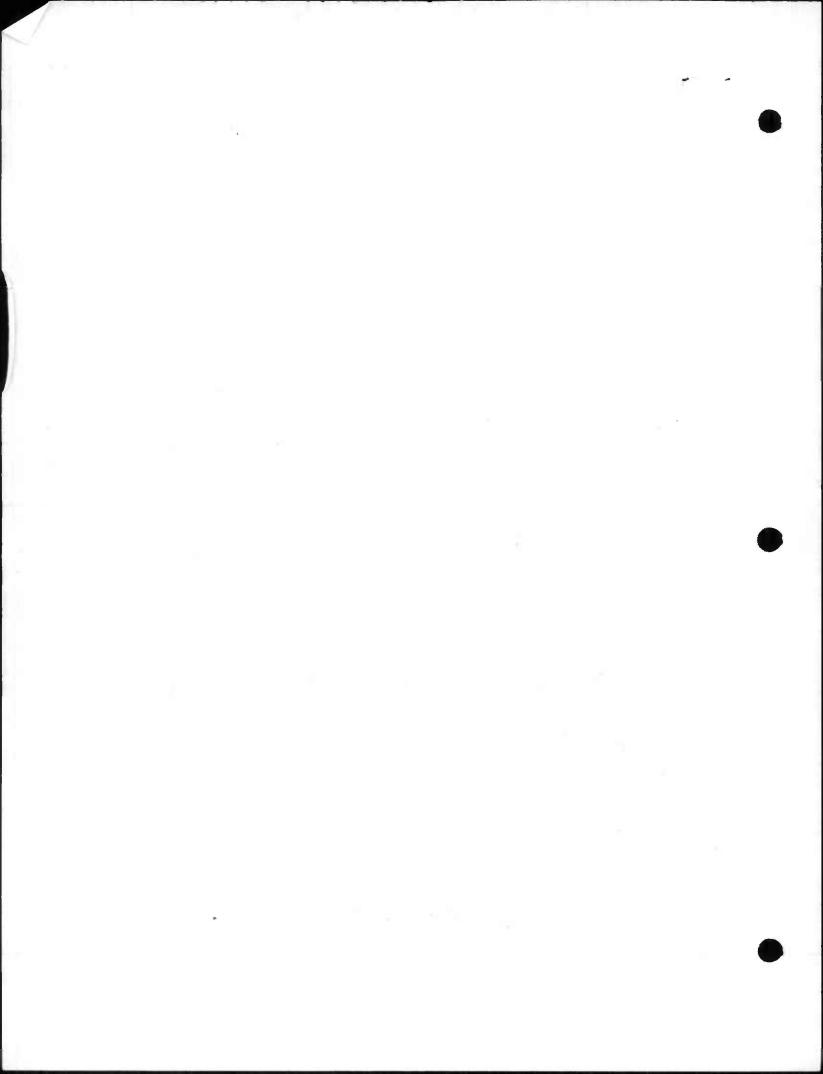
VIVISION OF VITAL RECORDS, P.O. BOX 68760.

FATENDING PWSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be attended for use as the burial-transit permit. Pages 1, 2, 3 should be attended by the state Degr. or Health and Mental Hygiene prior burial, cremation, or removal.

FOR STATE REGISTRAR 1.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

		4 0505051710 11445 451 4					IOAIL				HEG. NO	,		
	,	1. DECEDENT'S NAME (First,									2. DATE OF DEATH MONTH	MY	YEAR	3. TIME OF DEATH
	1		Virgin			na	K1	imbl			October	5	1994	3:00 м
		4. SOCIAL SECURITY NUMB	220	5. SEX	6. AGE (In yrs. I		IF UNDER	1 YEAR DAYS	HOURS	24 HRS.	7. DATE OF BIRTN (Month, Day, Year)		8. BIRTHI	PLACE (State or Foreign
	1	219-07-65	555	1 M 2 KF	75	YRS.		DATE:	HOURS	MINV.	Sept.17	.191		Marvland
		9a. FACILITY NAME (If not in	stitution, give s	treet and number)	-		9b. CITY,	TOWN C	OR LOCATI	ON OF DE			INTY OF DE	
000	5	The Kent and	d Ouee	n Anne H	ospital	. Inc.		Che	ster	town			Kent	
DIRECTOR	5	RESIDENCE OF DEC	CEDENT		oop. va.					001111			KCITO	
1 4		10e. STATE	10b. COUNTY				Y, TOWN O							10d. INSIDE CITY LIMITS?
	- 19	Maryland	Que	een Ann	e's		entr	cev:	$ill \in$	2				1 TYES 2 NO
1 3		10e. STREET AND NUMBER						101	. ZIP COD	E		10g. CIT	IZEN OF W	HAT COUNTRY?
FIINERAL		161 Kimste	ead Fa	arm Lan	e				21	617		T	J.S.A	Δ
	5	11. MARITAL STATUS		12. WAS DECEDEN	T EVER IN U.S.	RMED					IC ORIGIN? (Specify Ye		14. RACE	- American Indian,
\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \		1 Never Married 2		IF YES, GIVE V	YES 2 NAR OR DATES	200			ecity Cube 2√Z√NO		n, Puerto Ricen, etc.)		Specifi	, White, atc. V:
	- 11	% Widowed 4 □ Divo	erced				_		AA					White
COMPLETED	3		EDENT'S EDUC				USUAL OC				166. KIND OF BU	SINESS/IN	DUSTRY	
	.	Elementary/Secondary (0		College (1-4 or 5	- 4	fe. Do NOT u	se retired.)	umg mo	St OF WORK	79	1			
4		12				Hou	ısewi	fe						
		17. FATHER'S NAME (First, M.							18. MOT	NER'S NAI	ME (First, Middle, Maider	Surname)		
		Clark Mor	ris							Ann	a Furbus	h		
B. B.		19a. INFORMANT'S NAME (7)	ype/Print)		T	9b. MAILING	ADDRESS	(Street a	nd Numbe		Route Number, City or Tox		n Code)	04645
2	2	Patricia I	K. Hi.	11	ł						e Rd., Ke			21645
3	ı	20a. METHOD OF DISPOSITI	ION		20h PLAC		OF DISPOSI			111	DATE 200 LG	CATION	City or Ton	re, Md.
		15€ Burial 2 ☐ Crematio 4 ☐ Donation 5 ☐ Other		oval from State	cemetery, c	rematory or o	ther place)			Oct		4	City of Toe	wit, State
5	ł	21. SIGNATURE OF FUNERAL		ENSPF /	Chur	ch F	lill	Cei	Mete	ry	I Ch	urch	HI	11, Md.
		M	1/	2/	11						ein Fune	ral	Home	2
2		Momen	10 K.	Holde	entrem	,	25 2	1 2	130	Spe	er Rd.,C	hest	erto	own. Md.
		23. PART i. Enter tha di	iseeses, or c	omplications the	it ceusad the	leeth. Do	not enter	the mo	de of dy	ing, auch	as cerdiac or resp	iratory a	rest,	Approximeta
	ı		116	List only one cer										interval Between Onset and Death
	1	IMMEDIATE CAUSE (Fin disease or condition	101	Carol	cal Va	50.	10.	10	2: 10	1	(I) Middle	1. (39	2/0/1	/a / / / a
		resulting in death)		a. Cereo	CU CONS	EQUIENCE C	100	HCC	JUE	ne 7	(I) Middle	Lee	ravan	y ruayo
	. 1		_	60.00	va 1	-1 0	rter	in	50/	0/12				
0		Sequentielly list conditi		DUE TO	OR AS A CONS	O U	1 ru	100		100				
TA		if any, leading to immade cause. Enter UNDERLY			(**************************************		. ,.							
		CAUSE (Disease or inju- that initieted events		OUE TO	(OR AS A CONS	EQUENCE O	fi:			_				
		resulting in death) LAS	т .											Ì
CERTIFICATION				1										1
5 1	H	PART ii. Other significe	nt condition	s contributing to	death but not	resulting	In the und	derlying	ceuse !	given in i			24b.	WERE AUTOPSY FINOINGS
DICAL		insulita	r de	pendent	dial	sotes	m	001	itu	3	PERFO	1		AVAILABLE PRIOR TO COMPLETION OF CAUSE
			7					سال			T TES	A NO		OF OEATH?
2		DID TOBACCO U	SE CONITI	DIDLITE TO CA	LICE OF DE	ATU V	C 🗆 N	10 [1 11111	CDTAIN				1 YES 2 NO
PHYSICIAN:		25. WAS CASE REFERRED TO	- 1	UDUIL TO CA			TN (Check o		ו טואנ	ERTAIN	4 L			
		EXAMINER?	o medicale	HOSPITAL:			OTHER	:						
§ ≥		1 YES 2 NO		1	ER/Outpatient	_				sidenca	6 Other (Specify)			
			Pending	28a. DATE OF (Month, E		28b. TIR	IE OF JURY		RK?		28d. OEŞCRIBE HOW	INJURY OC	CURED	
B			investigation				M		/ES 2 [NO				
	- 10		Could not be	28a. PLACE C building,	FINJURY — At I atc. (Specify)	ome, ferm,	streef, facto	ory, office	•		28f. LOCATION (Street City or Town, State		r or Rural Ro	oute Number,
ı		4 Nomicide	datarmined											
COMPLETED		29a. CERTIFIER CERT	IFYING PNYSH	CIAN: To the best of	my knowledge,	leath occur	ed at the tir	me, data	and place	, and dua	to the cause(a) and ma	nner sa ats	ted.	
I ≥														and manner as stated.
		29b. SIGNATURE AND TITLE												
BE		1 5	7/)						29C. LIG	ENSE NUM	L CC	29d. DA	E SIGNEO	(Month, Day, Year)
일		30. NAME WHO ADDRESS OF	DEDOON WALL	J COMPLETED OF	OF OF PERSON	~ C	2		1)	164	00	/	0/18	174
1		INCLINE AND ADDRESS OF	DOO .	COMPLETED CAU	DE UP DEATN (IT	EN 21) (Type	Print)	-	4		100	911	0 1	
10	1	MUMITED.	DKI	numun	FIL), (no	Ole	MO	S	, Ind	416	(0	
10		31. DATE FILED (Month, Day,			R'S SIGNATURE						(
		OCT	20 '9	4 5	helia David	bon-A	indole							
				17		-								

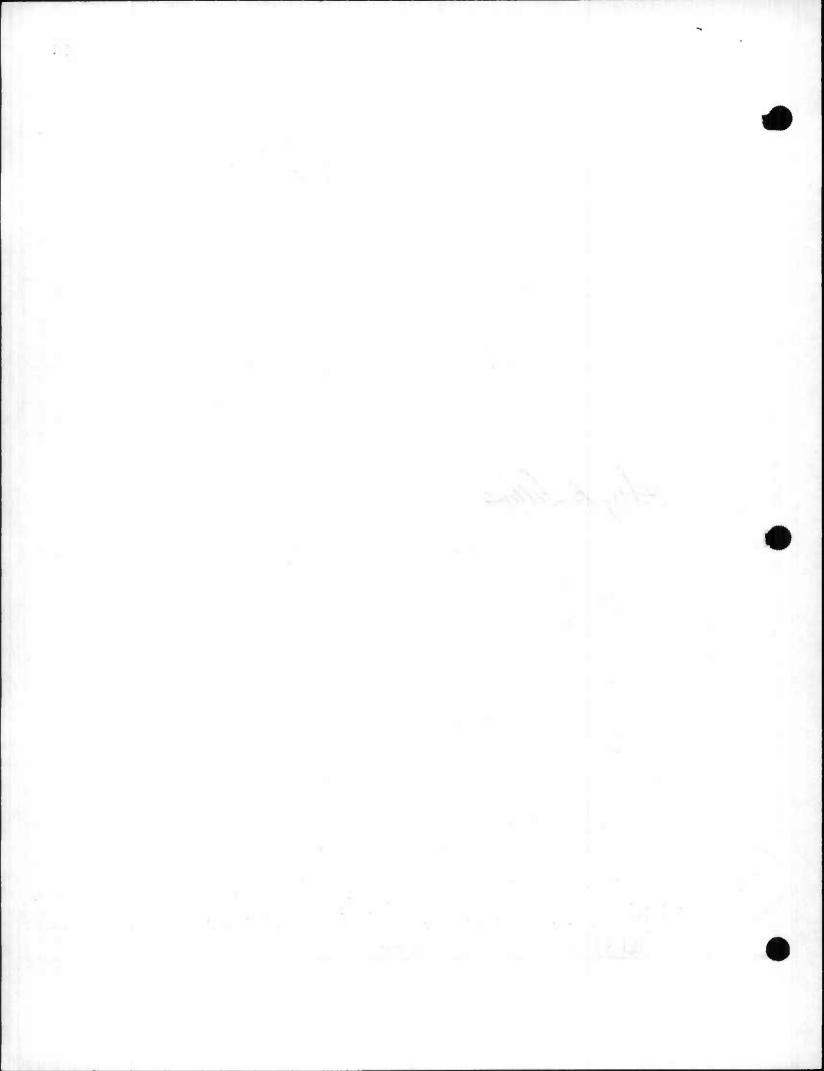


after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

DEATH, CH ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	INEED INFECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be the completed for use as the burial-transit permit. Pages 1, 2, 3 should be completed for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be completed for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit.	4
y be retained by the	age 5 should be der	be notified at on
er death. Page 6 may	the funeral director, p	In them 26 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
within 24 hours aft	cremation, or remo	vent, the medica
rtificate be executed	INETAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the further the formal property of Health and Mental Hygiene prior to burial, cremation, or removal.	other traumatic e
es that the death ce	gned by the attendir alth and Mental Hyg	s any injury, or o
IAN: The law requin	rtificate has been sure State Dept. of He	or item 23 show
ALTENDING PHYSIC	CTDR: After this cel	28 is marked,
SATUL OR	INEE AL DIRE	Jeff If Item

	FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPAR	TMENT OF I	HEALTH AND	MENTA	L HYGIEN			
1	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE	OF DEATH	_	3.	TIME OF DEATH
	Hallie Marie Le	e				OCTO	ber 26	199	YEAR	3:40 р.м
ļ	4. SOCIAL SECURITY NUMBER		(In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7 DATE	OF BIRTH			ICE (State or Foreign
	219-07-6822 9a. FACILITY NAME (If not institution, give at	1 M 2 K F	82 YRS.	MONTHS DAYS	HOURS MIN.	Dec.	25, 19	911	Mary.	Land
TOR	Corsica Hills Nur			Centre		EAIH			n Ani	
낊	10a. STATE 10b. COUNTY	,	10c. CITY	, TOWN OR LOCA	TION				10	d. INSIDE CITY
FUNERAL DIRECTOR	Maryland Kent		Che	stertow					11	LIMITS?
RA					I. ZIP CODE					COUNTRY?
N N	818 High Street	12. WAS DECEDENT EVER II	VIII 0 151155		21620	un				tates
Y FU	1 Never Married 2 Married	FORCES? 1 YES	2 X NO	If yes, a	ENOENT OF HISPA ecify Cuban, Maxic 2 X NO Speci	an, Puerto I		or No- 1	4. RACE — Black, W	American Indian, hita, atc.
D BY	3 XWidowed 4 Divorced					,			docum, I	Vhite
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)	16a. DECEDENT'S (Give kind of w life. Do NOT us	ork done during m	ON ost of working	16b	KIND OF BUS	SINESS/INDU	STRY	
PLE	Elementary/Secondary (0-12)	College (1-4 or 5+)	Care G				Care H	Jomo		
M	17. FATHER'S NAME (First, Middle, Last)		Care G	TAGE	18. MOTHER'S N					
	Charles Joi	ner			Catheri					
BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street	and Number or Rural		0		anda)	
2	Doris Slagle				t. Georges				oue)	
	26e: METHOD OF DISPOSITION 1-(3) Burial 2 Cremation 3 Remo	oval from State	PLACE AND DATE O	F DISPOSITION (N	ame of	DAT	E 20c. LO	CATION - CI	ty or Town,	Stata
1	4 Donation 5 Other (Specify)	U	ester Cene				Ches	stertow	n,Mary	land
	21. SIGNATURE OF SUNERAL SERVICE LIC	ENSEL			ws-Wells		eral H	ome		
	Hary B	tellows		413 H	igh Stre	et.Cl	nester	town.	farv1	and 21620
	23. PART I. Enter the diseases, pr c	omplications that caused	the death. Do n	Dt enter the mo	de of dying, suc	ch as card	ilec Dr reepi	ratory arres	nt,	Approximate
	IMMEDIATE CAUSE (Finel			1						interval Between Onset and Daath
	disease or condition resulting in death)		aucer	0+1	ung					1200'5
Ì		DUE TO (OR AS A	CONSEQUENCE OF): /						
ON	Sequentially list conditions,	DUE TO (OR AS A	CONSEQUENCE OF							
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING	202 10 (011 70	OUNDEDUCINOE OF)·						
프	CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A	CONSEQUENCE OF);						
F	reaulting in deeth) LAST	4								
	PART ii. Other eignificent conditions	e apprellagate to death h							T	
CAL	COPD	i coupling to death o	or nor resulting in	the underlyin	g ceuse given in	Part I.	24a, WAS AN PERFOR		AW	RE AUTOPSY FINDINGS ILABLE PRIOR TO
PHYSICIAN: MEDIC	COLD					-	1 YES 2	- HO		MPLETION OF CAUSE DEATH?
Σ						-			1 [YES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL			00.00	105 05 05 15 15 15					
<u> </u>	EXAMINER?	HOSPITAL:		OTHER:	ACE OF DEATH (C)					
Ħ	27, MANNER OF DEATH	26a. DATE OF INJURY	26b. TIME		e 5 🗆 Residence	_	CRIBE HOW II	FILIBA OCCII	BED	
	1 Natural 5 Pending	(Month, Day, Year)	INJ	IRY WO	RK? (ES 2 NO					
р ВУ	2 Accident Investigation 3 Suicide 6 Could not be	28s. PLACE OF INJURY	— At home, farm, st	reet, factory, offic		28f. LOC	ATION (Street a	nd Number or	Rural Route	Number,
COMPLETED	4 Homicide detarmined	building, atc. (Spec	ny)			City	or Town, State)			
ا ۳	29a. CERTIFIER 1 CERTIFYING PHYSIC	CIAN: To the beat of my knowl	edge, death occurre	d at the time, date	and place, and due	to the cau	rse(a) and men	ner as stated		
₹		R: On the basis of examination								manner as stated.
	296. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NU		-			nth, Day, Year)
H	a Dans	- aun			D00	354		▶ /<	>/20	194
유	30, NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DE	ATH (ITEM 27) (Typg)	Print)	1	11			1-0	. 67
	31. DATE FILED (Month, Day, Year)	MUNION, M	D. (hister	town,	Md	- 216	21)		
1 40	OCT 31 '94	Sulve Dack	cloon-Randa	02_						



BALTIMORE, MARYLAND 21215-0020	e 6 may be retained by the hospital or attending physicia
ALTIN	death. Pag
B	urs after
	Š
×	É
38760,	cuted with
XOX	te be exec
BOX (ificate be exec
.O. BOX	certificate be exec
, P.O. BOX	leath certificate be exec
RECORDS, P.O. BOX	requires that the death certificate be exec
L RECORDS, P.O. BOX	law requires that the death certificate be exec
TAL RECORDS, P.O. BOX	The law requires that the death certificate be exec
VITAL RECORDS, P.O. BOX (N: The law requires that the death certificate be exec
OF VITAL RECORDS, P.O. BOX	PHYSICIAN: The law requires that the death certificate be exer
ON OF VITAL RECORDS, P.O. BOX (ING PHYSICIAN: The law requires that the death certificate be exer
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within riours after death. Page 6 may be retained by the hospital or attending physician

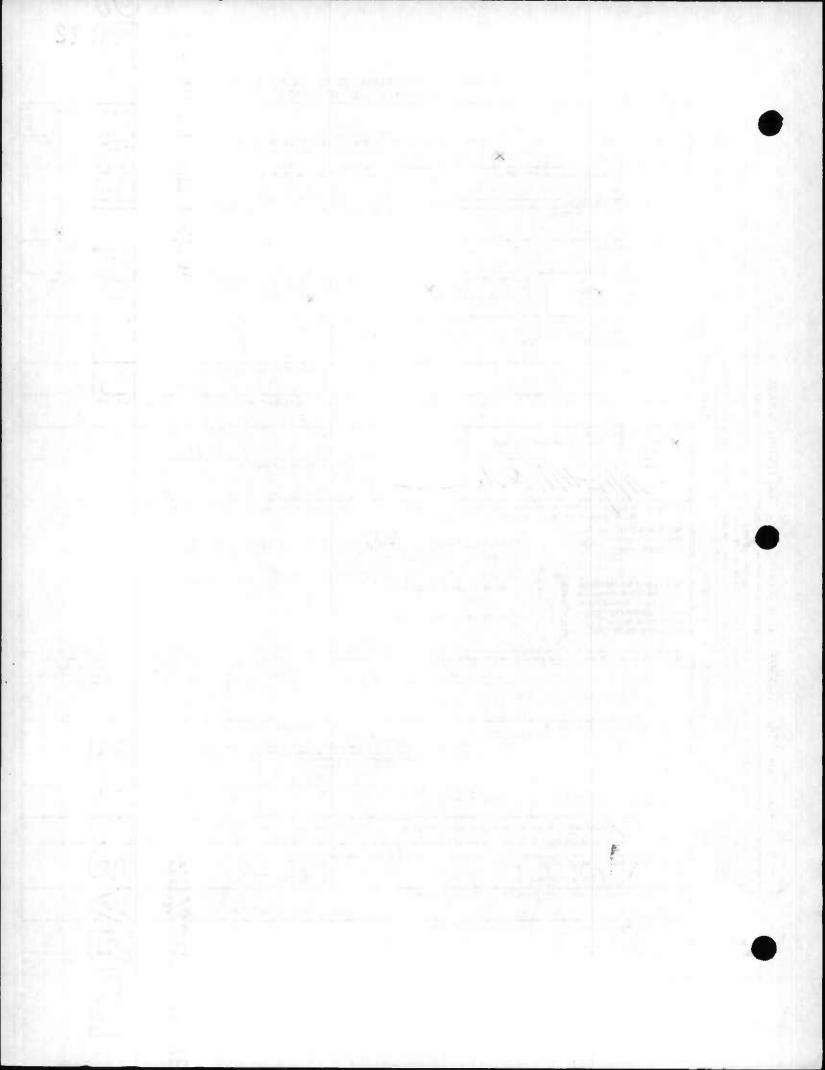
ORECTOR ARE HIS PHYSICIAN: The law requires that the death certificate be executed within. Thours after death. Page 6 may be retained by the hospital or attending physician.

ORECTOR Are this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should hours after the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH
REG. NO.

	REGISTRAR		CERTIFI	CATE OF	DEATH	REG. NO					
	1. DECEDENT'S NAME (First, Middle, Last		LOHMAN			^w 23,19	3. TIME OF DEATH				
	4. SOCIAL SECURITY NUMBER 213-40-3011		E (In yrs. last birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	#F UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) Dec . 17, 1	8	BIRTHPLACE (State or Foreign Country) Mary land			
	9s. FACILITY NAME (If not institution, give	street and number)		9b. CITY, TOWN C	R LOCATION OF D			TY OF DEATH			
DIRECTOR	18017 Burnside B	ridge Rd.		Sharpsb	urg		WASH	INGTON			
M	10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY										
	Maryland Wsa	hington	Sharpsb				1 TYES 2 NO				
BY FUNERAL	18017 Burnside B	ridge Rd.		101	21782		USA	N OF WHAT COUNTRY?			
	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	R IN U.S. ARMED ES 2 NO 1 DATES	If yes, sp		NIC ORIGIN? (Specify Year, Puerto Rican, etc.) (y:	s or No 1	RACE — American Indian, Black, White, etc. Specify: White				
COMPLETED	15. DECEDENT'S ED (Specify only highest grad	16a, DECEDENT'S U (Give kind of we life, Do NOT use	JSUAL OCCUPATION CORR done during mo retired.)	ON st of working	16b. KIND OF BU	SINESS/INDUS	STRY				
MPLE	Elementary/Secondary (0-12)	Drive			Educat	ion	24				
8	17. FATHER'S NAME (First, Middle, Last)			18. MOTHER'S N	ME (First, Middle, Malden	Surname)					
BE	Joseph 190. INFORMANT'S NAME (Type/Print)	Rhodes		Julia	Beat		Patterson				
2	Rodger L.Lohman										
	20s. METHOD OF DISPOSITION 1 Burisl 2 Cremation 3 Res	movel from State	206. PLACE AND DATE O	FDISPOSITION (Ne			Rd. Sharpsburg, MD 21782 DATE 20c. LOCATION — City or Town, State				
	4 Donation 8 Other (Specify)	N. N.	it. View Cer	netery N	ov.26,19	994 Sh	arpsbu	rg,MD 21782			
1/8	21. SIGNATURE OF EUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY OSBORNE FUNERAL HOME										
	P.O.Box # 348 Williamsport, MD 21795 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdisc or respiratory arrest, Approximate										
N	shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):										
CERTIFICATION	Sequentially list conditions, if any, isading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): c. DUE TO (OR AS A CONSEQUENCE OF):										
	PART II Other significant condition	one contributing to death	hut not reculting by	the readouled	n anuan aluan la	Boot I as ung s					
EDICAL							24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?				
N. W	1 YES 2 NO										
C	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PL OTHER:	ACE OF DEATH (C	neck only one)					
1SI	1 YES 2 NO	1 - Inpetient 2 - ER/O			e 5 Residence	8 Other (Specify)					
Y PHYSICIAN:	27. MANNER OF DEATH 1 Netural 5 Pending Investigation	28s. DATE OF INJUR (Month, Day, Yea.		IRY WO	URY AT RK? YES 2 NO	26d, DESCRIBE HOW INJURY OCCURED					
тер ву	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28s. PLACE OF INJU	reet, factory, offic		281. LOCATION (Street and Number or Rural Route Number, City or Town, State)						
COMPLET	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and menner as stated. 2 MEDICAL EXAMINER: On the basis of szamination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and menner as stated.										
8	29c, LICENSE NUMBER 29d, DATE SIGNED (Month, Day, Year) Nov. 25, 1994										
121	30 NAME AND ADDRESS OF BERSON W	MO COMPLETED CALLES OF	DEATH ATERS OF CT	Deleta				00.20,1334			
2	30. NAME AND ADDRESS OF PERSON W D.Edward Anderso	111			Rd.Hage	rstown,MD		30.27,1994			



BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760

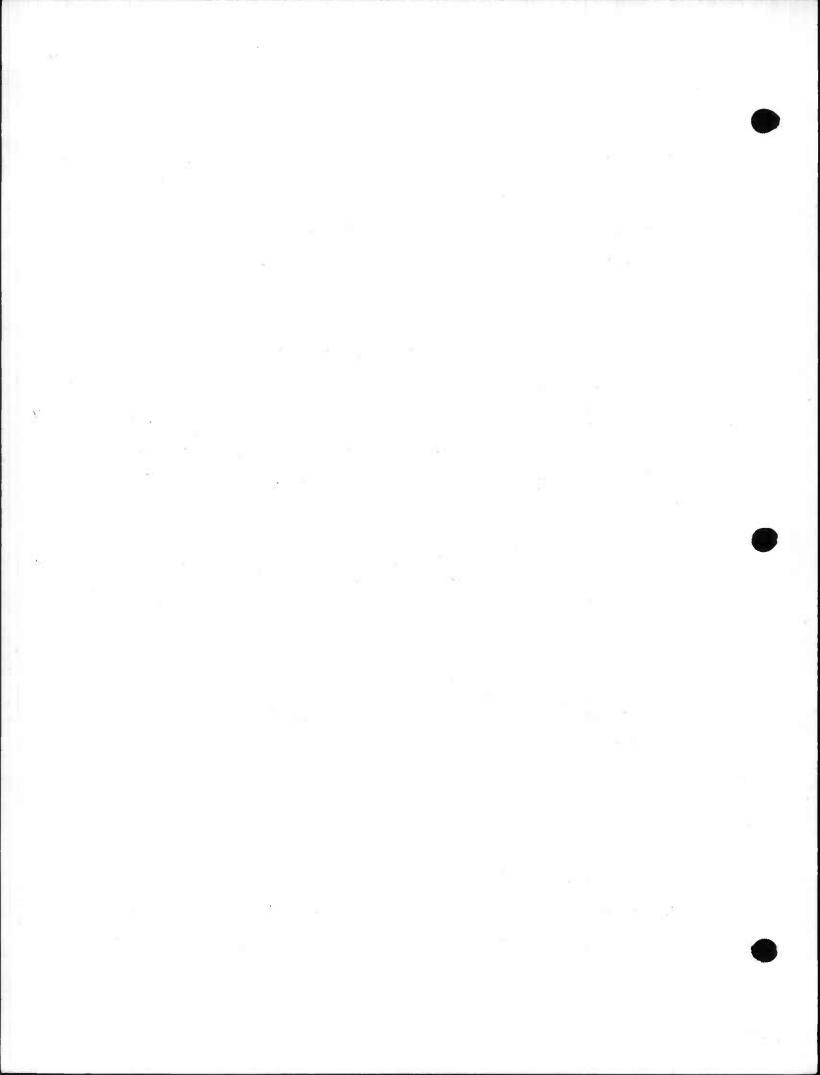
PERSONAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with hours after death, Page 6 may be retained by the hospital or attending physician.

ENTRY CHRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlal-transit permit. Pages 1, 2, 3 should swith the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.

HINDER IN MARKED, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
REGISTRAR	CERTIFICATE OF DEATH	REG. NO.

	1 - STATE REGISTRAR	•	SIAIE OF I	MARYLAND . C	DEPAR ERTIF						YGIEN EG. NO.	E			
į,	1. DECEDENT'S NAME (First, M	fiddle, Last)				IOAII	_ 01	DEAL		2. DATE OF I				3. TIME OF DEATH	
1 8	EARL GETTIER LAMBERT									MONTH	1910 M				
9	4. SOCIAL SECURITY NUMBER	R 5.	SEX	6. AGE (In yrs. le		IF UNDE	R 1 YEAR	IF UNDER	24 HRS.	1. DOVEMBER 24 1994 7. DATE OF BIRTH 8. BIRTHPI				PLACE (State or Foreign	
	214-09-2599	-12	№ M 2 🗆 F	79	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, De		1915	Penr	nsylvania	
	9e. FACILITY NAME (If not instit	tution, give street	and number)			9b, CITY	Y, TOWN (OR LOCATIO	ON OF DEA		10,		INTY,OF DI		
S S	WASHINGTON C	COUNTY	HOSPITA	\L			HA	GERS'	NWN			Wa	shin	oton	
5	RESIDENCE OF DECE				T										
DIRECTOR					10c. CITY, TOWN OR LOCATION									10d. INSIDE CITY LIMITS?	
	MARYLAND 100. STREET AND NUMBER	VV.	ASHING	.OIV	KEEDYSVILLE							40 - 077	17511 05 11	1 🔀 YES 2 🗌 NO	
A.			21756								S.A.				
FUNERAL	89 NORTH MAIN STREET 11. MARITAL STATUS 1 Nover Married 2 M Married FORCES? 1 M YES 2			LEVER IN U.S. A	RMED							or No-		- American Indian,	
	1 Never Merried 2 🔀 M		FORCES? 1	YES 2 [YES 2 NO			2 X NO	n, Mexican	, Puerto Ricer	, atc.)	01 140	Black	, White, etc.	
ВУ	3 Widowed 4 Divorce	ed .		WAR II				y a Eg 110 opecny.					WHITE		
E		DENT'S EDUCATION OF THE PROPERTY OF THE PROPER		(0	ECEDENT'S Give kind of	work done	during mo	ON st of workin	a	16b. KIN	D OF BUS	SINESS/IN	DUSTRY		
Ë	Elementary/Secondary (0-12	2) C	college (1-4 or 5	-) life	(Give kind of work done during most of working fe. Do NOT use retired.)										
COMPLET	12				RURAI	_ MAI	LL CA						OFFI	CE	
	17. FATHER'S NAME (First, Midd	. ,	n							ME (First, Middle		Surname)			
BE	WALTER LEE 190. INFORMANT'S NAME (Type		ľ.		N. MAII INC	400000	0.404			SHRIV					
임	RUBY M. LAM									oute Number, C			217	56	
	20g METHOD OF DISPOSITION			20b. PLACE					13/1	DATE			City or To		
	1 X Buriel 2 Cremetion 4 Donetion 5 Other (S		from State	FAIR					11/3					, MARYLAND	
	21. SIGNATURE OF FUNERAL	SERVICE LICENS	BEE					D ADDRES		ILITY					
	Weighod.	m. Dl	Joh	ın H. Ba	ast J	r. B	AST	FUNE	RAL E	HCMMH;				ional Pike	
	23. PART I. Enter the disc	easea, or com	plications the	1 caused the d	eath. Do	not enter	r the mo	de of dvi	ng auch				o, MI	21713 Approximate	
	shock, or hae	rt fallure. List	Dnly Dne ceu	iae Dn aech lin	е.					== 00.0.20	от товря	rutory ar	·cut,	Interval Between Onset and Death	
	resulting in death) a. Congestive leart Facture DUE TO (OR AS A CONSEQUENCE OF):										 				
z	To Toland inchance														
일	If any, leading to immediate														
2	CAUSE (Disease or Injury C. DUE TO (OR AS A CONSEQUENCE OF):														
	that initiated eventa resulting in death) LAST		DUE TO	(OR AS A CONSE	OUENCE O	F):									
CERTIFICATION		d													
CAL	PART II. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Part 1/2 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS														
	Cardie - renal syntrone chronic schalusely 1 Ves 2 No COMPLETION DE CAUSE														
MED	pulmones derich 1 yes 2 NO														
ž	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO														
PHYSICIAN:	25. WAS CASE REFERRED TO I		OSPITAL:	37.25		OTHE		ACE OF D	EATH (Chec	ck only one)					
ΥS	1 VES 2 NO	بر		ER/Outpatient		4 🗆 Nui	rsing Hom			Other (Sp	//				
	27. MANNER OF DEATH	entling	28e. DATE OF (Month, D		28b. TIM	IE OF JURY		RK?		28d. DESCRI	BE HOW II	NJURY OC	CURED		
BY	2 Accident Inv	veatigation	28e PLACE C	F INJURY — At h	ome feem	etroet for		YES 2	-	281. LOCATIO	At (Carred -				
		wid not be termined	building,	etc. (Specify)	omo, 191111,	ationi, inc	iory, orne	•			wn, State)	ina Numbe	r or murai m	oute Number,	
E	29a. CERTIFIER					CERTIFUNG PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end menner se stated. CERTIFUNG PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end menner se stated.									
MPLETE	(Check only														
COMPLETE	(Check only 1 CEHTIF one) 2 MEDICA	AL EXAMINER: O						eath occur	ed at the t	lme, date end		d due to t	he cause(e)		
BE COMPLETE	(Check only	AL EXAMINER: O						eath occur		lme, date end		d due to t	he cause(e)	(Morth, Day, Year)	
COMPLET	(Check only 2 MEDICA 29b. SIGNATURE AND TITLE O	E PERTIFIED	In the beele of e	xemination end/or	Investigation	on, In my o		eath occur	ed at the t	lme, date end		d due to t	he cause(e)		
BE COMPLET	(Check only 2 MEDICA 29b. SIGNATURE AND TITLE O	E PERSON WHO CE	In the beele of e	xemination end/or	Investigation	on, In my	opinion, d	29c. LICE	ed at the t	lme, date end		d due to t	he cause(e)		
BE COMPLET	(Check only 2 MEDICA 29b. SIGNATURE AND TITLE O	E CENTIFIED PERSON WHO CE	DMPLETED CAU	xemination end/or	Investigation	on, In my		29c. LICE	ed at the t	lme, date end		d due to t	he cause(e)		



TO THE NOPILE OR OF VITAL RECORDS, P.O. BOX 68760,

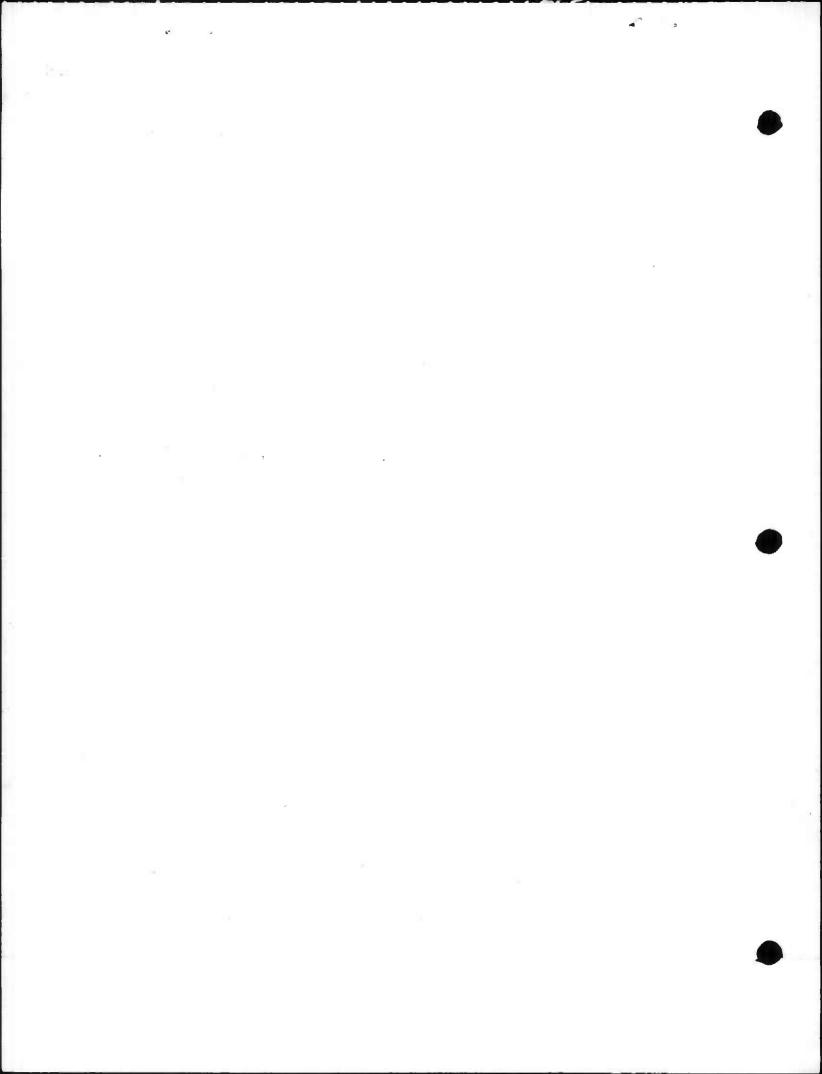
TO THE NOPILE OR APPOINTS PHYSICIAN: The law requires that the death certificate be executed within 25 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FLANCE CONTINUE After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit. Pages 1, 2, 3 should be listen with the State Dept. of Health and Mental Hygiene prior to bunial, cremation, or removal.

MENDRIFACT. II them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

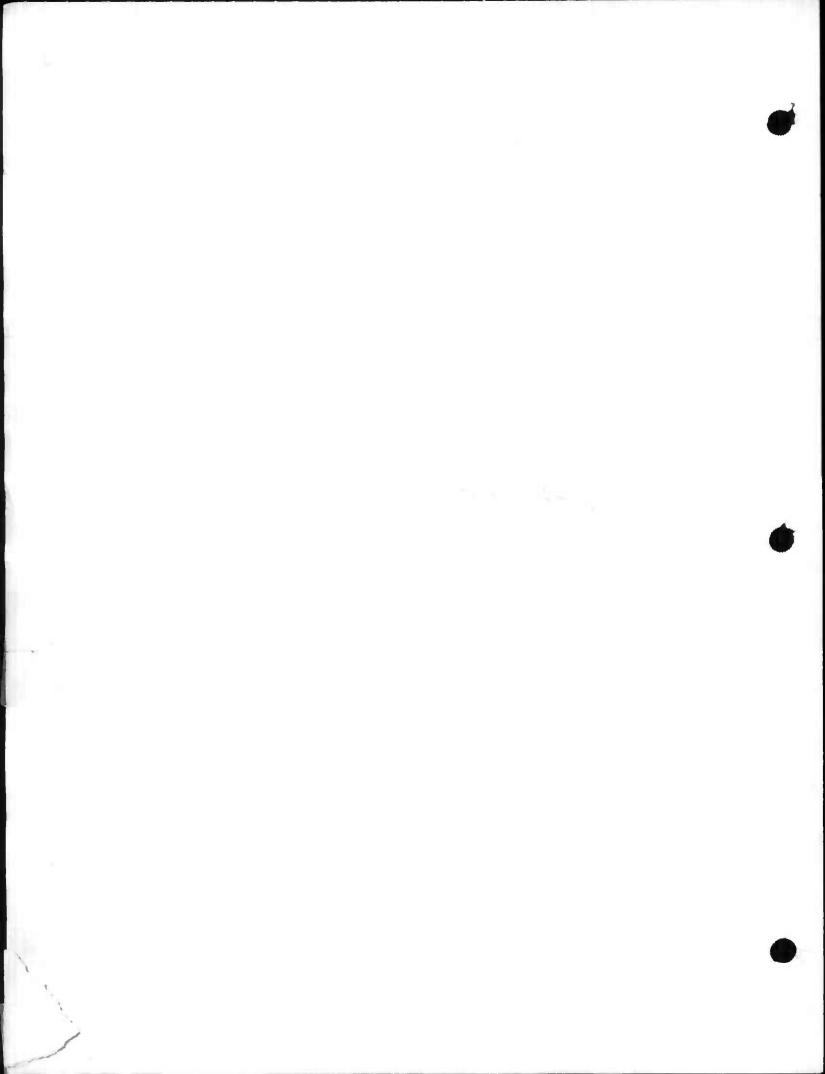
FOR

	REGISTRAR		CE	ERTIF	ICATE	OF	DEATH		REG. NO				
	1. DECEOENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIM									3. TIME OF OEATH			
	Ralph Elbert	LaFourcade						MON		5, 19	YEAR O O	11:00 P.	
	4. SOCIAL SECURITY NUMBER		. AGE (In yrs. las	t birthday)	IF UNDER 1	YEAR	IF UNDER 24 HRS.	+	E OF BIRTH	/ L		IT: UU P.	
	190-05-1524	1 🛣 M 2 🗆 F		YRS.		DAYS	HOURS MIN.	(Mo	nth, Day, Year)		Counti	γ)	
	9a. FACILITY NAME (If not institution, g		83		AL OUTLY T	201101	R LOCATION OF D		. 25,			ington, DC	
ا ع		-						EATH			JNTY OF D		
2	5000 Garrett Av				Be_	Lts	ville			Pri	nce (George's	
입	10e. STATE 10b. COI			10c. CIT	Y, TOWN OR	LOCAT	ION					10d, INSIDE CITY	
DIRECTOR	Maryland Prin	ice George's		D _O 1	ltsvi]	110						LIMITS?	
	10e, STREET AND NUMBER	ice deorge s		Del	LLSVI	_	ZIP CODE	_		T 46. 40		1 X YES 2 NO	
FUNERAL						1							
z	5000 Garrett Av		1		20705					States			
	1 Never Merried 2 Merried FORCES? 1 YES 2 N				lf y	yes, spe	cify Cuben, Mexica	n, Puert	n, Puerto Ricen, etc.) Black,			E — American Indien, c, White, etc.	
a	3 ▼ Widowed 4 □ Divorced	IF YES, GIVE WAF	R OR DATES	1 ☐ YES 2 🎇 NO Specify					Spel			White	
	15. DECEDENT'S	EDUCATION	16a, DE	I 16a. DECEDENT'S USUAL OCCUPATION					Sb. KIND OF BU	OUSTRY	WILLE		
	(Specify only highest g Elementary/Secondary (0-12)	College (1-4 or 5+)	(G/	(Give kind of work done during most of working life. Do NOT use retired.)					ALL KIND OF BO	OIIVE 35/IIV	0031117		
ᆲ	6	College (1-4 of 5 +)	Ste	eam Fitter, Plumber					Plumbi	n	0mn 0x		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		1000	4III 1 3	LLLCI,	,	16. MOTHER'S NA				Ollipai	ı y	
	Ralph Eugene La	Fourcade					Anna M.			ourrerna)			
H	19a. INFORMANT'S NAME (Type/Print)	ir our cade	192	. MAILING	ADDRESS (Street a	nd Number or Rural			n Ctata 7	in Code		
요	Betty McGinnis									nd 20705			
	20e. METHOD OF DISPOSITION		_			Trett Avenue, I			Beltsville, Maryland DATE 20c. LOCATION — City or Town, Sta				
	1 💢 Burial 2 □ Cremetion 3 □ F	Removal from State	cemetery, crei	metory or o	ther plece)	COMINA	me or	/O / C	7E 20c. LO	CATION -	- City or To	wn, State	
	1 N Burlel 2 Cremetion 3 Removal from State 4 Donetion 5 Other (Specify) Fort Lincoln Cemetery 11/9/94 Brentwood, Maryland 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY									laryland			
	Fort Lincoln Funeral Home, Inc.												
	Milane	pine	M0102	27								MD 20722	
	M01027 3401 Bladensburg Rd., Brentwood, MD 20722 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiec or respiratory errest, shock, or heart fellure. List only one cause on each line. Approximate interval Retween												
	IMMEDIATE CAUSE (Final	re. List only one ceuse	on eech line.									Intervei Bstwee	
	disease or condition										Years		
Í	resulting in deeth) s. <u>Hypertensive Artereosclerotic Cardio-Renal Disease</u> Due to (or as a consequence of):												
z	10-100 5-100	T 6											
2 ∥	Sequentielly list conditions, if sny, leeding to immediats DUE TO (OR AS A CONSEQUENCE OF):												
RTIFICATION	CSUSE. Enter UNDERLYING CAUSE (Disease of Injury												
	that initieted events	DUE TO (O	R AS A CONSEC	UENCE OF):								
	resulting in death) LAST	d											
S	PART ii. Other significant condi	tions contributing to d	eth but not a	naultina i	n the cont			D. A.I.					
DICAL	PERFORMED? AWAII										WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO		
										COMPLETION OF CAUSE OF DEATH?			
žΙ											1 TES 2 NO		
ÿ	DID TOBACCO USE COI		SE OF DEAT	TH YE	SEXN	0 🗆	UNCERTAIL	N					
5	25. WAS CASE REFERRED TO MEDICA EXAMINER?	HOSPITAL:	26. PLAC	E OF DEAT	H (Check onl	ly one)							
HYSICIAN: ME	1 X YES 2 NO	HOSPITAL: 1 ☐ Inpetient 2 ☐ ER/Outpatient 3 ☐ DOA 4 ☐ Nursing Home 5 ☒ Residence 6 ☐ Other (Specify)							ner (Specify)				
F	27. MANNER OF DEATH	28e. DATE OF IN (Month, Day,		28b. TIM	E OF 20	8c. INJU	JRY AT	26d. DESCRIBE HOW INJURY OCCURED					
	1 X Natural 5 Pending 2 Accident Investigation	_					ES 2 NO						
- 11	3 Suicide 6 Could not		NJURY — At hor	me, farm, s	treet, fectory	y, office		281. LOCATION (Street and Number or Rural Route Number, City or Town, State)					
COMPLEIED	4 Homicide determine	1						- CAT	, or rown, ordie)				
ž 1	29e. CERTIFIER (Check only 1 CERTIFYING PI	TYSICIAN: To the beet of my	knowledge, des	ath occurre	d at the time	e, data	end place, and due	to the o	euse(s) and mor	ner ac at	nted.		
ξH		MINER: On the basis of exam										end menner as stated	
	29b. SIGNATURE AND TITLE OF CERTI					-			proof 61				
۱ I	Alder of Cent	11-10	und				29c. LICENSE NUI	MBER 29d DATE S			TE SIGNED	(Month, Day, Yber)	
5	- Cyrung	Valle	PLUT)			D12879			In	000	1974	
	30. NAME AND ADDRESS OF PERSON												
	Alfonso Z. Vall	e, M.D., 10	701 Tra	afton	Driv	7e,	Largo,	Mary	land	2077	2		
	NOV 1 Q 100/	32. REGISTRAR'S		00									
100	THEFT IN THE IMM	CMIN A JUNIAN	40/L-1/1U/TELD										



	FOR STATE REGISTRAR		STATE OF I		/ DEPAR					MENTA	L HYGIEN REG. NO.	E			
	1. DECEDENT'S NAME (First	, Middle, Last)	·							2. DATE	OF DEATH	γ	VEAD	3. TIME OF DEAT	Н
	Lorrain	e G.	Lockhar			,				No	ov. 1	, 19	94	10:30	
	4. SOCIAL SECURITY NUMBER 577-56-09:		5. SEX	6. AGE (In yrs. I	last birthday) YRS.	MONTHS	DAYE	HOURS	MIN.	(Monti	of BIRTH h, Day, Year) /29	1	Country	PLACE (State or Fo	reign
	9a. FACILITY NAME (If not in		,			9b. CITY	, TOWN C	R LOCATI	ON OF DE		7 2 3		TY OF DE		
TOR	Southern	Mary	land Ho	spital		C:	lint	on				Pri	nce	George	's
DIRECTOR	10a. STATE Md .	10b. COUNTY	P.G	•		r, town o Temp			ls					10d. INSIDE CITY LIMITS? 1 XYES 2	
FUNERAL	10e. STREET AND NUMBER	405 3	Joel La	ne			101	207					J.S.	HAT COUNTRY?	
5	11. MARITAL STATUS		12. WAS DECEDEN	T EVER IN U.S.	ARMED						17 (Specify Yes	or No-	14. RACE	— American India White, atc.	en,
ΒY	1 Never Merried 2 🔀 3 Widowed 4 Dive			MAR OR DATES	_JNO			ecity Cubi			Rican, etc.)		Specify		
		EDENT'S EDU			DECEDENT'S	work done	during mo	ON ast of world	ina	168	. KIND OF BUS	INESS/IND	USTRY		
COMPLETED	Elamentary/Secondary (College (1-4 or 5 2 yrs	+)	coun	se retired.)					U.S.	Gove	rnm	ont	
COM	17. FATHER'S NAME (First, M		Grayso		coun	C 2.11C	1 10	18. MOT		ME (First,	Middle, Maiden	Surname)		em	
BE (19e. INFORMANT'S NAME (Grayse		19b. MAILING	3 ADDRES	S (Street a				Brown		Code)		
2	Lorraine	Chatn	nan		Sam	e as	s #	10	abor	ve					
	20e. METHOD OF DISPOSIT 1 Density Survival 2 Cremative 4 Densition 5 Other	on 3 🗆 Rem	oval from State	20b. PLAC other L1	e of dispo	SITION (N	ame of cer	cem	matory or	1/15	/94 S	11 i + 1	and	vn, Stata M.d.	
	21. SIGNATURE OF FUNERA	L SERVICE LIC					NAME A	ND ADDRE	SS OF FA	CILITY					
	Na	ry -	4. P.	ratt			H.S 492	.Wa:	shir urro	ngto ough	n & S s Ave	ons,	In E.	С.	
	IMMEDIATE CAUSE (FI	neert fellure. nei	complications the	use on eech II	ne.				2	ch ee can	diac or reepi	ratory err	eet,	Approximinterval B. Onset and	atween d Death
	resulting in death)		DUE TO	o (or as a cons	SEQUENCE C	OF):)I (<u>val</u>	<u>y</u>						rs.
NOI	Sequentially list condi- if any, isading to imme		b	O (OR AS A CONS		PF):								$1\frac{1}{2}$ y	rs.
CERTIFICATION	cause. Enter UNDERLY CAUSE (Disease or Inju	ING	c												
II.	that initiated events resulting in deeth) LAS	ST T	OUE TO	OR AS A CONS	SEOUENCE (HF):									
B			d											-	
SAL	PART II. Other significa			deeth but no	t resulting	in the u	nderlyin	g ceuse	given in	Part I.	24a, WAS AN PERFOR		24b.	WERE AUTOPSY FI AVAILABLE PRIOR COMPLETION OF	TO
MEDICA		enyar	ation							_	1 TYES 2	X NO	- 1	DF DEATH?	
														1 YES 2	NO
A	25. WAS CASE REFERRED T	TO MEDICAL					26. P	LACE OF I	DEATH (Ch	neck only o	ne)				
Sic	EXAMINER?		HOSPITAL:	☐ ER/Outpatient	3 🗆 DOA	4 Nu		ne 5 🗆 R	lesidence	6 🗆 Oth	er (Specify)				
PHYSICIAN:	27. MANNER OF DEATH 1 Netural 5	Pending	28e. DATE O (Month,	F INJURY Day, Year)	26b, TII	ME OF JURY M	W	JURY AT ORK? YES 2	□ NO	28d, DE	SCRIBE HOW I	NJURY OC	CURED		
ED BY	2 Accident 3 Suicide 6 4 Homicide	Could not be determined	26e. PLACE building	OF INJURY — At i, atc. (Specify)	home, ferm,	street, fac				26f. LOC	CATION (Street or Town, State)	and Number	or Rural R	oute Number,	
E	29a. CERTIFIER	TIEVALO SINIS	NOIANI, To the	d en keer tot	death :		Al-			11.00					
COMPLETED	(Oriect Orin)		ER: On the basis of) and menner as s	stated.
B	29b. SIGNATURE AND TITL	E OF CERTIFIE	an A	1-	1//	10	//		D342			100		(Month, Day, Year)	
					ar all all	-									
임	30. NAME AND ADDRESS O						1			,				•	
인	30. NAME AND ADDRESS OF SAM Tell 31. DATE FILEO (Month, Day, NOV 1 8 19	awi,		7700 0	ld Bi		h A	ve.	,Cli	nto	n,Md.	20	735		

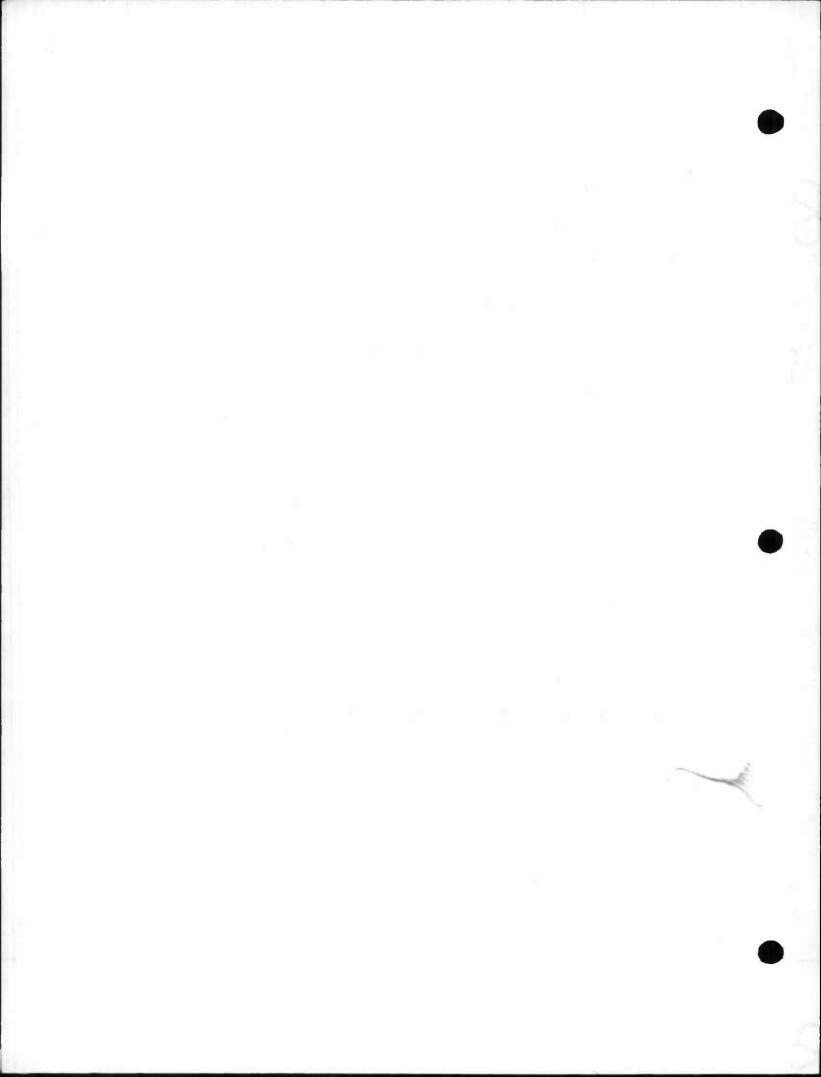
DHMH-16 Rev 1/89



	e
1	after
	hours
	within 24
	executed
1	å
	certificate
	death
	the
	that
	requires
	AMP.
	The
	CIAN:
1	PHYSI
	NDING
	ATE
1	其

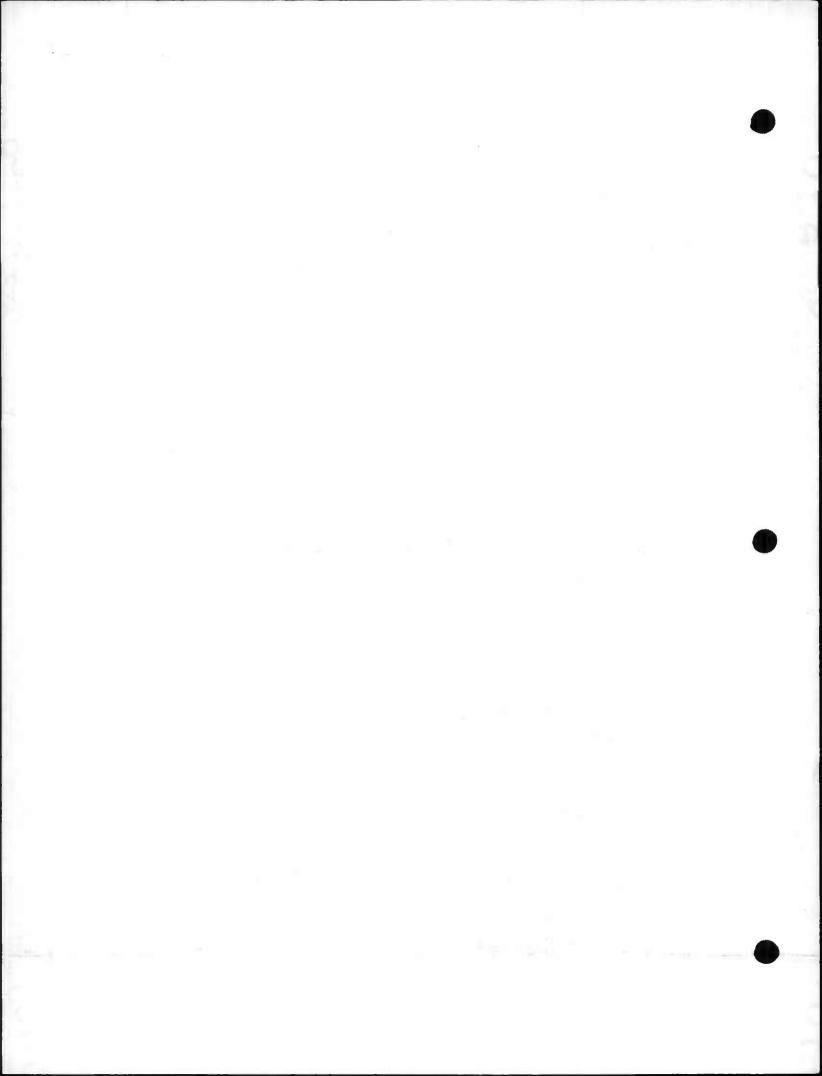
		1. DECEDENT'S NAME (First	, Middle, Last)	4:4				i . i.		_	2. DATE	OF DEATH	٧	YEAR 3	TIME OF DEATH
9		Julius	-	M				LYIC	25, 3	יזכ		mbecl	1, 199	74	8:55 PM
	1	4. SOCIAL SECURITY NUME		5. SEX		yrs. lest birth	nday) IF I	UNDER 1 YEAR	_	R 24 HRS.	7. DATE	OF BIRTH		6. BIRTHPL Country)	ACE (State or Foreign
2		578-07-27	60	1 🔀 M 2 🗌 F	79	- YI	RS.	UAT S	HOOKS	WIN.	Apr	17,1	915	Mar	yland
3 should	~	9e. FACILITY NAME (# not in						CITY, TOWN			EATH			ITY OF DEA	• • • • • • • • • • • • • • • • • • • •
~	СТОВ	Shady Gro		aventis	с ноя	spita	31	Ro	ckvi	TTe			MON	ITGOM	IERY
ges 1.) j	10a. STATE	10b. COUNT	Т		100	c. CITY, TO	WN OR LOC	ATION					10	d. INSIDE CITY
£.	DIRE	Maryland	Moi	ntgomery	Y		Po	oles	vill	e				1	LIMITS? X YES 2 NO
perm	3AL	10e. STREET AND NUMBER							of. ZIP COD	7					AT COUNTRY?
ransit	FUNERAL	19411 Jer	usale							837				J.S.A	<u>.</u>
prysidari. burial-transit permit. Pages		11. MARITAL STATUS 1 Never Merried 2 🔀	-	12. WAS DECEDEN FORCES?	XYES	2 NO		If yes,	ECENDENT specify Cub- ES 2 X NO	en, Maxica	n, Puarto F	? (Specify Yea Rican, atc.)	or No-	Black, V	American Indian, Vhita, atc. Black
as the	ВУ	3 Widowed 4 Divo		I WW I	Γ						,			оросну.	Didek
r use a	ETED	(Specify onl	EDENT'S EDU y highest grad	JCATION ie completed)	¹	(Give kin	ent's USU, and of work of VOT use reti	done during r	TION most of work	ing	16b.	KIND OF BUS	INESS/IND	USTRY	
5 should be detached for use notified at once.	PLE	Elementary/Secondary (0)-12}	College (1-4 or 5		Jsed			ocma	n		Maryl	and	Moto	~~
detach once.	COMPL	17. FATHER'S NAME (First, M	liddle, Last)			,5ca	Car	Dai	· ·		_	Middle, Maiden		MOLO	12
at be	ш	William L	yles						Ma	rv F	Robi	nson	,		
5 should notified	TO B	19a. INFORMANT'S NAME (ype/Print)			19b. MA	ILING ADD	RESS (Stree		_		oer, City or Town	n, State, Zip	Code)	
Dage 5 s	F	Doris R.		s (Wife)		194	111	Jeru	sale	m Ro	1.,	Poole	svil	le,M	ID 20837
completely filled in by the funeral director, page completely filled in by the funeral director, page creation, or removal. c event, the medical examiner must be		20e. METHOD OF DISPOSIT 1 M Burlet 2 Cremetic 4 Donation 5 Other	n 3 🗆 Ren	noval from State		LACEANDO					DATI			City or Town	le, MD
al dire		21. SIGNATURE OF FUNERA		CENSEE		/	. 00.	22. NAME	AND ADDRE		CILITY				
e funeral dir		(Gorage	16	Alla	wd	lu			OWDE:			AL HO 208		P.A.	
d in by the or removal medical		23. PART I. Enter the d	iseeses, of	complications the	at ceused t	the death.	Do not a	inter the n	noda of dy	ing, auc	h sa cerd	llac or reapi	ratory arre	omt,	Approximata
illed ir		IMMEDIATE CAUSE (FIR		MA		^	\								Interval Between Onset and Death
etely fills emation. nt, the		diseese or condition resulting in death)	→	a. / 1/1-TA		TIC F		ATT	(AR	CIN	our				5YRS
completer al. crema event,				DUE TO	OR AS A C	CONSEQUEN	ICE OF):								
and par	CERTIFICATION	Sequentially list conditions, If any leading to immediate DUE TO (OR AS A CONSEQUENCE OF):												1	
sicial	CAT	cause. Enter UNDERLYING													
ing phy giene p	E	CAUSE (Disease or Injury thet Initiated events DUE TO (OR AS A CONSEQUENCE OF):													
tal Hy	Ä	resulting in death) CAS		d											ļ
ed by the att th and Menta any Injury,		PART II. Other significa								given In	Part I.	24a. WAS AN			ERE AUTOPSY FINDINGS
	MEDICAL	ARTHRIOS	CHERO	TIC CAP	\$700	hs coe	LAR	-Dist	ASK			PERFOR	06	0	MAILABLE PRIOR TO OMPLETION OF CAUSE F DEATH?
n signed f Health	ME										_ [YES 2 NO
as been Dept. of 23 sho	ä	DID TOBACC		CONTRIBUT	E TO C	CAUSE	OF D	EATH	YES [] NC					
ertificate has been the State Dept. of or Item 23 sh	CI	25. WAS CASE REFERRED T EXAMINER?	O MEDICAL	HOSPITAL:			ОТ	28. HER:	PLACE OF 1	DEATH (Ch	eck only on	e)			
the S	PHYSICIAN:	1 YES 2 NO		1 Pinpatient 2 (Nursing Ho		ealdence			1 H IPW 0.00	11050	
CONTROLLER OF THE CALIFICATION OF THE CALIFICATION OF THE CALIFICATION OF THE CALIFICATION OF THE CALIFICATION OF THE CALIFICATION OF THE CALIFICATION OF THE CALIFICATION OF THE CALIFICATION OF THE CALIFICATION OF THE CA	BY PI	1 Natural 5	Pending Investigation		Day, Year)	200	INJURY	٧	NJURY AT WORK? YES 2	_ NO	28d. DES	CRIBE HOW I	AJURY OCC	URED	
R: After of death Is man	ED B	3 Suicide 8	Could not be	28e. PLACE (OF INJURY - , etc. (Specify	At home, fo	arm, street	t, factory, of	fice			ATION (Street a	nd Number	or Rural Rou	te Number,
DIRECTO Noun after Nam 28	E		determined					<u>-:</u>							
-d0 =	COMPLET	ana)		SICIAN: To the best o											
WO E	8				examination i	and/or invest	rigation, in	my opinion	_			and place, an	d due to the	e cause(a) a	nd manner as stated.
THE	BE	296. SIGNATURE AND TITLE	OF CERTIFIE	SI MANA	2118	\			29c, LIC	ENSE NUI	MBER	_	29d. DATE	SIGNED (M	fonth, Day, Year)
E S S	5	30 NAME-AND ADDRESS OF	F PERSON W	HO COMPLETED CAU	SE OF DEAT	TH (ITEM 27)	(Type Print	t)	1 4	0 /	NON		- (/	1179	7
4)	31. DATE FILED (Month, Day,	Year)	POUP, A	M	1480	K/H	YSICFA	mr LA	WET	Hoc	KVILL	& M	1) 20	1850
_		NOV	1 5 19	94 32. REGISTR	chia Dav	4dson-1	Panda	82		ŧ			-		

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.



31 DATE FILED (MONTH, Oay, Mar)

	1. DECEDENT'S NAME (First, Middle, L	oving							2. DATE MONT	OF DEATH D	8,19	YEAR 194	3. TIME OF DEATH 15:33 P. M
	4. SOCIAL SECURITY NUMBER 577-09-8055 9a. FACILITY NAME (If not institution, s	1 🗆 M 2 🔀	8. AGE (In yrs. les 92	t birthday) YRS.		DAYS		MIN,	Feb	OF BIRTH b, Day, Year) 10,19(_	South	DaKota
TOR	Washington Adve		tal				Park		ATH			tgome	
DIRECTOR	Maryland Pri			l .	y, TOWN OF Linto		TION						10d. INSIDE CITY LIMITS?
VERAL	9211 Stuart Lan	e				101	2073 <u>2073</u>	5				ed St	ates
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 [IF YES, GIVE WA	YES 2 7		11	yes, sp	ENDENT OF ecify Cuban, 2 NO	Maxican	, Puarto	t? (Specify Yea Rican, etc.)	a or No—	14. RACE - Black, Specify. Whi	
PLETED	15. DECEDENT'S (Specify only highest (Elementary/Secondary (0-12)		(G life.	16s. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) Homemaker Own Hom									
BE COMPL	17. FATHER'S NAME (First, Middle, Lest		ass		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		111111111111111111111111111111111111111		e (First, Graf	Middle, Maiden			
5	196. INFORMANT'S NAME (Type/Print) Robert Loving 196. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Building 1 Fairfax Court, Chevy Chase, Md 20815 206. METHOD OF DISPOSITION 206. PLACE AND DATE OF DISPOSITION (Name of Nov 10, da994 2cc. Location — City or Town, State												
	20. Burdel 2 Cremetton 3 Removal from State Comparison of Nov 10 Charge 2 Cremetton 3 Removal from State												
	IMMEDIATE CAUSE (Finel	or complications that ure. Liet only one caus	ceused the de e on eech line	eth. Do r	not enter t	he mo	de of dylng	g, such	ea cen	flac or reep	Iratory en	reet,	Approximate Interval Between Onset and Death
	disease or condition resulting in death)	e. DUE TO (C	OR AS A CONSE		_	か	01)					3245
ERTIFICATION		DUE TO (C	OR AS A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF AS A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSE	DUENCE OF	F): F):	か	0,0						3 Dry 5
L CE	resulting in death) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evente	b	DR AS A CONSEC	DUENCE OF	F): F):			ren in F	Part I.	24s. WAS AN PERFOR	RMED3	6	NERE AUTOPSY FINDINGS WAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
MEDICAL CE	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evente resulting in death) LAST PART II. Other algnificant cond DID TOBACCO USI 25. WAS CASE REFERRED TO MEDICAL	b. DUE TO (C d. DUE TO (C d. ECONTRIBUTE	DR AS A CONSECUTIVE AS	DUENCE OF	DEAT	lerlying	g ceuse glv	NO		PERFOR	RMED3	0	WERE AUTOPSY FINDINGS WAILABLE PRIOR TO COMPLETION OF CAUSE
PHYSICIAN: MEDICAL CE	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evente resulting in death) LAST PART II. Other algnificant cond DID TOBACCO USI 25. WAS CASE REFERRED TO MEDICAE EXAMINER? 1 YES 2 NO 27. MANNER OF STATH 1 Natural 5 Pending	b. DUE TO (C c. DUE TO (C d	DR AS A CONSECUTION OF AS	DUENCE OF	DEATH	28. PL	g ceuse giv	NO	ck only o	PERFOI	RMED?	1	WERE AUTOPSY FINDINGS WAILABLE PRIOR TO COMPLETION OF CAUSE DE DEATH?
ED BY PHYSICIAN: MEDICAL CE	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evente resulting in death) LAST PART II. Other algnificant cond DID TOBACCO USI 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF SEATH	b. DUE TO (C) c. DUE TO (C) d. Itione contributing to d E CONTRIBUTE L HOSTAL: 1 Inpellent 2 Information (Month, De) 28e. PLACE OF building, et	DR AS A CONSECUTION OF AS	DUENCE OF DUENCE OF DUENCE OF DOAL 28b. TIMM	DEATH OTHER 4 Nursi	Y Y 28. PL:	g ceuse giv	NO	ck only or	PERFOI 1 YES 2	NO NO NO NO NO NO NO NO NO NO NO NO NO N	CURED	WERE AUTOPSY FINDINGS WAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? I YES 2 NO
ETED BY PHYSICIAN: MEDICAL CE	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evente resulting in death) LAST PART II. Other algnificant cond DID TOBACCO US 25. WAS CASE REFERRED TO MEDICAEXAMINER? 1 YES 2 NO 27. MANNER OF SEXTH 1 Natural 5 Pending Investiget 2 Accident 3 Suicide 8 Could not detarmine 29a. CERTIFIER (Check only)	b. DUE TO (C) c. DUE TO (C) d. Itione contributing to d E CONTRIBUTE L HOSTAL: 1 Inpellent 2 Information (Month, De) 28e. PLACE OF building, et	DR AS A CONSECTION OF A CONSECTION OF AS A CONSECTION OF AS A CONSECTI	DUENCE OF DOA 28b. TIM	DEATH OTHER 4 Nursi E OF URY M intreet, factored at the tin	28. PL: ing Hom wo 1 7, offici	g ceuse giv	NO NTH (Chee	ck only on 8 Other 28d. DE:	PERFORM 1 YES 2 1 YES 2 1 (Specify) 5 CRIBE HOW I ATION (Street or Town, State)	and Number	CURED or Rural Root	WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
ED BY PHYSICIAN: MEDICAL CE	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evente resulting in death) LAST PART II. Other algnificant cond DID TOBACCO US 25. WAS CASE REFERRED TO MEDICAEXAMINER? 1 YES 2 NO 27. MANNER OF SEXTH 1 Natural 5 Pending Investiget 2 Accident 3 Suicide 8 Could not detarmine 29a. CERTIFIER (Check only)	b. DUE TO (C. DUE TO (DR AS A CONSECTOR AS	DUENCE OF DUENCE OF DUENCE OF DOA 28b. TIME INJ. TIME INJ. THE INJ	DEATH OTHER E OF URY M intreet, tecto	28. PL: ing Hom wo 1 7, offici	g ceuse giv	NO ATH (Checked and American State of the Am	ck only or ck only or	PERFORM 1 YES 2 1 YES 2 1 (Specify) 5 CRIBE HOW I ATION (Street or Town, State)	and Number	CURED To r Rural Root ted.	WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO



FOR STATE	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL H	YGIENE
REGISTRAR	CERTIFICATE OF DEATH B	EG NO

	REGISTRAR		CE	ERTIF	ICATE O	DEATH		REG. NO).					
	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE C	OF DEATH			3. TIME OF DI	EATH	_	
	GEOR	GE T.	McMURE	RY			NOV.	20,	199	YEAR	1:38	Α.		
j	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les	t birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7 DATE O	E BIDTH	- 13.		HPLACE (State or			
	403-03-8835	1 🖾 M 2 🗆 F	91	YRS.	MONTHS DAYS	HOURS MIN.	(Month	Day, Year)	1903	Counti	nessee	rororgii		
	9a. FACILITY NAME (If not institution, give s	street and number)			Oh CITY TOWN	OR LOCATION OF		20,						
œ	Home - 8 Anchor I					isfield,				NTY OF D	EATH			
6	RESIDENCE OF DECEDENT	ATVC.			CI	isi ieiu,	гш		Some	.set				
DIRECTOR	10s. STATE 10b. COUNT	Y		10c. CIT	Y, TOWN OR LOC	ATION					tod, INSIDE C	1774	_	
5	Maryland	Somerset				sfield					LIMITS?			
	10e, STREET AND NUMBER										1 [X] YES 2	12.50		
2	8 Anchor Drive				'	OH. ZIP CODE	1817		10g. CITI		WHAT COUNTRY	7		
FUNERAL	11. MARITAL STATUS									U.S.	•A•			
3	1 Never Married 2 XMarried	12. WAS DECEDENT FORCES? 1	TEVER IN U.S. ARI	MED IO	13. WAS DE	CENDENT OF HISP/ pecify Cuben, Maxic	ANIC ORIGIN?	(Specify Yes	a or No—	14. RACE	E — American in	ndlan,		
B	3 Widowed 4 Divorced	IF YES, GIVE W	AR OR DATES			S 2 NO Spec				Speci				
	15. DECEDENT'S EDU	1									MITTLE			
=	(Specify only highest grade	completed)	(Gi	ve kind of v	USUAL OCCUPAT	ION lost of working	16b. I	(IND OF BU	SINESS/IND	USTRY				
ا ت	Elementary/Secondary (0-12)	College (1-4 or 5+	,	Do NOT us					_					
2	H. S. Graduate		M	lanag	er				dware	5				
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S N								
BE	Thomas Franklin N	Murry					Fuqu							
2	19a. INFORMANT'S NAME (Type/Print)	/	19b	MAILING	ADDRESS (Street	and Number or Rura	r, City or Tow	n, State, Zip	Code)					
	Helen M. McMurry	(Wife)	8	8 Anchor Drive - Crisfield, MD 21817										
	20a. METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 Rem	numl from State			OF DISPOSITION (A	ame of	DATE	20c. LO	CATION —	City or To	wn, State		H	
	4 Donation 6 Other (Specify)		Salis	netary or of	Cremato	ry- 11/2	1/94	S	alisb	arv.	MD			
	21. SIGNATURE OF THE BAL SERVICE LIC	CENSER!	1/	//	22. NAME /	ND ADDRESS OF F	ACILITY				1110		Н	
	> Robert A	Blacks	Mara,	h	Brad	shaw & So	ons Fu	neral	Home	7				
	Robert H. Bra	idshaw, Ji		C.B.	306	V. Main S	St	Crisf	ield,	MD	21817			
	23. PART i. Entar the diseesea, pro- ehock, or heert fellure.	Emplications that List only one ceur	caused the dea	ath. Do n	ot antar tha m	oda of dying, su	ch as cardle	c or reap	ratory err	eat,	Approxi		П	
	IMMEDIATE CAUSE (Final											Batwear		
	disease or condition resulting in death) a. ARTERIOSCIEROTIC CARDIOVASCULAR DISEASE Vers													
		DUE TO (DR AS A CONSEQ	UENCE OF):	Pearly		SCUS			yea	12	\dashv	
2		b.									'		ı	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A CONSEO	UENCE OF	"):								\exists	
2	CAUSE (Disease or Injury	c											-	
E II	that initiated events	DUE TO (OR AS A CONSEO	UENCE OF	7:								1	
1	resulting in daeth) LAST	d									ļ		1	
111	PART II Other elgoificent condition	a contabutto to	de esta from a s	4.4										
DICAL	PART II. Other algnificant condition						Part i. 2	4a. WAS AN PERFOR		24b.	WERE AUTOPSY AVAILABLE PRIO		-1	
ă	Carcinoma o	PROSTE	te wi	19 11	letasto	ses	,	YES 2	X NO		COMPLETION OF OF DEATH?		1	
¥		<i>,</i>									t YES 2	NO	J	
z I													1	
PHYSICIAN: ME	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				26. P	LACE OF DEATH (CI	heck only one)						Н	
S	1 TES 2 NO	HOSPITAL: 1 Inpatient 2	ER/Outpatient 3	DOA	OTHER:	ne 520 Residence		0					1	
Ì	27. MANNER OF DEATH	28a. DATE OF II	NJURY	28b, TIME	OF 28c. IN	JURY AT		RIBE HOW II	NULIEY OCC	URED			\dashv	
	1 🔀 Natural 5 🗌 Pending	(Month, Day	y, Ybar)	INJU		PRK?				ONED			1	
à	2 Accident Investigation 3 Suicide 6 Could not be	28a. PLACE OF	INJURY — At horr	o farm si			201 1 0 0 4 7	ON Owner		2 12			4	
	4 Homicide determined	building, e	tc. (Specify)		want, ractory, orm		City or	Town, State)	ind Number	or Hural Hi	loute Number,		1	
<u> </u>	29a. CERTIFIER												4	
<u>₹</u>	(Check only 1 X CERTIFYING PHYSIC	CIAN: To the best of m	th occurre	d at the time, date	and place, and du	to the cause	(a) and man	ner aa atate	id.			1		
3 Suicide 4 Homicide 6 Could not be determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the beals of examination and/or investigation, in my opinion, death occurred at the								d piece, an	d due to the	cause(a)	and menner ee	stated.	1	
BE	295 SIGNATURE AND TITLE OF CERTIFIER	4	. 0			29c. LICENSE NU	MBER		29d. DATE	SIGNED	(Month, Day, Year	r)	┨	
m 2	Jumas Hell	J. Atten	line 1	1451	Cia M	1)080	800	į	▶ Nov. 21, 1994					
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)							_							
. 1	Thomas C. Hill,					Road - Sa	alisbu	ry, M	D 21	801				
	31. DATE FILED (Month, Day, Year)	AND LON	SIGNATURE									-	4	
	NOV25 1994 Jah	- Umprov	WANTED !											

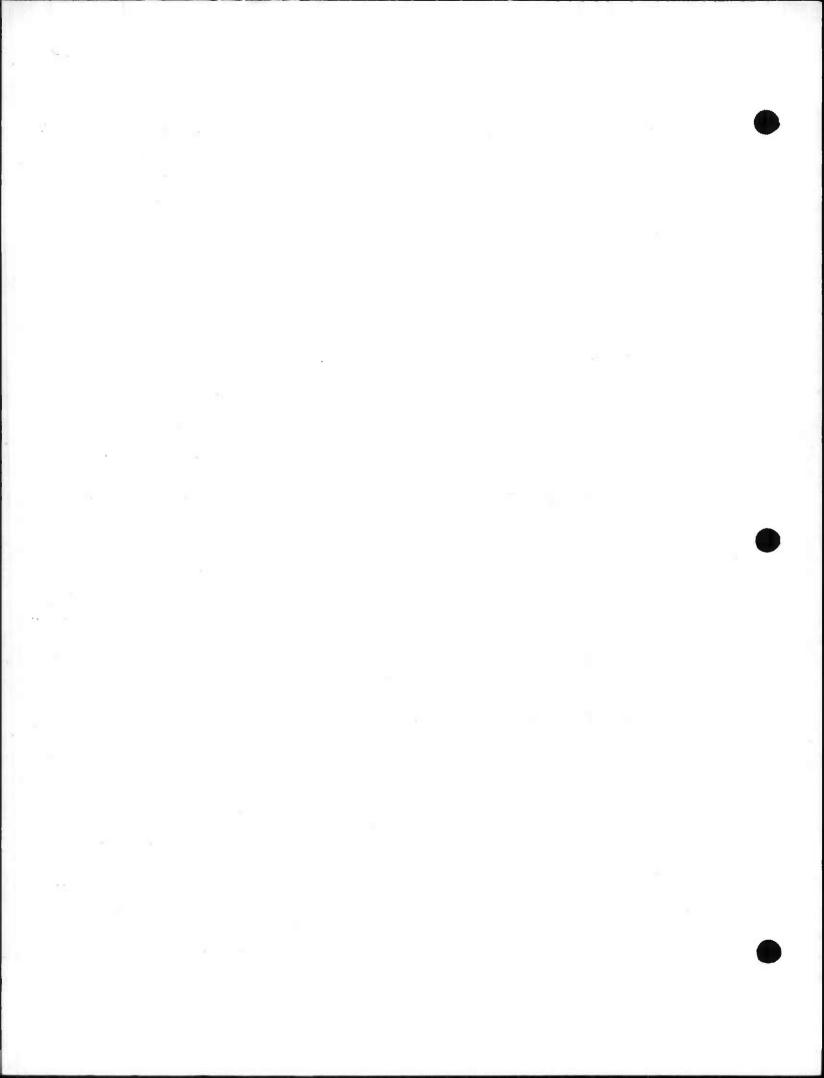
Material and a Marine Marine

IDENTION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HIGH OF ALT STOLL OF ALT STOLL OF A S

1 - FOR STATE REGISTRAR

	REGISTRAN				OLITI	11 10	AIL	OF	DEA	I I I		HEG. NO.				
	1. DECEDENT'S NAME (First	DALE	MONGOL	D							MONT	OF DEATH		YEAR	3. TIN	L: 22A
	4. SOCIAL SECURITY NUM		5. SEX		vrs. last birtho	4-11 -						ember.	34.	994		
					yrs. last birtho	MOI	ONDER 1 Y	EAR AYS	IF UNDER	24 HRS. MIN.	(Monti	OF BIRTH h, Day, Year)		Count	try)	(State or Foreign
	219-46-3304		1 M 2 F	47	YR		-					-1947		Mary		nd
~	9a. FACILITY NAME (If not		,	_					OR LOCATION	ON OF DI	EATH		9c. COL	JNTY OF C	DEATH	
2	Washington		/ Hospita	ıl		I	lage	rst	town				Was	shin	gtor	1
DIRECTOR	RESIDENCE OF DE	10b. COUNTY	1		10c.	CITY, TO	WN OR I	OCAT	ION						104 8	NSIDE CITY
뜻	Pennsylvani	Frank	clin		100		rsbu								L	JMITS?
	10e. STREET AND NUMBER		X.1.11	_	1110	LCC	LSDu		ZIP CODI			_	10- 017	IZEN OF		YES 2 X NO
Z	9443 Merce	rsburg	Road						17236				_	S.A.		OUNTRY
FUNERAL	11, MARITAL STATUS		12. WAS DECEDEN	T EVED IN I	IS ADMED		12 144					40 (O M - M				
	1 Never Married 2 🖔	₫ Married	FORCES? 1	YES	2 NO If yes, specify Cuban, Mexican, Puari						in, Puarlo		or No-	Blac	k, White	narican Indian, n, atc.
à	3 Widowed 4 Div	rorced	Vietnam											Spec	"Wh	ite
ᇟᅵ	15. DE	CEDENT'S EDUC	CATION		6a. DECEDER	NT'S USU	AL OCCU	PATIC	ON		16b	. KIND OF BUS	INESS/IN			
	(Specify or Elementary/Secondary	nly highest grade	College (1-4 or 5	 	(Give kind life. Do No	d of work OT use rel	done duri	ng mo:	st of working	g						
۲	12 year		College (1-4 or 5 v		Sales	Ren	ores	ena	ative	ž	1	Vewspap	er			
COMPLETED	17, FATHER'S NAME (First,]					_	Middle, Maiden	_	_		
	James C. M	ongold											,			
8	19a. INFORMANT'S NAME				19b. MAII	Marian V. Schultz ING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)										
2	Nancy L. M	ongold.													[,,,,	and2174
	20a. METHOD OF OISPOSI	TION		20h P	LACE AND D					, 00	DAT			City or To	_	
	t Burial 2 Cremati	Ion 3 Rame	oval from Stata	comet	any erometon	or other	danal			anle '	1					n, Maryl
- 1	21. SIGNATURE OF PUNER			Juec	iat La	WII			IL PO			0-1994	пас	jerst	LOWI	i, Maryi
			100				Do	ug]	las A	. F	iery	Funera	al Ho	ome		
_	1 / mu	dro A	7/11	21			133	1 E	Easte	rn I	Blvd.	North	Had	gerst	COWN	Maryla,
	23. PART i. Enter the ahock, of i	diseages, or c haart fallura. I	complications that	Caused t	ha daath. I	Do not a	anter the	a mo	da of dyl	ng, suc	h ss card	disc or respli	ratory sr	reat,	1	Approximate
- 1	IMMEDIATE CAUSE (F	inai			ma.			*	6	$\overline{}$						Intarvsi Batwee Onset and Dea
	immediate cause (Final disease or condition resulting in death) Due to (or as a consequence of): Onset and Death 2 day															
			DUE TO	(OR AS A C	ONSEQUENC	E OF):	0								-	0
z	Commendation Net and all		b												1	
CERTIFICATION	Sequantially list condi If any, leading to imme	ediata	DUE TO	(OR AS A C	ONSEQUENC	E OF):										
<u>S</u>	CAUSE (Disease or inj		c													
	that initiated events resulting in death) LA	ST	DUE TO	(OR AS A C	ONSEQUENC	E OF):									- 1	
E	resolding in death) Ex.		d													
- 1	PART II. Other signific	aet condition	s contributing to	dastf\ but	not reaulti	ing in th	na unda	rlyino	cause o	iven in	Part I.	24a, WAS AN	AUTOPSY	246	, WERE	AUTOPSY FINDING
DICAL			osi d					,		20. 61		PERFOR	MED?	240	AVAILA	ABLE PRIOR TO LETION OF CAUSE
												1 YES 2	□ NO		OF DE	ATH?
Σ	DID TOBACO	CO LISE	CONTRIBILIT	E TO	ALICE	OF I)FATL	1 \	YES [1 NO					ملياً 1	ES 2 NO
AN	25. WAS CASE REFERRED		CONTRIBUT		LAUSE	01 1	_									
BY PHYSICIAN:	EXAMINER?		HOSPITAL:				HER:				eck only or					
2	27. MANNER OF DEATH		1. Inpatient 2							sidence	6 Othe					
2		Pending	(Month, D		200.	TIME OF		WO	URY AT		26d. DES	SCRIBE HOW IN	IJURY OC	CURED		
á	2 Accident	Investigation	20 - 81 405 0	E the Harry	415			Y		NO						
<u>.</u>	3 Suicide 8 4 Homicide	Could not be determined	28a. PLACE O building,	atc. (Specify,	At home, fa	rm, atree	t, factory,	office				ATION (Street a. or Town, State)	nd Numbe	r or Rural i	Route No	umber,
COMPLETED																
로메			CIAN: To the best of													
5			R: On the beals of a												e) and m	nanner as stated.
ות	29h ATURE AND TITL	E OF CERTIFIER	()					П	29c. LICE	NSE NUR	MBER		29d. DAT	TE SIGNED	(Month	, Day, Year)
ן מ	Gloven	7	· The	1					1	19		١	D>ZL	17/,	20	199,
2	30. WAME AND ADDRESS O	F PERSON WHO	COMPLETED CAUS	SE OF DEAT	H (ITEM 27) (Type, Prin	t)			- /-				00,	- 01	119
	GLDRIA	Fin	MED	3	66 1		L	5	T.	11	40.	RCTAL	W	Md	21	1994
	31. DATE FILED (Month, Day)		2 32. REGISTRA	R'S SIGNAT	URE	(0	1 .	101-	- (-) ()	-310	-v v	, –	-7	. 70
	NOV 29 19	94 0	whi Dande	m-Jones	que.											



THE RESEARCH PRYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

OF RESEARCH PRICEION: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be maded at the cash with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760.

FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

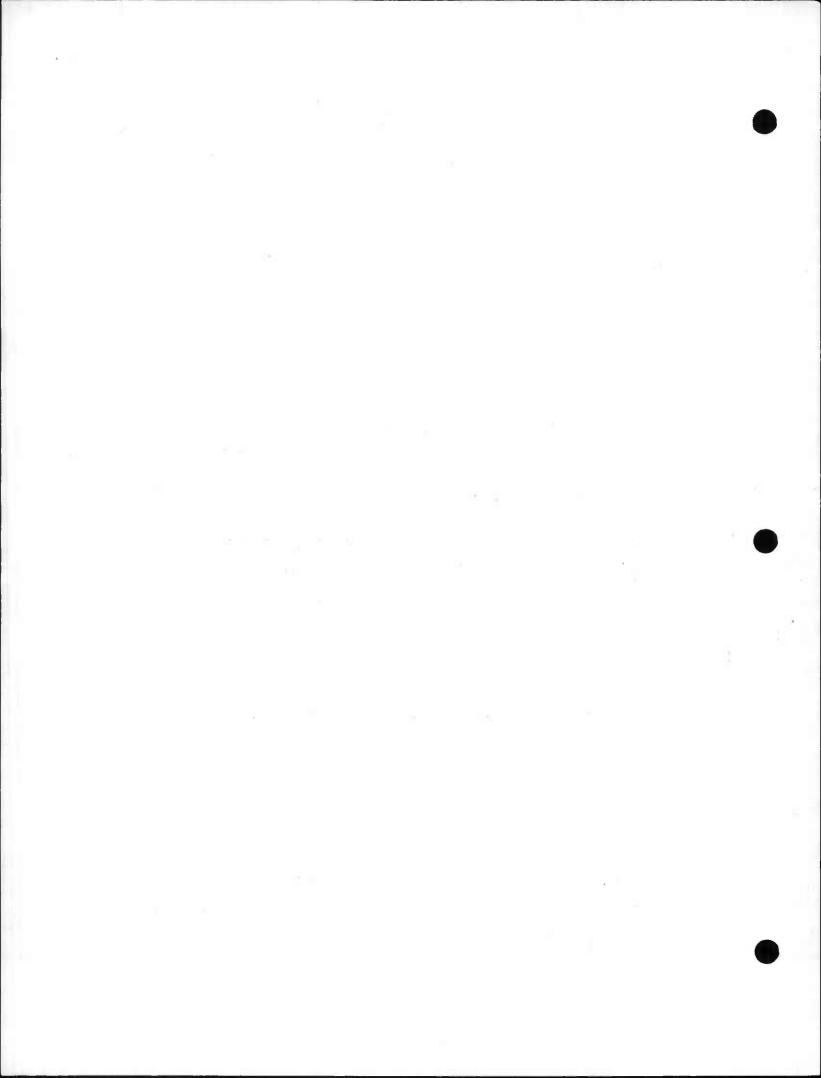
	1. DECEDENT'S NAME (First, Middle, Lest) 2. DATE OF DEATH 3. TIME OF DEATH											3. TIME OF DEATH				
	John Presto										Nov	EMBER	25	1994	0100 "	
	4. SOCIAL SECURITY NUMBER 188-09-5202		5. SEX 1 (X) M 2 (1) F	6. AGE (In	n yrs. last b	YRS.	IF UNDER	DAYS	HOURS	MIN.	7. DIGE June	OF BIRTH	908	6. BIRTH	PLACE (State or Foreign Yland	
m	9a. FACILITY NAME (If not in		,	0			9b. CITY			ION OF DE			9c. COU	INTY OF DE		
DIRECTOR	Washington		Hospita	<u> </u>				t	lager	istou	<i>on</i>			Wasi	hington	
H.	10a. STATE	10b. COUNT		- +		10c. CITY		OR LOCAT				-	_		10d. INSIDE CITY LIMITS?	
	Md.		Washin	gron			311		bwrg						1 - YES 2 X NO	
FUNERAL	22160 Holid	ay Dr.						101	. ZIP COD	217	783		10g. CIT	10g. CITIZEN OF WHAT COUNTRY? U.S.A		
B	11. MARITAL STATUS 1 Never Married 2 X 3 Widowed 4 Divo		12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	TEVER IN INVESTIGATION OF DATE	2 NO	ED		It yes, sp	ENDENT Code	ın, Maxicai	n, Puerto	f? (Specify Yea Ricen, etc.)	or No—	14. RACE Black, Specif	- American Indien, , White, etc. V. hite	
8	15. DEC (Specify only	EDENT'S EDU y highest grade	CATION completed)		16a. DECE	ECEDENT'S USUAL OCCUPATION live kind of work done during most of working										
COMPLET	Elementary/Secondary (0)-12)	College (1-4 or 5	+)	life. D	NOT us	e rettred.) stma					Po	st 0	office	e	
00	17. FATHER'S NAME (First, M								18, MOT			Middle, Maiden	Sumame)			
Ernest Miller 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)																
임	Miriam M. M				221	160	Holi	.day	Dr.	or Rural F Smit	ths bu	vig, Md.	n, State, Zij. 217	83		
	20a. METHOD OF DISPOSITE 1X Burlel 2 Cremetto 4 Dopetton 5 Other	n 3 🗆 Rem	oval from State	20b.F	PLACE AND Itery, grema W.T.M.S	D DATE O	her place)	mete	ry 1	1-28	-94	E 20c. LO				
	Smithsburg Cemetery 11-28-94 Smithsburg, Md. 21. BIDHATURE OF TUNERAL BERTYCE LICENSE. 22. NAME AND ADDRESS OF FACILITY Davis Funeral Home Smithsburg, Md. 21783															
\vdash	23. PART I. Entar the di	Iseesea, or o	complications the	it caused t	the deet	h. Do n	ot anter	the mo	de of dv	Ina. suct	h aa cen	SINULY	ratory an	.g , Ma.		
	23. PART I. Enter the diseasea, or complications that caused the deeth. Do not anter the mode of dying, such as cerdiac or reapiratory arrest, ahock, or heert fellure. Liet only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in deeth) a. Coulon-Pulmonary Cause to condition one tank a consequence or:															
CERTIFICATION	Sequentielly list condition in any, leading to immediate. Enter UNDERLY! CAUSE (Disease or Injuited evente.)	iona, diete NG	- Ruptu - Dyper	PULL TO (OR AS A CONSEQUENCE OF): UNION CONTROL OF CONSEQUENCE OF):												
Ë	resulting in deeth) LAS	· L	. afters	sele	4040	co	are	lion	400	ule	1 de	sees	2		İ	
	PART II. Other eignifica	nt condition	s contributing to	deeth but	t not ree	ulting i	n the ur	nderlylng	g ceuse	given in	Pert I.	24a. WAS AN PERFOR			WERE AUTOPSY FINDINGS	
EDICAL							_					1 TYES 2			AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
ME											_				1 - YES 2 - NO	
AN	DID TOBACCO U		RIBUTE TO CA		B. PLACE				UNC	ERTAIN	1 🗆					
띯	EXAMINER?		HOSPITAL:				OTHE	R:	. s 🗆 n.	esidence	e 🗆 ou-	- 10 11 -				
PHYSICIAN	27. MANNER OF DEATH	Pending	28a. DATE OF (Month, D	INJURY		28b. TIME	OF	28c. INJ		ISIGUIRCE		CRIBE HOW II	NJURY OC	CURED		
ВУ	2 Accident	Investigation Could not be	28e. PLACE O	F INJURY -	- At home	, ferm, s	M treet, fact		rES 2	NO	281. LOC	ATION (Street a	nd Number	r or Rural A	oute Number,	
ETED	4 Homicide	determined	building,	etc. (Specify	y) 		_				City	or Town, State)				
29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and menner as stated.											and manner as stated.					
ш	29c, LICENSE NUMBER 29d, DATE SIGNED (Month, Day, Year)															
TO B	auch	Wag	otrol	MD					1)-	124	44		>1	1-25	-94	
	Eric I	M (W	aashal	,	179	17) (Type.	Prints	WP	u	Rd		144	M.	1		
	31. DATE FILED (Month, Day, NOV 28 199		32. REGISTRA	R'S SINNAT	TURE	1	110		V-1	100.		1	7,00			

TO THE PLORENT OR ATTENDING PHYSOAM. The law requires that the does confidence be executed with a found relative death. Page 6 may be retained by the biospital or attending physician.

TO THE PLINETAL DIRECTOR Ame the confidence in the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Marrial Hypone prior to burial, cremation, or removal.

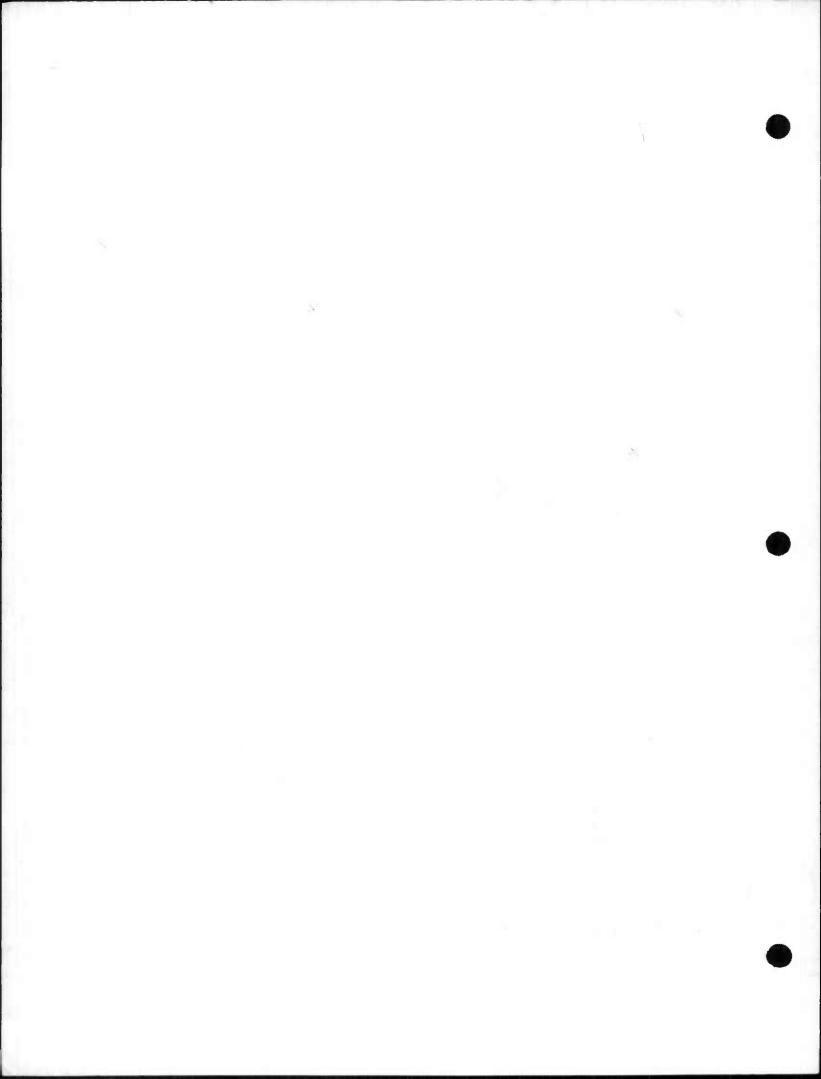
IMPORTANT, II ham 28 is marked, or item 23 shows any injury, or either traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020

	1 - FOR STATE REGISTRAR	STATE OF MARYL		ARTMENT OF H			YGIENE REG. NO.								
	1. DECEDENT'S NAME (First, Middle, Last)	OLODEA				2. DATE OF	DEATH		3. TIME OF DEATH						
	Gloria A. Moci	ts GLORIA	ANN	MOATS		Novem	per 22,	1994	10:58 PM						
	4. SOCIAL SECURITY NUMBER		(In yrs. last birthda	"	IF UNDER 24 HRS.	7. DATE OF (Month, De	BIRTH W March	8. BIRT Coun	HPLACE (State or Foreign						
	217-30-7200		9 YAS	MONTHS DAYS	HOURS MIN.	Nov. 1	ໃ0, 193		ryland						
	9e. FACILITY NAME (If not institution, give st			9b. CITY, TOWN (R LOCATION OF D	EATH		COUNTY OF							
DIRECTOR	Washington Cou	nty Hospit	al	Hager	stown			Wash:	ington						
H H	10e. STATE 10b. COUNTY			CITY, TOWN OR LOCAT				10d. INSIDE CITY							
		hington		Boonsbor	0		1 TYES 2 X								
BY FUNERAL	100. STREET AND NUMBER 18119 Manor Ch	was Dood		101	21713		10g.	U.S	WHAT COUNTRY?						
Ä															
5	11. MARITAL STATUS 1 Never Married 2 X Married	12. WAS DECEDENT EVER II FORCES? 1 YES	2 (10	13. WAS DEC	- 14. RAC Blac	E — American Indian, ck, White, etc.									
B	3 Wildowed 4 Divorced	IF YES, GIVE WAR OR D	ATES	1 🗀 YES	2 X NO Specif	y.	White								
B	15, DECEDENT'S EDUC	CATION		T'S USUAL OCCUPATION		16b. Kif	D OF BUSINES	S/INDUSTRY	MILLER						
Щ	(Specify only highest grade Elementary/Secondary (0-12)	Completed) College (1-4 or 5+)	(Give kind life. Do NO)	of work done during mo f use retired.)	st of working	1000000									
린	10		Home	emaker			Own Ho	me							
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA										
BE (ifford W	Theele	r	Sadi	e V:	irgini	a ·	Tanner						
2	19e. INFORMANT'S NAME (Type/Print)			NG ADDRESS (Street a				111	0.740						
	Kenneth W. Mo	ats	1811	119 Manor Church Road, Boonsboro, Md. 21713											
	20e. METHOD OF DISPOSITION 1 (X Burlet 2 Cremetton 3 Removal from State A Donetton 5 Other (Specify) 20b. PLACEANDDATE OF DISPOSITION (Name of Cemetery, Cremetory or other place) Commettery, Cremetory or other place Cemetery Manor Church Cemetery 11-26-94 Tilghmanton, Maryland														
	4 Donellon 5 Donellon														
	Andrew K. Coffman Funeral Home, In 40 E. Antietam St., Hagerstown, Md.														
	23. PART i. Enter the diseases, or complications that sused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, abock, or heart failure. List only one cease on each line. Approximate interval Between														
	IMMEDIATE CAUSE (Finel disease or condition) Onest and Death														
l l	disease or condition a. Land Ly EHIN My down														
	DUE TO (OR/AS A CONSEQUENCE OF):														
O	Sequentially liet conditione, DUE TO (OR AS A CONSEQUENCE OR)														
F	If any, leading to immediate cause. Enter UNDERLYING	50E 10 (011 N3 N	CONSCOURNCE	7	/										
윤	CAUSE (Disease or injury that initiated events	DUE TO (OR AS A	CONSEQUENCE	OF):					1						
CERTIFICATION	resulting in death) LAST	d.													
- 1	DADT II. Other classificant acceptation														
SAL	PART ii. Other significant conditions	s contributing to death b	out not resultin	g in the underlying	g cause given in	Part I. 24	PERFORMED?		b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO						
EDIC/						1	YES 2 A	6	OF DEATH?						
Σ									1 YES 2 NO						
PHYSICIAN:	DID TOBACCO USE	CONTRIBUTE TO	CAUSE C												
S	EXAMINER?	HOSPITAL:		OTHER:	ACE OF DEATH (Ch										
4	27. MANNER OF DEATH	1 Inpatient 2 ER/Outs 28e. DATE OF INJURY		IME OF 28c, INJ	e 5 Residence		BE HOW INJURY	OCCUPED							
	1 Natural 5 Pending	(Month, Day, Year)	100.	INJURY WO	RK? /ES 2 NO	200. DEŞCHI	BE HOW INJURE	ОССОНЕО							
ВУ	2 Accident Investigation 3 Suicide & Could not be	28e. PLACE OF INJURY	— At home, fern			28f. LOCATIO	ON (Street and Nu	mber or Rumi	Route Number						
COMPLETED	4 Homicide 8 Could not be	building, atc. (Spec	cify)			City or To	own, State)								
Ë	290. CERTIFIER CERTIFYING PHYSIC	CIAN: To the best of my know	dadaa daab aa												
MP		CIAN: To the beet of my know R: On the basis of examination							e) and manner on stated						
	MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(e) end me														
BE	Walsald	VI			DA LA I	NUMBER 29d. DATE SIGNED (Month, Day, Year)									
2	38. NAME AND ADDRESS OF PERSON WHO	O COMPLETED CAUSE OF DE	ATH (ITEM: 97) (To	An Prince O. L.	110 60,4	T.	7 /3	1447	YX						
j	E 12 LANG 12	265A 38	L pry	in the	19 M	LAND)	tearly,	MUS	1880						
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN				/		- /	10						
	NOV 2 3 1994	Julia Bandan-	Rendock			/			1						

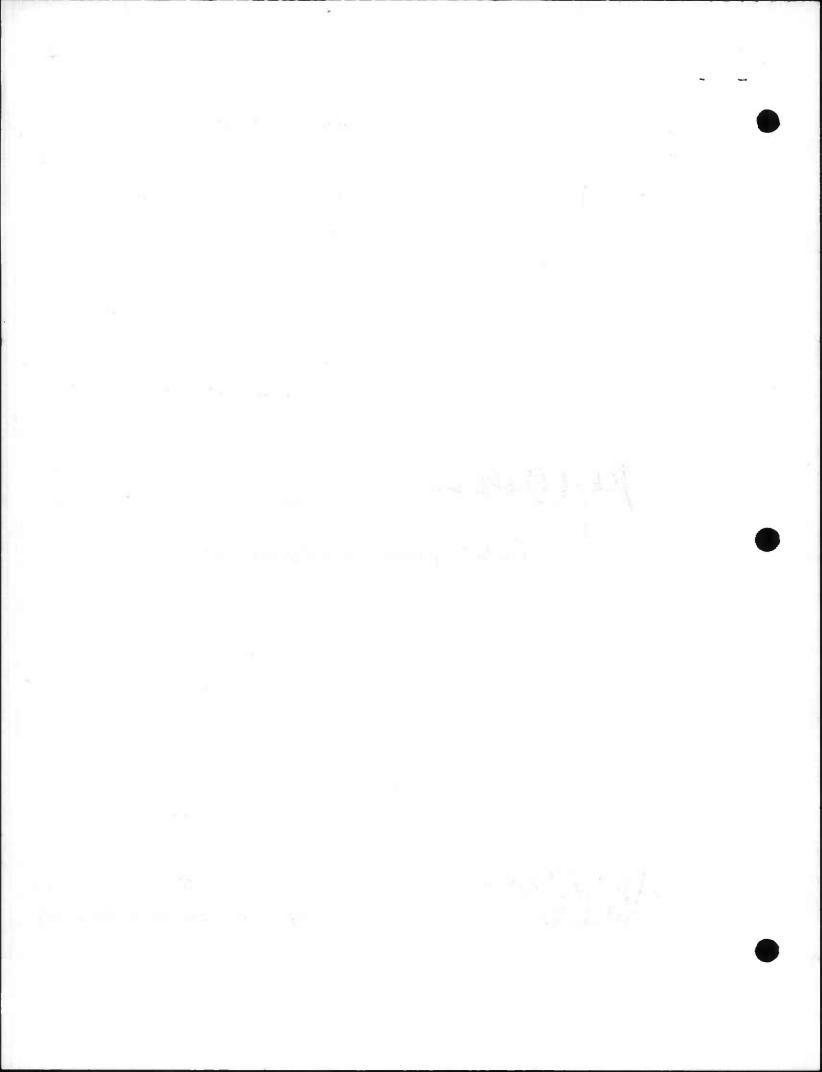


	RECOR
	OF VITAL
	DIVISION
-	_

		1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPAR Certif				NTAL HYGIENI REG. NO.	E	
		1. DECEDENT'S NAME (First, Middle, Last)	Andr	Dul V	11/	acha		DATE OF DEATH	lox	3. TIME OF DEATH
		4. SOCIAL SECURITY NUMBER	5. SEX 8. AGE (H	r yrs. last birthday)	IF UNDER 1 YEA		24 HRS. 7. I	DATE OF BIRTH	174	BIRTHPLACE (State or Foreign
P		182-32-4042		O YRS.	MONTHS DAY	'S HOURS	MIN.	Month, Day, Year) eb.13,194	14 P	ennsylvania
2, 3 should	E.	90. FACILITY NAME (II not institution, give str River Bottom Park	eet and number)			amspor			9c. COUNTY	
3 1, 2,	5	RESIDENCE OF DECEDENT					. (Washi	ngton
Page.	DIRECTOR	Maryland Washir	aton		iamspo					10d. INSIDE CITY LIMITS? 1 YES 2 NO
permit		10a. STREET AND NUMBER			ramspe	101, ZIP CODE			10g. CITIZEN	OF WHAT COUNTRY?
020 physician. burial-transit permit. Pages 1,	FUNERAL	19 North Conocoche		II.C. ADMED	1 40 11110	21795			USA	
MARYLAND 21215-0020 retained by the hospital or attending physician. 5 should be detached for use as the burial-tran notified at once.	ВУ	1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEOENT EVER IN FORCES? 1 ☐ YES IF YES, GIVE WAR OR DA	2 X NO	If yes	DECENDENT O specify Cuber (ES 2 MCNO	n, Mexican, Pu	RIGIN? (Specify Yes erto Rican, etc.)	or No.— 14.	RACE — American Indian, Black, White, atc. Specify: White
121. or atter	TEO	15. OECEDENT'S EDUC. (Specify only highest grade of	ompleted)	16a. DECEDENT'S (Give kind of v life. Do NOT us	rork done during	ATION most of working	g	16b. KIND OF BUS	INESS/INOUS	IRY
YLAND 21215-00 by the hospital or attending be detached for use as the at once.	COMPLETED	Elementary/Secondary (0-12) 12	Coffege (1-4 or 5 +)	Engine				Truck M	lanufac	cturina
LAN the hor e detach		17. FATHER'S NAME (First, Middle, Last)						First, Middle, Maiden S	Surneme)	
MARYL e retained by f S should be notified at	BE	Thomas Andrew McGe 190. INFORMANT'S NAME (Type/Print)	nee	19b. MAILING	ADDRESS (Stre			Number, City or Town		dal
	5	Kristin M. Vann						erstown, M		
ORE e 6 may ector, pa		20e, METHOD OF DISPOSITION 1 % Burlel 2 Cremation 3 Remove 4 Donation 5 Other (Specify)	rel from State 20b.	PLACE AND DATE OF tery, cremetory or of 1 This burg	E DISPOSITION	(Name of		OATE 20c. LOC	CATION — City	or Town, State
TIM Page ral direc		21. SIGNATURE OF EUMERIA. SERVICE LIES	Harper SIII	rusburg	22. NAME	AND AODRES	S OF FACILITY	Y	hsburg	,MD 21783
BALTIMORE, after death. Page 6 may by the funeral director, page moval.		1///92///-	lelan	8				L HOME <u>Williams</u>	nort N	MD 21705
60, within 24 hours piperety filled in b cremation, or re-		23. PART I. Enter the disease, or co- chock, or heart failure. L IMMEDIATE CAUSE (Final disease or condition resulting in death)	mplications that caused lat only one cause on an DUE TO (OR AS A	i Cid	e	moda of dyli	ng, such aa	cardiac or reapin	atory arrest	, Approximate interval Between Onset and Death
P.O. BOX 68 at the certificate be executeding physician and all Hygiene prior to bur or other traumatile.	CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A O							
RDS, For the death by the atternand Mental and Mental yright, or injury, or i	CALC	PART II. Other aignificant conditions	contributing to death bu	t not resulting i	tha undarly	ing causa g	iven in Part	I. 24a. WAS AN A PERFORM		24b. WERE AUTOPSY FINDINGS
O = 0 = 6	MEDIC							1 TYES 2		AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
- > 05	W									1 TES 2 NO
VITAL F AN: The law tificate has be e State Dept.	CIAI	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26 OTHER:	PLACE OF DE	ATH (Check or	nly one)		
OF VIT, PHYSICIAN: The this certificate with the State with the State to the the state to the the state to th	PHYSICIAN:	1 📝 YES 2 🗌 NO 27. MANNER OF DEATH	1 ☐ Inpatient 2 ☐ ER/Outpar 28a. DATE OF INJURY	tient 3 🗆 DOA 26b, TIME	4 - Nursing H	INJURY AT		Other (Specify) DESCRIBE HOW IN.	OCal	park.
	ВУ Р	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	115	JRY	WORK? YES 2		Shot s	014	inchest
DIVISION OR ATTENDING I DIRECTOR: After hours after death	ED	3 Suicide 6 Could not ba 4 Homicide determined	building, atc. (Spicif	At home, term, s	Proet, fectory, o	ffice	28t.	LOCATION (Street and City or Town, State)	nd Number or F	tural Route Number,
DIV OR AI DIRECT DIRECT HOURS	OMPLET	29e. CERTIFIER (Check only	AN: To the best of my knowle	dge, death occurre	d at the time of	ate and place	and due to th	Willay	204	711
MERAL MERAL MERICAN	COM	one) 2 MEDICAL EXAMINER:	On the basis of examination	and/or investigation	, in my opinio	, death occurs	d at the time,	data and place, end	due to the ce	puse(a) and manner as stated.
RBH BH BH BH BH BH BH BH BH BH BH BH BH B	BEC	296. SIGNATURE AND THE OF SETTINGS				29c LICE	NSE NUMBER	26	29d. DATE SN	GNEO (Month, Day, Year)
UDe da x	5	30. NAME AND ADDRESS OF PERSON VIND	COMPLETEO CAUSE OF DEAT	ГН (ITEM 27) (Туре,	Print)	100	ODE	10	- ///	8/94
		MALUDINO	ND 747/	Vorth	on .	Khe	Hey	20x001	na	D21742
		31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNAT	TURE MANAGER			0			



₽ ~ =	-	FOR STATE REGISTRAR	STATE OF MARYL		RTMENT OF			NTAL HYGIEN					
		1. DECEDENT'S NAME (First, Middle, Last)			10:112 0	DEAT	2.	DATE OF DEATH		3. TIME OF DEATH			
	- 8	TONI	MICHELLE		MOOR	RE	NOV	EMBER		94 5:08 P M			
		4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(In yrs. lest birthday)	IF UNDER 1 YEA	-		DATE OF BIRTH Month, Day, Year)		BIRTHPLACE (State or Foreign			
	.)	219-13-1672	1 □ M 2 √ F 1	7 YRS.	MONTHS DAY	HOURS	MIN. NO		1977 เ	_a Plata, MD			
should	-	9a. FACILITY NAME (If not institution, give str			9b. CITY, TOW	N OR LOCATIO				OF DEATH			
2,3	СТОЯ	7875 LOCUST PL	ACE		PORT	TOBA	ACCO		CHA	ARLES			
#	EG	10a. STATE 10b. COUNTY		10c. Cl	TY, TOWN OR LO	CATION				10d, INSIDE CITY			
æ	DIRE	Maryland Chari	les	F	ort Tob	nacco				LIMITS? 1 YES 2 NO			
Ę.	A.	10e. STREET AND NUMBER				101. ZIP CODE			10g. CITIZEI	N OF WHAT COUNTRY?			
- T	FUNERAL	7875 Locust Place				206	77		(JSA			
020 physician burtal-tra	5	11. MARITAL STATUS	12. WAS DECEDENT EVER II					RIGIN? (Specify Yearto Rican, etc.)	s or No— 14	. RACE — American Indian, Black, White, atc.			
00- 10-20-20-20-20-20-20-20-20-20-20-20-20-20	ВУ	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR D			YES 2 NO		arto rican, etc.)		Specify:			
21215-0020 if or attending physic for use as the burial		15. DECEDENT'S EDUC	ATION	16a DECEDENT	B USUAL OCCUP	ATION		165 KIND OF BU		White			
212	ETED	(Specify only highest grade of Elementary/Secondary (0-12)			work done during		g	16b. KIND OF BU	ISINESS/INDUS	THY			
	PL	12	Conlege (1-4 or 5 +)	Sale	s Clerk	<		R.	etail (Clothing Store			
AND the hospit detached once.	COMPL	17. FATHER'S NAME (First, Middle, Last)			0 01011		IER'S NAME (First, Middle, Maiden		MOGILINO SHORE			
8 8 7 X	BE (Ralph Kenneth Mod	ore			Ch	nervl	Lynn Gar	nmon				
MAR retained 5 should notified	0	19a. INFORMANT'S NAME (Type/Print)		196. MAILIN	G ADDRESS (Stre	et and Number	or Rural Route	Number, City or Tov	vn, State, Zip Co	ode)			
E, N	-	Ralph K. Moore		/8/5	Locust	Place,	, Port	Tobacco	, MD 2	20677			
ORE of may ector, pu		20a. METHOD OF DISPOSITION X Burial 2 Cremation 3 Ramo	val from State Cen	netery, crematory or	other place!	•		- 1		y or Town, Stata			
Page 6 m of director, ner mus		4 Donation 5 Other (Specify)		rinity M	<u>lemorial</u>	L Garde	ens	11-23 Wa	ldorf,	_MD			
BALTIMOR in death. Page 6 ma the tuneral director, in val.		May H.	Sichary	_		itt Fur							
BA HE SERVE	_	Mark G. Brot			Ρ.	0. Box	× 156,	Waldorf	, MD 2	20604-0156			
68760, Becuted within 74 hours after our completely filled in by the burial, cremation, or removatic event, the medical		23. PART i. Enter the disease, or conshock, or heart failure. LimmEDIATE CAUSE (Final disease or condition resulting in death)	Liet only one cause on a	ach Ilna.						Interval Between			
P.O. BOX 68 th certificate be execute among physician and of a Hygene prior to burit or other trasmattic	CERTIFICATION	Sequentially list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):											
DS, he dea Menta Menta njury,	0	PART II. Other eignificent conditions	contributing to death h	nut not regulting	in the underly	dan adusa a	luon la Dari	i. 24a, WAS AN					
RECORI requires that it on signed by of Health and shows any it	MEDICAL			*				1 DYES	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
	AN	DID TOBACCO USE CONTR	IBUTE TO CAUSE O	26. PLACE OF DEA			ERTAIN [<u> </u>					
OF VITAL PYSSCIAN: The law has pertificate has with the State Dep with the State Dep with the State Dep	SICIAN:	EXAMINER? TY YES 2 NO	HOSPITAL:		OTHER:			A 1 1 1 1					
PHYSICIAN:	Ž	27. MANNER OF DEATH	28a. DATE OF INJURY	28b. TIR		INJURY AT	7	. DESCRIBE HOW	INJURY OCCUP	RED			
	1	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	at routh		WORK? YES 2	(NO S	BJECT .	SHOT	5826			
VISION ATTENDING	8	3 N Suitelifie 8 Could not be	28s. PLACE OF INJURY building, atc. (Spec	— At home, farm,	street, factory, o	ffica				Rural Route Number,			
DIVISION OR ATTENDOS DIRECTOR After Household Committee	И	4 C Homicide determined	, 400 1000	Hen	6		7	875 Low	ST PLI	PORTTOGACIO			
2 20 -	COMPLE		IAN: To the best of my know				and due to th	e cause(s) and ma	nner as stated,	ause(s) and manner as ateted.			
五 年 2 2 2 2 2 2 2 3 2 3 2 3 2 3 2 3 2 3 2	BEC	296. SIGNATURE AND TITLE OF CERTIFIER	~			29c, LICE	NSE NUMBER		29d. DATE S	IGNED (Month, Day, Year)			
TO THE HOSPIT TO THE FUNERA Se Bled within 7 IMPORTANT.	10 8		XX				VEMB	ER 20, 1994					
		30, NAME AAD ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DE						•	land 21201			
•		NOV 2 3 1994	32. ABGISTRAR'S SIGN	ATURE _									



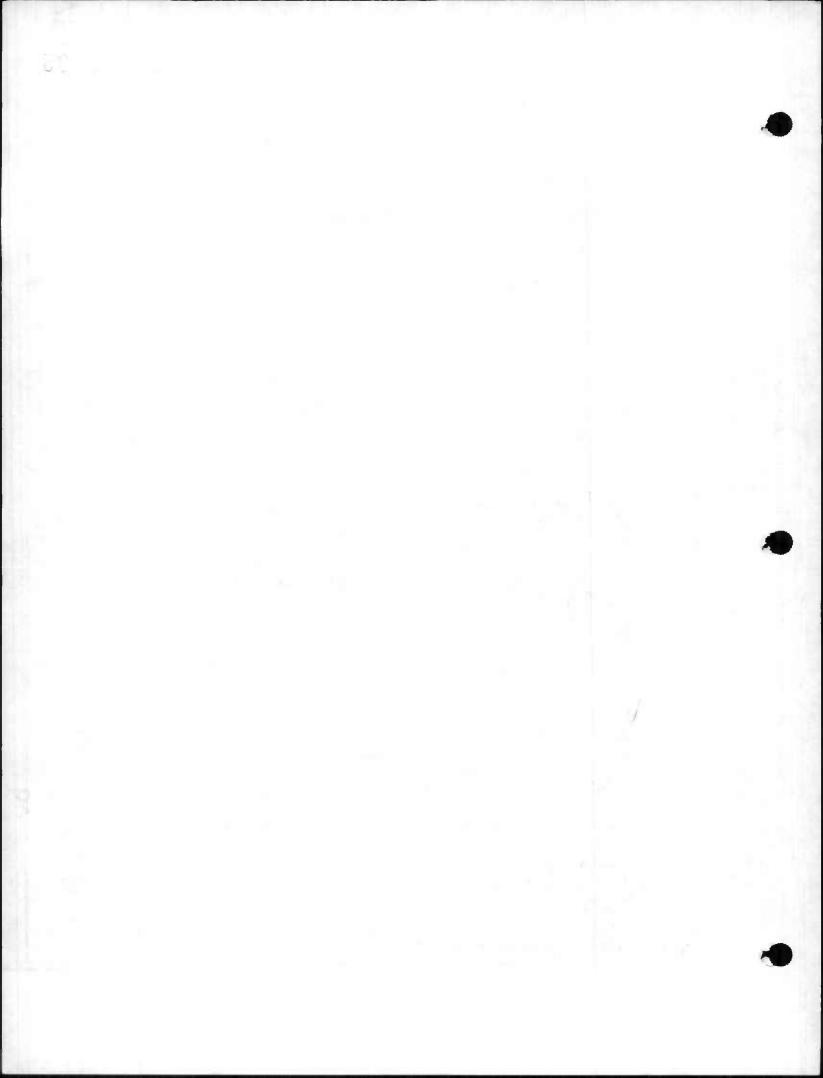
OR AN ENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death, Page 6 may be retained by the hospital or attending physician, BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

		1 - STATE REGISTRAR	STATE OF N			RTMENT				ENTAL HYGIEN REG. NO.	_			
	1	1. DECEDENT'S NAME (First, Middle, La							2	DATE OF DEATH	му		TIME OF DEATH	
		Joseph E. M'	YLES 5. SEX	6. AGE (In yrs. last	* Simbolard	- impen	- WP16			Nov.	01	1994	11:45 Am	
	3	579-40-5939	1 G/M 2 G F	6. AGE (IN Y/S. 10S)		MONTHS	DAYS	HOURS	24 HRS. 7	7. DATE OF BIRTH (Month, Day, Year) 07/01/31	33	6. BIRTHPLA Country) Wash	ACE (State or Foreign D.C.	
3 should		9e. FACILITY NAME (If not institution, give	ve street and number)			9b. CITY,	TOWN 0	DR LOCATIO	N OF DEAT		7	NTY OF DEAT		
2, 3 5	0 R	Western Maryland Cen	ıter			Hag	gerst	cown, l	Maryla	nd	Was	shingtor	n	
Jes 1,	DIRECTOR	10a. STATE 10b. COU			10c. CIT	Y, TOWN O	R LOCAT	ION				10	d. INSIDE CITY	
if. Pag		Maryland	Washing	ton	I-	lagei	rst	own					LIMITS?	
physician, burial-transit permit, Pages 1, 2,	FUNERAL	10e. STREET AND NUMBER					101.	. ZIP CODE			1	IZEN OF WHA		
cian. Htransi	JNE	1500 Pennsylv				T 42 W	TO DEC		1742				States	
the the	BY	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1	TEVER IN U.S. ARI YES 2 N WAR OR DATES	IQ MED	14	yes, spe	ENDENT OF ecify Cuban 2 X NO	ı, Mexican, f	ORIGIN? (Specify Yea Puerto Rican, etc.)	i or No—	14. RACE — Black, W Spacify: BLa	American Indian, Trita, etc.	
r atten use as	TED	15. DECEDENT'S E (Specify only highest gr		(Gh	ive kind of v	USUAL OC work done di	CUPATIO	N st of working	2	16b. KIND OF BUS	KIND OF BUSINESS/INDUSTRY			
the hospital or attend detached for use as once.	COMPLETED	Elementary/Secondery (0-12)	College (1-4 or 5 +	+)	DO NOT US	neer				Gove	rnme	ent		
the hospital detached for once.	NO	17. FATHER'S NAME (First, Middle, Last)			E			16. MOTH	(First, Middle, Maiden		511 C			
3 A A	BE C	James Dav	is				1-	Ka	thle	en Myle	S			
5 should be	10	19a. INFORMANT'S NAME (Type/Print)						nd Number o	or Rural Rou	ite Number, City or Town	n, State, Zip		pt. 4	
		Iris Myles		20b. PLACE A					venu			City or Town,	.C.20002	
rector,		1 A Burial Germation 3 R	emovel from State	Harmo	netory or o	Mer place)			eme	11/5/9				
after death. Page 6 may be by the funeral director, page smoval.		21. SIGNATURE OF FUNERAL SERVICE	UCAMEE /	-	1	S	TEW.	ART	FUNE	ERAL HOM	1E			
n by the removal.		23. PAPT . Enter the diseases, o	or complications that	caused the de	ath. Do	1 4 I	00T	Ben	ninc	Road N	I.E.	, Was		
24 hours filled in ion, or re		shock, or heart fellow shock or condition of titing in death)	. List only one cau	ise on each line.	nce	2				List LO		reat,	Approximate Interval Between Onset and Death	
execute and co to bunia	TION	Sequentially list conditions, if any, leading to immediate	- b	(OR AS A CONSEC	VOENOE O									
the death certificate be of the attending physician d Mental Hygiene prior to injury, or other traur	CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF):												
death se atter Mental	- 1	PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS												
and and	CAL	ACCITE COMMITTEE	Ons contributing to	30 LSCE	aulting	- 11	derlying	1	ven in Pa	PERFOR	RMED?	AMA	RE AUTOPSY FINDINGS AILABLE PRIOR TO MPLETION OF CAUSE	
ENDING PHYSICIAN: The law requires this first this certificate has been signed in death with the State Dept, of Health is Is-marked, or Item 23 shows any	V: MEDI	maniplasia	1 Kype	sta siol			7			_ 1 YES 2	2410	OF	DEATH? YES 2 NO	
V: The law icate has be State Dept.	PHYSICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:					ACE OF DE	ATH (Check	only one)				
SICIAN: The certificate the State 1, or Item	IYSI	1 XYES 2 NO	1 🖺 Inpatient 2 🗆		_		ing Home	17		Other (Specify)				
DING PHYSE After this or death with 1	ВУ РН	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	n 9/6	2753	un	a le	28c, INJU WOF 1 Y	RK7	NO	ad. DESCRIBE HOW IN	ou	& FE	2//	
RECOR: A	ETED	3 Suicide 6 Could not 8 determined	building,	F INJURY — Al hon atc. (Specify)	he	Hon	0	1.6-		81. LOCATION (Street a City or Town, State)	ku	oh	Number,	
W	COMPL	One) 2 MEDICAL EMANU	V/							the cause(e) end men			d manner as stated.	
2 2 2 M	TO BE	296. SIGNATURE AND TITLE OF SETTING		/				PACHICEN	SE NUMBE	26	29d. DATI	E SIGNED (Mo	7th, Day, Year)	
		AUD. SM	WHO COMPLETED CAUS	1/1/	7/5	Primy	_/	Tre	_ /	4004	an	in	SKEC	
		NOV 1 7 1994	Julia Dairido	A'S SIGNATURE OF	_									

RECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should under the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

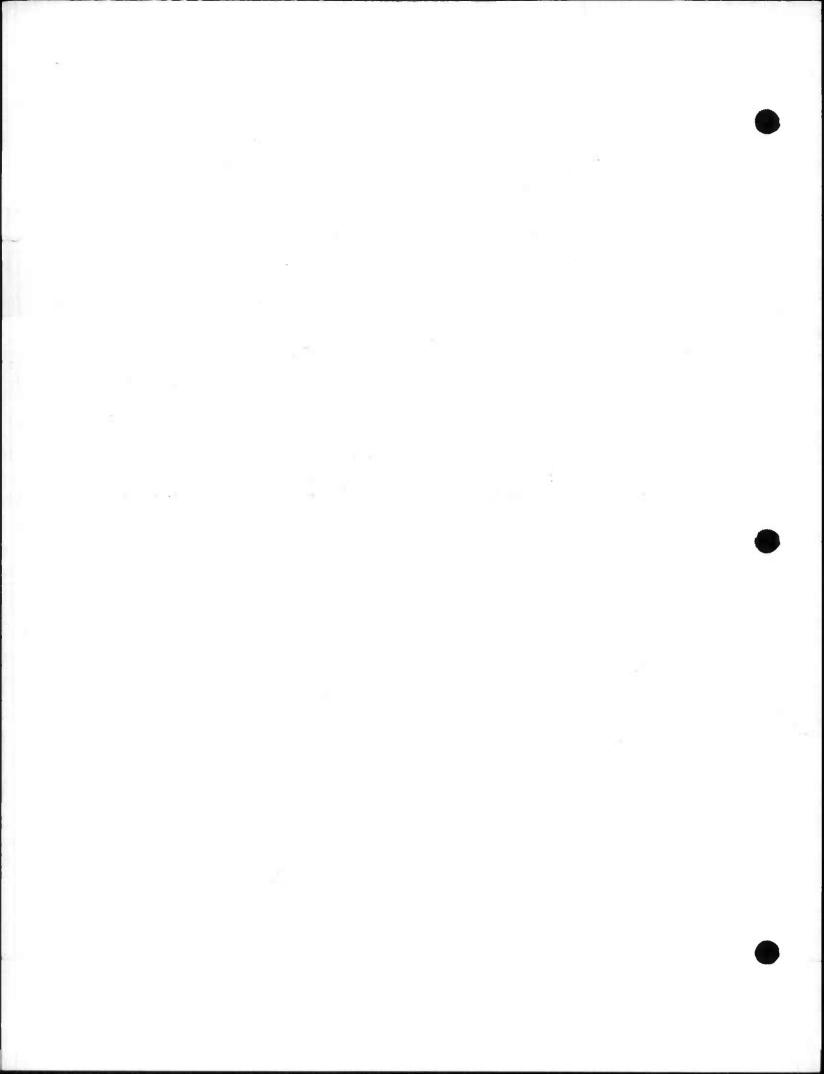
1	FOR STATE REGISTRA
	1. DECEDENT'S N
	4. SOCIAL SECUR
ı	064 00

	REGISTRAR		CI	ENTIF	CALE	OF	DLA	I II	н	EG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF I	DA		YEAR	3. TIME OF DEATH	
		sa Del							11	10	199		1:55 A M	
0	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les	st birthday)	IF UNDER 1		IF UNDER		7. DATE OF E (Month, De			8. BIRTH Count	IPLACE (State or Foreign	
	064 09 9296	1 M 2 XF	92	YRS.	MONTHS	DAYS	HOURS	MIN.	July	27 1	902	Ita		
	9s. FACILITY NAME (If not institution, give at	reet and number)			9b. CITY, T	OWN O	R LOCATION	ON OF DE				NTY OF D	EATH	
Œ	Villa Rosa Nursir	o Home		- 1	Mit	che	1117	1116			Dri	200	George's	
2	RESIDENCE OF DECEDENT	S HOME		Mitchellville Prince							iice (George S		
DIRECTOR	10a. STATE 10b. COUNTY			10c. CIT	Y, TOWN OR	LOCAT	ION						10d. INSIDE CITY	
E	Maryland Princ	e George	1.0	Por	ri o								LIMITS? 1xx YES 2 NO	
	10e. STREET AND NUMBER	e George	2 5	Bowie 101, ZIP C			ZIR CODI				10~ CIT	TEN OF	N OF WHAT COUNTRY?	
AA I	2704 Largo Place					101.		2071	5					
FUNERAL											Uni	LLea	States	
בָּ	11, MARITAL STATUS	12. WAS DECEOEN FORCES? 1	T EVER IN U.S. AR						IC ORIGIN? (S		or No-	14. RACI Biac	E — American Indian, k, White, atc.	
ВУ	1 Never Married 2 Married 3 Wildowed 4 Olvorced	IF YES, GIVE V	DO OD DATES	lo				Specify		1, 610.)		Spec		
	3 Millioned 4 Oronced		1,	••					N	0			White	
ᇤ	15. DECEDENT'S EDUC (Specify only highest grade	ATION completed)			USUAL OCC			na	16b. KJN	D OF BUS	SINESS/IN	DUSTRY		
<u> </u>	Elementary/Secondary (0-12)	College (1-4 or 5	life	. Do NOT us	e retired.)									
ਛੋ∣	3			Home	maker				0	wn H	ome			
COMPLETED	17. FATHER'S NAME (First, Middle, Last)						18. MOT	HER'S NA	ME (First, Middl	le, Maiden	Surname)			
	Giuseppe Verre	2				- 1	An	nun 2	Ziata	Lacc	etti			
BE	19s. INFORMANT'S NAME (Type/Print)	·	10	h MAILING	ADDRESS /	Street e			loute Number, (n Codel		
2	Angela J. Grier								ie Mar			2071	5	
	20e. METHOD OF DISPOSITION			_					1	_				
	XXBurisi 2 ☐ Cremation 3 🕮 Remo	oval from State			or other place				DATE			-	own, State	
	4 Donation 5 Other (Specify)		_ Mt. C	Carme	1 Cem					Eng	lewo	od	N.J.	
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Beall—Evans Funeral Home, P.A.													
- 19	> 12plant &	CITIM	as PA	102							-		20715	
	23. PART i. Enter the diseeses, or o	omplications the	d caread the de	eth Do	1 tot enter ti	0000	de of du	napo.	lis Rd	. BO	wie .	MG.	Approximete	
	shock, or heart feliure.	List only one ce	use on each line	B.	iot aintai ti	Λ	ue or uy	my, soci	1 88 COLUMB	Of Teapi	iotory or	Toot,	Interval Between	
	IMMEDIATE CAUSE (Finel	(1	0	И	L	L	1-1						Onset and Death	
	disease or condition resulting in deeth)													
- N	DUE TO (OR AS A CONSEQUENCE OF):													
Z		ATT	us lu	2	(e	سال	w c,	and_	16	nen	-		465	
CERTIFICATION	Sequentieily list conditions, if any, leading to immediate	bué to	(OR AS A CONSE	OUENCE O	F):									
S	cause, Enter UNDERLYING CAUSE (Disease or Injury	G												
F	that initiated events	DUE TO	(OR AS A CONSE	OUENCE O	F):									
F	resulting in deeth) LAST	4.												
EDICAL	PART ii. Other significent condition	e contributing to	deeth but not	resulting	in the und	erlying	g ceuse	given in	Part I. 24	PERFOR		241	b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	
2									11	YES 2	□ NO		COMPLETION OF CAUSE OF DEATH?	
													1 YES 2 NO	
2			-											
A	25. WAS CASE REFERRED TO MEDICAL					26. PL	ACE OF D	DEATH (Ch	eck only one)					
PHYSICIAN:	EXAMINER?	HOSPITAL:	☐ ER/Outpatient :	DOA:	OTHER:					(4.)				
17.5	27. MANNER OF DEATH	28a. DATE O		28b. TIM		_	URY AT	esidence	6 Other (S)		N IIIOV OC	WIRED		
ᆸ	1 Natural 5 Pending		Day, Year)	IN.	JURY	WO	RK?	7.00	200. DESCRI	BE NOW I	NJOH! OC	CONED		
ВУ	2 Accident Investigation	111 2112	collection to			_	YES 2 [_ NO						
a	3 Suicide 6 Could not be	ome, farm,	street, factor	y, offic	•			own, State)		or or Rural	Floute Number,			
E	4 Homicids determined													
COMPLET	29s. CERTIFIER 1 DERTIFYING PHYS	CIAN; To the best o	f my knowledge, d	eath occurr	red at the tim	ie, data	and place	e, and dus	to the cause(s) and ma	nner as st	ated.		
M	one)	Ry On the basis of	xamination and/or	Investigation	on, In my op	Inion, d	leath occu	ared at the	time, date and	d placs, ar	d due to	the cause	(s) and manner as stated.	
3	AND SIGNATURE AND THE CONTROL	()											7.44 n 0 W 1	
BE	296. SIGNATURE AND TITLE OF CERTIFIE	Lun					Line	ENSE NUM) / (29d. DA	IE SIGNE	D (Month, Day, Year)	
10	10/						/	76	-6.			1 (4	17	
-	39. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAL	SE OF DEATH (ITE		n, Print)	_	ル	_	La	L.,	. m	n -	21.6	
	NOV 1 5 1994	32. DEGISTA	AR'S SHIMATURE		V									



-	60
_	Ă
<₹	2
=	T
>	₹
L	8
0	돭
7	E.
ā	š
/=	泵
CO.	Ë
21	a
123	P
L	14
reti	æ

		FOR STATE REGISTRAR		STATE OF MAR		DEPARTMENT RTIFICAT			MENTA	L HYGIEN				
		1. DECEDENT'S NAME (First,								OF DEATH		3.	TIME OF DEAT	Н
		Lee Amos Mil	ler, J:	r.					Nove		10, 19	94	6:17	Рм
	1	4. SOCIAL SECURITY NUMBI		100	GE (In yrs. last I		DER 1 YEAR	IF UNDER 24 HRS.	7. DATE	OF BIRTH			ACE (State or For	reign
2	3	214-44-4696		1 X M 2 □ F	77	YRS. MONTH	DATS	HOURS MIN.		03, 1	.917		land	
should	_	9a. FACILITY NAME (If not ins						OR LOCATION OF D			9c. COUNT	Y OF DEAT	Н	
2, 3	6	Collington I		re Center		Mi	tche1	lville) b	Princ	e Ge	orge's	
es .	EC	RESIDENCE OF DEC	10b. COUNTY			10c. CITY, TOW	H OR LOCAT	TION				10	d. INSIDE CITY	
8	DIRECTOR	Maryland	Prince	e George's		Mitch	ellvi	11e					LIMITS?	
e di		10e. STREET AND NUMBER					_	f. ZIP CODE			10g. CITIZE		T COUNTRY?	-
5-0020 ending physician. as the bunal-transit permit. Pages	FUNERAL	10450 Lotts	ford Ro	ad #4215			2	20721			U.S.	Α.		
Siciar Siciar	5	11, MARITAL STATUS		2. WAS DECEDENT EVE FORCES? 1 Y	R IN U.S. ARM	ED 1	3. WAS DEC	ENDENT OF HISPA	NIC ORIGII	N? (Specify Ye	e or No.— 14		American India	ın,
002 g phy e bur	ВУ	1 Never Married 2 📉 (IF YES, GIVE WAR OF				ecify Cuban, Maxic 2 X NO Speci		Hican, etc.)		Coorthu	Thite, etc.	
15- endin			DENT'S EDUCA	TION	180 DECI	EDENT'S USUAL	OCCUPATION	-					Vhite	
or aff		(Specify only Elementery/Secondary (0-	highest grade co	mpleted)	(Give	kind of work do	ne durina ma	est of working	168	, KIND OF BU	SINESS/INDUS	TRY		
Spital of the first	립	Elementery/Secondary (0-	(2)	College (1-4 or 5 +) 4	Supe	ners Ho ervisor	me Ac	imin.		U.S. C	Governi	ment		
AN the hos detach	COMPLETED	17. FATHER'S NAME (First, Mic	ddle, Last)					18. MOTHER'S NA	ME (First,	Middle, Malden	Surname)			\neg
A Pe	BE C	Lee Amos Mi	lller					Victor	cia R	lose Ch	napman			
MARYLAND 21215-0020 retained by the hospital or attending physician. 5 should be detached for use as the buntal-trannottifled at once.	9	19a. INFORMANT'S NAME (Ty			19b.	MAILING ADDRI	SS (Street a	and Number or Rural	Route Num	ber, City or Tow	m, State, Zip Co	ode)		
	-	Olivia P. N			104	50 Lot	tsfor	d Road i	4215	, Mitc	chellv:	ille,	MD 20)721
BALTIMORE, MARYLAND 21215-0020 er death. Page 6 may be retained by the hospital or attending physic the funeral director, page 5 should be detached for use as the buriat wal.		20a, METHOD OF DISPOSITION 1 🕮 Burlel 2 🗆 Cremellor		ol from State	20b. PLACE AN	D DATE OF DISP	OSITION (Na	ame of	OAT	E 20c. LO	CATION — CH	y or Town,	State	
MC age 6 direct		4 Donetion 5 Other (rinity			Cem. 11		94 Uppe	r Marl	Lboro	, MD	
IT. Park. P		21. SIGNATURE OF FUNERAL	SERVICE LICER	ISEE		E:	2. NAME AI Canci	s Gasch	S So	ns Fun	eral F	lome.	P.A.	
BALTIMORE, after death. Page 6 may be the funeral director, page moval.		40.0	Ge	nie		ή.	/39 B	altimore	Ave	., Hya	ttsvil	lle,	MD 207	81
BALTIMORE, ted within 24 hours after death. Page 6 may be completely filled in by the tuneral director, page all, cremation, or removal.		23. PART I. Enter the dis	eases, or con art fallura. Lie	nplications that cau	sed the deat	th. Do not ant	ar the mo	da of dying, suc	ch ss can	dlac or reap	iretory arraa	t,	Approxims	
24 hours filled in b ion, or rer		IMMEDIATE CAUSE (Fina		1/ []		Q I	A			- 1			Onset and	
within 24 Inpletely fille cremation, the		disease or condition resulting in death)	→ a	Meraska	Vic_	12081	cule	Cav	ciuc	ou A			9/2	192
O. BOX 68760 emficate be executed within 24 me physician and completely filling organic prior to burial, cremation, other traumatic event, the				DUE TO (OR A	S A CONSEOU	ENCE OF):								
Secu and and burn	CERTIFICATION	Sequentially list condition		OUE TO (OR A	S A CONSEQU	ENCE OF:							-	
trau	NA I	if any, leading to immed cause. Enter UNDERLYIN	IG										İ	ľ
P. B. B. B. B. B. B. B. B. B. B. B. B. B.	Ē	CAUSE (Disease or injur that initiated events		DUE TO (OR A	S A CONSEOU	ENCE OF):								
0. 6 8 2 8	ᇤ	reaulting in death) LAST	d										<u> </u>	
S = 2 4 4		PART II. Other aignificar	t conditions	contributing to deati	but not rac	uiting in the	underlylne	o causa olven in	Part I.	24e. WAS AN	AUTOPSY	24b WE	RE AUTOPSY FIN	NOINGS
A to be to b	CAL	Avenie		: Pertic	ulce	diff	case	g g		PERFOR	RMED?	AVE	MILABLE PRIOR T	то
O H MI W	MEDIC	Soi sen	e des	inde	5/b	CK,	11	-	_	1 YES 2	NO	OF	DEATH?	. 1
S 40 m	2	DID TOBACCO US	E CONTRI	BUTE TO CAUSE	OF DEATI	H YES 🗆	NO E	UNCERTAI	NΠ			''	YES 2 N	10
	IAN	25. WAS CASE REFERRED TO		JOIL TO CAUSE	_	OF OEATH (Che		DITCERIA						\dashv
OF VITAL HYSICIAN: The is the certificate has with the State De tend, or item 2	PHYSICIAN:	EXAMINER?		IOSPITAL:	utpetient 3	DOA 4 N		e 5 - Residence	8 🗆 Othe	r (Specify)				
OF V PHYSICIA This cents with the tied, or	Ě	27. MANNER OF DEATH		28e. DATE OF INJUF (Month, Day, Yea		28b. TIME OF INJURY	28c. INJ				NJURY OCCUP	RED		\neg
- C	BY F	1 Accident 5 P	ending eventigation	(WORL), Day, Iba	"	M		YES 2 NO						
2 2 2 2		3 Suicide 8 C	ould not be	28e. PLACE OF INJU- building, atc. (S	RY — At home pecify)	, Jerm, street, f	ctory, office	•	28t. LOC	ATION (Street i	and Number or	Rural Route	Number,	\neg
2012	ËTE	4 Homicide d	etermined						,					
ROBE		29e. CERTIFIER (Check only	FYING PHYSICIA	N: To the best of my kn	owledge, deati	occurred at the	time, date	end place, and due	to the car	use(a) and mar	nner as stated.			
	COMPL	one) 2 MEDIC	AL EXAMINER:	On the besis of exemina	tion and/or inv	estigation, in m	opinion, d	eath occured at the	time, date	and place, an	d due to the o	euse(s) an	d manner ee str	ated.
TO THE TOST TO THE FIDE WITH	BE C	29b. SHAND TITLE	OF CENTIFIER	san breel	. 0	1111		29c. LICENSE NUI	MBER	1. Ca	29d. DATE S	IGNED (Mo	onth, Day, Year)	
D D S M	TO B	Miller G	. Ole	empu	ce	va ç		D 54	120	49	> 11	-11-	1994	-
25	-	30. NAME AND ADDRESS OF	PERSON WHO	COMPLETED CAUSE OF			4.4	1	10,	m.	/ /	ha		
20 J		MLAING. C	hAmpAl	OUX MD			ARLB	DRO PK,	MPL.	MARI	Lboreo,	IND	2077:	2
	W	31. OATE FILEO (Month, Day, W	5" 1994	32. REGISTRAR'S SI	MILLON-A	andell			,					



BALTIMORE, MARYLAND 21215-0020

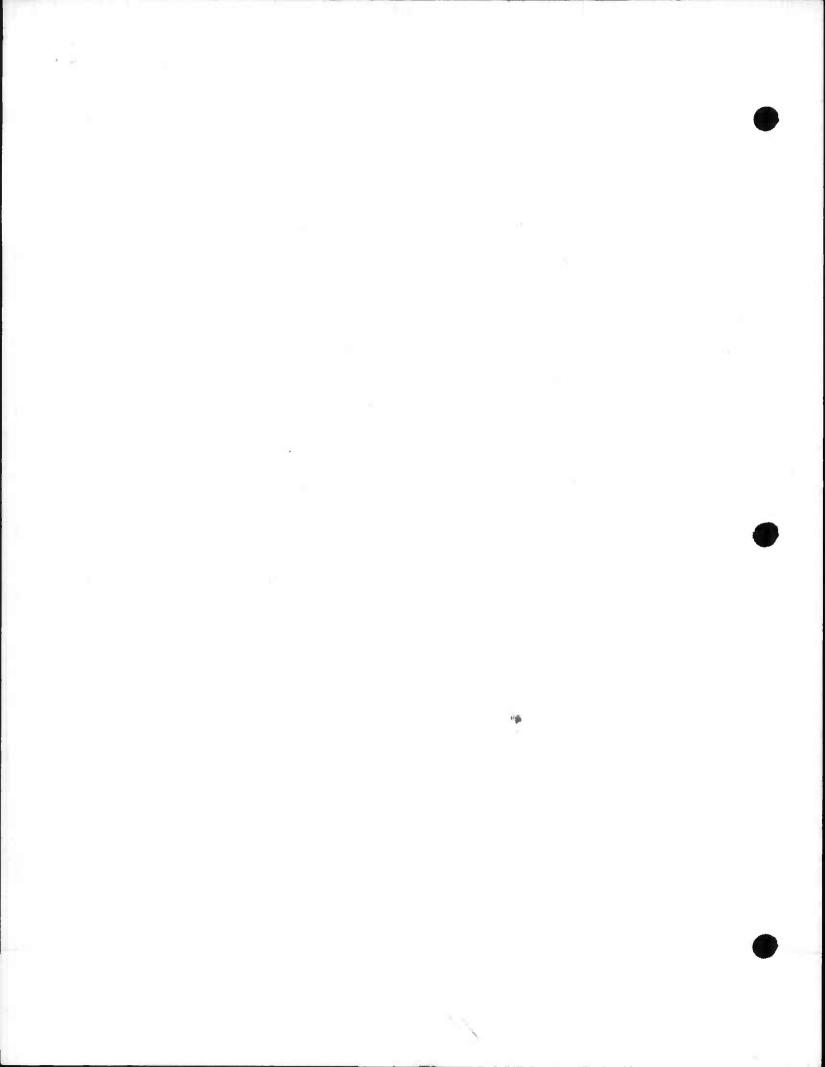
INPORTANT: It Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

The service of the state of the standing physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should want the fast and Mental Hygiene prior to burial, cremation, or removal. PHELIDAN: The law requires that the death certificate be executed with

TO THE HOSPITAL VE TO THE FUNERAL DIP TO filed within 72 home

OF VITAL RECORDS, P.O. BOX 68760

	REGISTRAR		CERTIF	CATE OF	DEATH	REG. NO	Ι,						
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH MONTH	AY	YEAR	3. TIME OF DEATH				
1		ERIC MILLER				NOVEMBER	07. I	1994	6:45PM M				
	4. SOCIAL SECURITY NUMBER		E (In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		8. BIRTI	HPLACE (State or Foreign				
	228-98-7432	1 🛭 M 2 🗌 F	33 YRS.	MONTHS DAYS	HOURS MIN.	Apr. 5, 1	961	Roam	noke, VA.				
	9a. FACILITY NAME (If not institution, give s	treet and number)		9b. CITY, TOWN	OR LOCATION OF DE			INTY OF D					
Œ	P. G. Hospital				erly								
K I	RESIDENCE OF DECEDENT			GIEV	El TÀ		1.1.7	Lince	Georges				
Ĕ.	10a. STATE 10b. COUNTY	1	10c. CITY	, TOWN OR LOC	TION		-		10d. INSIDE CITY				
DIRECTOR	MD. Princ	ce Georges	Ca	mp Spri	ngs		LIMITS?						
	10e. STREET AND NUMBER				I. ZIP CODE		10g. CIT	TIZEN OF	WHAT COUNTRY?				
FUNERAL	5114 Oakland Way				20746			JSA					
3	11. MARITAL STATUS	12. WAS DECEDENT EVER	IN U.S. ARMED	13. WAS DE		IIC ORIGIN? (Specify Ye			F _ American Indian				
	1 🔀 Never Married 2 🗌 Married	FORCES? 1 YES	2 XNO	If yes, s	pecify Cuban, Maxica	n, Puarto Rican, atc.)			E — American Indian, k, Whita, etc.				
BY	3 Widowed 4 Divorced	IF TES, GIVE WAR OR	DATES	1 4F	S 2 XNO Specify	r:		Spec	alack				
COMPLETED	15. DECEDENT'S EDU	CATION	18e. DECEDENT'S	USUAL OCCUPAT	ON	16b. KIND OF BU	SINESS/IN	DUSTRY					
E	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of w life. Do NOT us	ork done during n e retired.)	ost of working								
4	12th	0011080 (1-4 01 3 +)	Truck D	river		Griggs	Corr	٦.					
8	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Meiden							
	Stephen M. Miller	~				ey Barksda	,						
BE	19a. INFORMANT'S NAME (Type/Print)		19h MAILING	ADDRESS (Street		-		(- C-d-)					
2	Shirley B. Mille	ar.	5174"0	akland	Way 30-	Route Number, City or Tow 746	m, State, 21	p Cooe)					
- 1	20a, METHOD OF DISPOSITION 1 Buriel 2 Cremation 3 Rame	oval from State	ob. PLACE AND DATE Of metery, cremetory or other	her niecel		DATE 20c. LO							
- 1	4 Donation 5 Other (Specify)		asnington	Nation	al Cemety	/ 11/14 S	uitla	and,	MD.				
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Marshall's Funeral Home 4217 9th Street, N.W.												
	F. P. N Jan	hall				0.C. 2001	1						
	23. PART I. Enter the diseases, pr	omplications that caus	ed the death. Do n	ot enter the m	ode of dying, auci	h as cardiac or reap	retory ar	reat,	Approximate				
- 1	shock, or heart failure.	List only one cause on	each line.						interval Batween Onset and Dagth				
	disease or condition		SOL	cic					Onest and Death				
	resulting in death)	DUE TO (OR AS	A CONSEQUENCE OF	>/ >									
-	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of):												
ō	Sequentially list conditions, Due to (or as a consequence of):												
Ä	if any, lesding to immediate cause. Enter UNDERLYING	17	211000	Acuil	111110 -				İ				
윤	CAUSE (Disesse or Injury that initiated events	DUE TO (OR AS	A CONSEQUENCE OF): ()	· core	<u></u>							
E	resulting in death) LAST	myro!	in a to	ATIMA	AVI	um ju	100	Q in	, ,				
CERTIFICATION							Tec	Mari	4				
	PART II. Other aignificant condition	a contributing to death	but not resulting in	n the underlyin	g cause given in	Part I. 24a. WAS AN		24b	. WERE AUTOPSY FINDINGS				
EDICAL						1 YES 2			AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?				
ME									1 YES 2 NO				
	DID TOBACCO USE CONTE	RIBUTE TO CAUSE	OF DEATH YE	S [] NO [UNCERTAIN	v 🗆							
₹ I	25. WAS CASE REFERRED TO MEDICAL		26. PLACE OF DEAT			• • • • • • • • • • • • • • • • • • • •							
SIC	EXAMINER? 1 YES 2 NO	HOSPITAL:	testient 3 DOA	OTHER:	ne 5 🗆 Residence	8 C Other (Specific)							
PHYSICIAN:	27. MANNER OF DEATH	28a. DATE OF INJURY			URY AT	28d. DESCRIBE HOW I	NJURY OC	CURED					
	1 Netural 5 Pending	(Month, Day, Year)	INJU	IRY W	PRK? YES 2 NO								
BY	2 Accident Investigation 3 Suicide	28s. PLACE OF INJUI	IY — At home, ferm, st			281, LOCATION (Street	and Mountain	a a Provide	Down North				
	4 Homicide detarmined	building, atc. (Sp	ecify)	indut, includy, offi	-	City or Town, State)		r or munitir	noute Number,				
COMPLET	29a. CERTIFIER												
릴	(Check only	CIAN: To the best of my kno											
ő I	2 MEDICAL EXAMINE	R: On the basis of examinati	on and/or investigation	, in my opinion,	leath occured at the	time, data and placa, an	d due to ti	he cause(z	and manner as stated.				
	29b. SIGNATURE AND TITLE OF CERTIFIER			A	29c. LICENSE NUM	IBER	29d. DAT	E SIGNED	(Month, Day, Year)				
) BE	(Rifa K. Shu	u m)	attend	ice	D2	0251	•		5194-				
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF D	EATH (ITEM 27) (Type,	Print)									
	7350 Van Du	sen Ri	suit !	990	Laure	Que :	207	200					
)	31. DATE FILED (Month, Day, Year)		NATURE 70 1.0										
	1 - 100/	Sulia Day	MATURE Randal	~									
	NOV 1 5 1994	7000	•										



B.K.S. FOR 1 - STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	HEGISTHAH		CERTIF	CATE OF	DEATH	REG. I	VO.				
	1. DECEDENT'S NAME (First, Middle, Last)	Vivian	L. Ma	ine		2. DATE OF DEATH MONTH NOV.		YEAR	:15P		
	A CONTRACTOR OF THE PROPERTY O		(In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH			CE (State or Foreign		
		1 □ M 2 X F 82	YRS.	MONTHS DAYS	HOURS MIN.	(Morith, Day, Year 12/2/11		Conn.			
-	9a. FACILITY NAME (If not institution, give street			9b. CITY, TOWN	OR LOCATION OF DE	EATH		Y OF DEAT	4		
DIRECTOR	SOUTHERN MARYLAND	HOSPITAL CT	•	CLINTO	N		PRINC	E GEC	RGES		
in the	10e. STATE 10b. COUNTY		10c. CIT	, TOWN OR LOCA	ATION			100	I. INSIDE CITY		
5	Maryland Prince	George's	Ft.	Washin	gton		LIMITS				
	10e. STREET AND NUMBER	Joorge B	120.		of. ZIP CODE		10g. CITIZE		COUNTRY?		
LOIGENAL	1101 Broadview R	d .			20744		USA				
5	11. MARITAL STATUS	2. WAS DECEDENT EVER I		13. WAS DE	CENDENT OF HISPAN			I. RACE —	American Indian,		
-	1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1 YES			pecify Cuban, Maxica S 2 A NO Specify			Black, Wi	nita, etc.		
	A		Barrier - Contractor					White			
	15. DECEDENT'S EDUCA' (Specify only highest grade co	mpleted)	16a. DECEDENT'S (Give kind of v life. Do NOT us	rork done during m	ION lost of working	16b. KIND OF	BUSINESS/INDU:	STRY			
í	Elementary/Secondary (0-12)	College (1-4 or 5+)	Nurse	o romoday		Count	y Schoo	1 Svs	tem		
T E	17. FATHER'S NAME (First, Middle, Last)		-		18 MOTNER'S NA	ME (First, Middle, Maid		, -			
	Archibald Looby						Yackev				
0	19a. INFORMANT'S NAME (Type/Print)	·	19b. MAILING	ADDRESS (Street	and Number or Rurel I			ode)	-		
2	William L. Maine,	Jr.			ne Newing						
	20a, METNOD OF DISPOSITION 1 Burlel 2 Cremetion 3 Remove		PLACE AND DATE OF	F DISPOSITION /A			LOCATION — CI		State		
	4 Donation 5 Other (Specify)	st Berl	in, C	onn.							
	21. SIGNATURE OF PUMERAL SERVICE LICEN	ISEE // C	1	22. NAME A	e P. Kala	CLITY	- Нотя		·		
	Non fr.	Kalo (1			Oxon Hill			Ma 2	07/15		
	23 PART I. Enter the diseases, or cor	mplications that paysed	the death. Do n	ot enter the m	ode of dying, suc	h as cardiac or re	spiratory arres	t.	Approximate		
	shoot, or heart failure. Lie IMMEDIATE CAUSE (Final disease or condition resulting in death) a.	Multi DUE TO (OR AS		jurie	es				Interval Betw Onset and Do		
Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): If.											
	PART II. Other significant conditions	contributing to death b	ut not resulting i	n the underlyin	ng cause given in	Part I. 24s. WAS	AN AUTOPSY	24b, WE	NE AUTOPSY FINOIR		
EDICAL						PER	ORMED?	000	ILABLE PRIOR TO SPLETION OF CAUS		
MEL							1 11 110	or th	VES 2 NO		
	DID TOBACCO USE CONTRI	BUTE TO CAUSE O	F DEATH YE	S I NO	UNCERTAIN	v 🗆		1			
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL	*	26. PLACE OF DEAT		į.			1			
	.7557	OSPITAL:	atlent 3 DOA	OTHER: 4 Nursing Hor	me 5 🗆 Residence	6 Other (Specify)					
	27. MANNER OF DEATN	28a. DATE OF INJURY (Month, Day, Year)	28b. TIMI		JURY AT ORK?	28d, DESCRIBE NO	W INJURY OCCU	RED			
	t Natural 5 Pending 2 Accident Investigation	11-8-94	1:13	7ºM 1 [Driver	! Aul	r-(0	4318h		
	3 Suicide 6 Could not be	28e. PLACE OF INJURY building, atc. (Spec	— At home, farm, s	treet, fectory, offic	ce	28f. LOCATION (Stre City or Town, Str		Rural Route	Number,		
			Koudu	64		RT5/4	rode 1	Lane			
COMPLE		N: To the best of my know									
5	MEDICAL EXAMINER:	On the basis of examination	n and/or investigation	n, in my opinion,	death occured at the	time, date and place,	end due to the	cause(a) and	l manner aa state		
ברי ברי	29b. SIGNATURE AND TITLE OF CERTIFIED	11/1			29c. LICENSE NUM	IBER .	29d, DATE S	GIGNED (Mo	nth, Day, Year)		
	9	un			O.C.M.E	•	▶ NO.	V.9,	1994		
-	30. NAME AND ADDRESS OF PERSON WHO		ATN (ITEM 27) (Type,	Print)							
	David & Fow	Cer	111 Per	nn Stree	et, Balti	more, Man	ryland :	21201			
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN	ATURE .								

CIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

OH VITAL RECORDS, P.O. BOX 68760.

BALTIMORE, MARYLAND 21215-0020

TALLE RECORDS, F.O. BOX 88760, BALLIMOHE, MARTLAND 21215-0020	rSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	ils certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should with the State Date of Health and Marrial Havingae prior to burial commanding or removed.	e medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOA 86780,	HOSPIAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2	F FUNEPAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fig.	HTANT If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE REGISTRAR	STATE OF MARYL		TMENT OF		MENTA	L HYGIENE REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Less EDWARD	G. MOORE				2. DATE MONT	DF DEATH DAY	199	RA	11:30	ATN Δ M
	4. SOCIAL SECURITY NUMBER 215-05-7044	1 💢 M 2 🗌 F	(In yrs. last birthday) 88 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE (Morn 06)	OF BIRTH 17, Day, Year) 703/1906		SIRTNPL Country)	ACE (State or	Foreign
TOR	96. FACILITY NAME (If not institution, give ALICE BYRD TAWES RESIDENCE OF DECEDENT				PIELD	DEATN		COUNTY		TN	
DIRECTOR	10a. STATE 10b. CDUN Maryland	Y Somerset	10c. CIT	Y, TOWN DR LOCA	d			- 1	Od. INSIDE CI LIMITS?		
FUNERAL	100. STREET AND NUMBER 4 Potomac Street			1	21817		1	10g. CITIZEN OF WHAT COUNTRY? U.S.A.			
BY	11. MARITAL STATUS: 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR D	2 NO	If yes, s	CENDENT DF NISPA pecify Cuben, Mexic S 2 2 ND Spec	an, Puerto	N? (Specify Yes or Rican, atc.)	or No- 14. RACE — American Indian Black, White, etc. Specify: White			
COMPLETED	15. DECEDENT'S ED (Specify only highest grad Elementary/Secondary (0-12)	College (1-4 or 5+)	USUAL OCCUPAT work done during m re retired.)	ION ost of working	161	. KIND OF BUSIN		RY	-		
	Unknown 17. FATHER'S NAME (First, Middle, Last) William Lee Moon	Unknown	Emplo	yee			Cutle Middle, Maiden Sun Noore	mame)			
TO BE	19a. INFORMANT'S NAME (Type/Print) Sherri Pritchett				and Number or Rural	Route Num	iber, City or Town, S	State, Zip Coo			
	20a. METHOD OF DISPOSITION 1 N Burial 2 Cremation 3 Rei 4 Donation 5 Other (Specify)	movel from State 20t	p. PLACE AND DATE Constery, cremetory or or on an annuridae	OF DISPOSITION (A		OAT	E 20c. LOCA	D 21 TIDN — CHy risfie			
	Robert H. Br	SHOLAR	w.fr.	Brads	haw & So. Main S	ns Fu	meral H	iome	1	1817	
23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respectively. IMMEDIATE CAUSE (Final disease or condition resulting in death) 3. **Autopular List Caude Cause											mate Between and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	b	A CONSEDUENCE DE			-					
ERTIFI	CAUSE (Disease or injury that initiated events resulting in deeth) LAST	DUE TO (OR AS /	A CONSEDUENCE OF	7):							
PHYSICIAN: MEDICAL C	PART II. Other significant condition	ns contributing to death b	out not resulting I	n the underlyle	ng ceuse given in	Part I.	24a. WAS AN AU PERFORME 1 YES 2	D?	A) C)	VERE AUTOPSY WAILABLE PRIO OMPLETION DE F DEATH?	R TO CAUSE
CIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			LACE OF DEATH (C	heck only o	ne)				
PHYSI	1 YES 2 MO 27. MANNER OF DEATN 1 Netural 5 Pending	1 Inpatient 2 ER/Outs 28a. DATE OF INJURY (Month, Day, Year)	28b. TIM	E OF 28c. IN	JURY AT ORK?	_	or (Specify) SCRIBE NOW INJU	JRY OCCURE	D		
ED BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Nomicide determined	28e PLACE DE INJUEN	/ — At home, farm, a		YES 2 ND		CATION (Street and or Town, State)	Number or R	ural Rou	te Number,	
COMPLETED		SICIAN: To the best of my know							use(a) a	nd manner se	stated
BE	296. SIGNATURE AND TITLE OF CERTIFIE		Parl	111	29c. LICENSE NU					Jones, Day, Year	
2	James A. Sterl				Crisfie	1d, M	D 2181	7		1	
	31. DATE FILED (Month, Day, Year) NOV251994 yu	32. REGISTRAR'S SIGN	ATURE								

HOUSE THE COMPANY AND THE PROPERTY OF

	The standard Principle Principle In a requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	hed for use as the burial-transit permit. Pages 1, 2, 3 should		
	the ho	detacl		
	ned by	ould be		
3	be retai	le 5 sh		
1	5 may t	tor, pag		
	Page (al direc		
	death.	funer		
1	rs after	by the	remova	
	P Pon	filled it	on, or	
5	within .	pletely	cremati	
	ecuted	nd com	burial,	
	be ex	iclan a	rior to	
	rtificate	syrlig br	giene p	
	eath ce	attendir	Tal Hy	
)	it the d	by the	nd Mei	
)	res tha	igned	ealth a	
	v requi	been s	f. of H	
	The law	te has	ate Dep	-
	DAN	ertifica	Str.	
	PHYS	100	fig.	*
	SMDMG	A After	T OSSE	
-	A ATTA	RECTU	野田	4
i	R		3	11 11
٨	養	奶	鬯	٩

		FOR STATE REGISTRAR	STATE OF I	MARYL		DEPAR RTIFI					MENTA	AL HYGIENI REG. NO.	E		00.0
			RINE TA								2. DAT MOH NOV	E OF DEATH TH DA		YEAR 194	3. TIME OF DEATH 9:00 P
		4. SOCIAL SECURITY NUMBER 214-30-9036 98. FACILITY NAME (If not institution, give str	5. SEX 1 M 2 F	8. AGE ('In yrs. lest	YRS.	MONTHS	DAYS	HOURS		(Mon	e of Birth 1th, Day, Year) -16-32	Ballina	PÖC	MOKE, MD.
DIRECTOR		Salisbury Nursing		Cent	er			isbu		Md.		801		omic	
	- 16	MD. STREET AND NUMBER	CESTER				COM								10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL		#6 GRACE STREET	12. WAS DECEDEN	T EVED II	UII C ADM	IED	1 40			1851		IN? (Specify Yes		USA	VHAT COUNTRY?
₽		1 Never Merried 2 Merried 3 Widowed 4 Ovorced		If yes, sp	ecify Cub		n, Puerto	Rican, etc.)	or No	14. RACE Black Speci	E — American Indian, c, White, etc.				
OMPLETED		15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12) 9th	ATION completed) College (1-4 or 5	+)	(Giv	EDENT'S to kind of w Do NOT use LAB	ork done retired.)	during mo		king	1	ETIRED			RE POULTRY)
711		17. FATHER'S NAME (First, Middle, Last) SHELTON	TAYL	OR							Al	Middle, Meiden : LICE FR	RANCE		RRILL
be notified TO BE		190. INFORMANT'S NAME (Type/Print) BRENDAL L. JONES	6		19b.	MAILING 1504	DUK	S (Street e	nd Numbe RIVE	or or Rural F SAL	ÎŜB	URY, " MC	Stere Z	18 01	
er must		20e. METHOD OF DISPOSITION 1			PLACE AI		Reh	CEM.			11-1	9 POC	COMOR	(E, M	D.
ai examin		Loretta &	S. Jal	lee	4		SA	LISE	BURY	, MD.	21	801			SEY ROAD
ent, the medica		23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory arrest, shock, or heart failure. Liet only one cause of mach line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Due TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):													
ry, or other traumatic event, the medical examiner must CERTIFICATION	- 11	disease or condition resulting in deeth) Due to (OR AS A CONSEQUENCE OF): Sequentially list conditions, if any, leading to immediate couse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST Due to (OR AS A CONSEQUENCE OF): Cerebra Washing Accessed. A Sabburg Due to (OR AS A CONSEQUENCE OF): Curebra Washing Couperation of the co													
23 shows any injury, AN: MEDICAL CE		PART II. Other algorificent conditions	contributing to	deeth b	ut not re	eulting i	n the u	nderlying	ceuse	given in	Part I.	24s. WAS AH / PERFORI 1 TYES 2	MED?	24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
or item 23 st			HOSPITAL:		28. PLACE	OF DEAT	H (Check	only one)		CERTAIN					
marked, or BY PHY		27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	1 Inpstient 2 Inpstient 2 Ge. DATE OF (Month, D	INJURY	stiem 3 L	26b. TIME	OF	28c. INJ WO				er (Specify) ESCRIBE HOW IN	JURY OC	CURED	
# 0		3 Suicide 6 Could not be 4 Homicide determined	26e. PLACE O building,	etc. (Spec	— At hom	ie, farm, s	treet, fec	tory, office	,			CATION (Street at y or Town, State)	nd Numbe	r or Rural R	loute Number,
IMPORTANT I I I I I I I I I I I I I I I I I I I		29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC 2 MEDICAL EXAMINER) end menner ee stated.
TO BE		29b. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHO	M	2					-	398				/	(Month, Day, Year)

1104 HEALTHWAY DR. SALISBURY, Md.

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Jalia Daviden Rardall

MATKINS

31. DATE FILED (Month, Day, Year)

of your of work of

.

.

- - -

hours after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020

THE DRAW TEXANIC PARTICIAN: The law requires that the death certificate be executed within DIVISION OF VITAL RECORDS, P.O. BOX 68760,

1		•		TAT	TE IS1	R	Al
þ	1.	Di	ECE	DE	NT	8	N

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

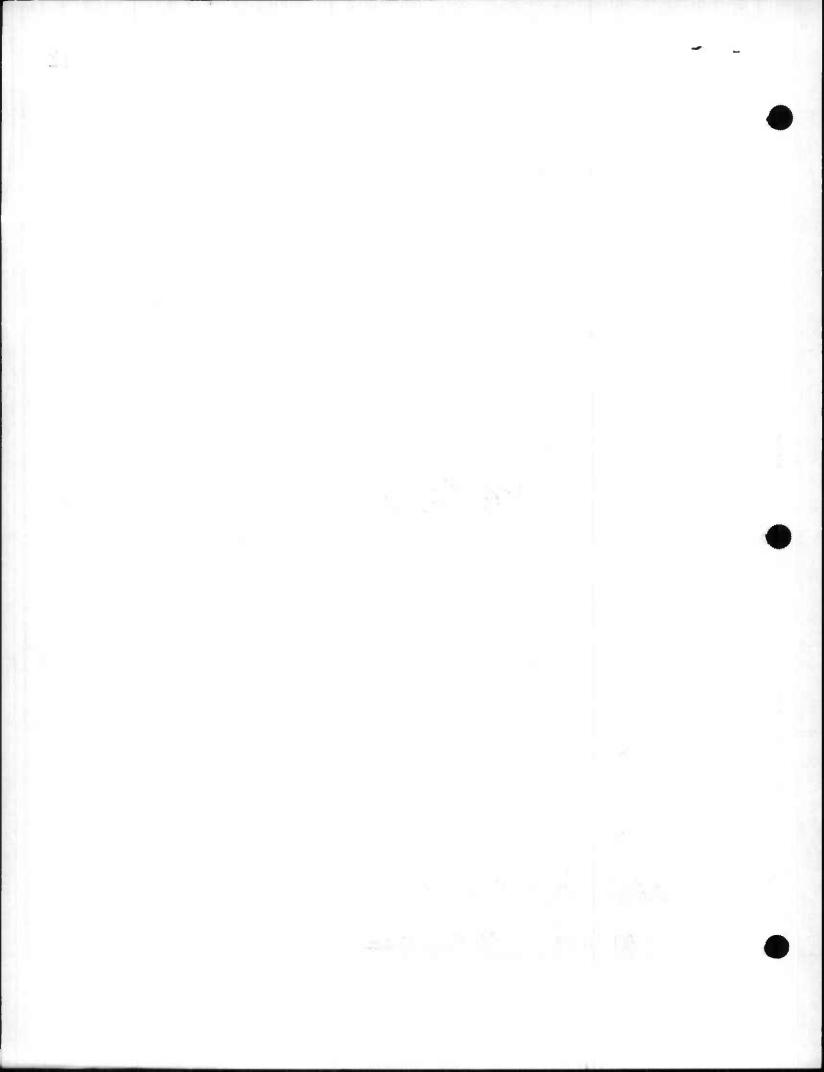
	1. DECEDENT'S NAME (Fin	st, Middle, Last)				1 0		2. DATE OF DEATH		3. TIME OF DEATH			
	JOHN ROBERT					N)	UIR	MONTH DAY 94 193					
	4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. In					IF UNDER 1 YEA		7. DATE OF BIRTH	IRTH 8. BIRTHPLACE (State				
	218-16-6	570	1 🔯 M 2 🗆 F	68	YRS.	MONTHS DAY	B HOURS MIN.	1-5-192	26	MARYLAND			
	9a. FACILITY NAME (If not	institution, give s	treet and number)			9b. CITY, TOW	N OR LOCATION OF	DEATH	9c. COUNT	Y OF DEATH			
CTOR	PENINSIILA	REGION	AL MEDIC	AL CEN	TER	SAI	LISBURY	2511	WIC	OMICO			
딦	PENINSULA REGIONAL MEDICAL CENTEL RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY					10c. CITY, TOWN OR LOCATION 10d. INSI							
ERAL DIRE	MD.	Cit Cit Cit Cit Cit Cit Cit Cit Cit Cit											
	10e. STREET AND NUMBE	10f. ZIP CODE				10g. CITIZE	1 X YES 2 NO						
	204 TRUITT ST.						21801		U	.S.A.			
FUN	11. MARITAL STATUS	ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? NO If yes, specify Cuben, Maxican, Puerto Ric					4. RACE — American Indian, Black, White, atc.						
BY F	1 Never Married 2 3 Widowed 4 Dis			ES 2 NO Spe		Specify: WHITE							
8	15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working) 16b. KIND OF BUSINESS/INDUSTRY									STRY			
4	Elementary/Secondary		College (1-4 or 5	+}	life. Do NOT us	vork done during e retired.)	most or working						
COMPL	10				SALES	SMAN		BAK	ERY	ALC: U			
00		17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NAME (First, Middle, Meiden Surname)							
BE	OMAR							NIE HEATH					
2	19a. INFORMANT'S NAME DORIS N				19b. MAILING			A Route Number, City or Tox					
	204 METHOD OF DISPOS	TION		00h PI 1		FDISPOSITION		SALISBURY	-	Z 1 8 U 1 ty or Town, Stata			
	1 Burlai 2 Cremat	lon 3 🗆 Rem	oval from State	cemetery.	crematory or or	ther place)							
	21. SIGNATURE OF FUNER		ominant of	MIC	OMICO		PARK AND ADDRESS OF	11-15 5	ALITS	BURI MU.			
CERTIFICATION	shock, or heart fallure. Clet only one cause on each line IMMEDIATE CAUSE (Fine) disease or condition resulting in death) DUE TO (OR AS A COMME									Interval Betwoonset and D			
	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):												
_	PART II. Other signific	cant condition	as contributing to	death but n	ot resulting	in the underly	ving cause given	in Part I. 24e, WAS AF	ASITTOPEV	24b. WERE AUTOPSY FINDS			
EDICAL	PART II. Other significant conditions contributing to deeth but not re					iii tile ulluell	ring couse given	PERFO	RMED?	AVAILABLE PRIOR TO COMPLETION OF CAU			
ED	timestersin							1 TYES	2 NO	OF DEATH?			
× :	1 YES 2 NO												
PHYSICIAN:	25. WAS CASE REFERREO TO MEDICAL 28. PLACE OF DEATH (Check only one)												
Sic	EXAMINER? 1 YES 2 NO HOSPITAL: 1 Inpetient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify)												
¥	27. MANNER-OF DEATH 28s. DATE OF INJURY 28b. TIME OF 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED												
ВУР	1 Netural 5 Pending (Month, Day, Year) INJURY WORK? 1 YES 2 NO												
	2 Accident					M 1	YES 2 NO						
		Investigation Could not be	28a. PLACE C building,	OF INJURY — A	t home, term,			261. LOCATION (Street City or Town, State	and Number o	r Rural Route Number,			
	a Deviates -	Investigation	28a. PLACE (building,	OF INJURY — A , etc. (Specify)	t home, term,			261. LOCATION (Street City or Town, State	and Number o	r Rural Route Number,			
PLE	3 Suicide 4 Homicide 29e. CERTIFIER (Check pnly	Could not be determined	building,	, etc. (Specify)		street, factory, o	ffica	26t, LOCATION (Street City or Town, State	,				
OMPLE	3 Suicide 4 Homicide 29e. CERTIFIER 1 CERTIFIER	Could not be determined	building,	, etc. (Specify) I my knowledge	, death occum	street, factory, o	iffica late and place, and d	City or Town, State	nner aa stated				
BE COMPLETED	3 Suicide 4 Homicide 29e. CERTIFIER (Check only one) 2 ME	Could not be determined	ICIAN: To the best of e	, etc. (Specify) I my knowledge	, death occum	street, factory, o	date and place, and din, death occured at the	City or Town, State us to the cause(s) end ms he time, data and place, a	nner as states	1.			
	3 Suicide 4 Homicide 29e. CERTIFIER (Check only one) 2 ME	investigation Could not be determined RTIFYING PHYS DICAL EXAMINE	ICIAN: To the best of	f my knowledge examination and	desth occurry	street, factory, c	date and place, and din, death occured at the	City or Yown, State us to the cause(s) end me he time, data and place, a UMBER	nner as stated and due to the	d. cause(a) and manner as state			
BE	3 Suleide 4 Homickie 29e. CERTIFIER (Check only one) 2 ME 29b. SIGNATURE AND TILL	Investigation Could not be determined RTIFYING PHYS EDICAL EXAMINE E OF CERTIFIE OF PERSON WITH	building, ICIAN: To the best of ER: On the besis of e	f my knowledge examination and	death occurry for investigation of the second of the secon	street, factory, c	date and place, and din, death occured at t	City or Town, State us to the cause(s) end ms he time, data and place, a UMBER	nner as stated and due to the	d. cause(a) and manner as state			
BE	3 Sulcide 4 Homicide 29e. CERTIFIER (Check only one) 2 ME 29b. SIGNATURE AND TITLE 30. NAME AND ADDRESS 31. DATE FILED (Month, De	Investigation Could not be determined RTIFYING PHYS EDICAL EXAMINE E OF CERTIFIE OF PERSON WITH	building, ICIAN: To the best of ear. On the besis of ear. OCOMPLETED CAU	otc. (Specify) If my knowledge examination and SE OF DEATH (death occurry for investigation of the second of the secon	street, factory, c	date and place, and din, death occured at t	City or Town, State us to the cause(s) end ms he time, data and place, a UMBER	nner as stated and due to the	d. cause(a) and manner as state			

I do to the

		A H		A STATE OF THE STA
				0.5145.0536
	. 9 45			
				A STATE OF THE PARTY OF THE PAR
100 112			DELLE TO THE	
The state of the s				
			+	
			•	
			N.A.	

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	1 - STATE REGISTRAR	STATE OF MARYL				IEALTH AND	MENTA	AL HYGIEN			
70	1. DECEDENT'S NAME (First, Middle, Last Helen Moores Los					2. DAT	2. DATE OF DEATH 3. TH			3. TIME OF DEATH	
September 1	4. SOCIAL SECURITY NUMBER 119-03-7284	(In yrs. lest bir 77	YRS. MONT	NDER I YEAR HS DAYS	YEAR IF UNDER 24 HRS. DAYS HOURS MIN. ADICAL 20, 1917				8. BIRTNPLACE (State or Foreign Country) New York		
2	90. FACILITY NAME (If not institution, give Heron Point RESIDENCE OF DECEDENT	9b.		tertown	eath 8c. county of death Kent				EATN		
חטוספחוט	10e. STATE 10b. COUN	nt ent	1		on Local			10d. INSIDE CITY LIMITS? 1 \(\text{YES} 2 \text{N} \)			
LONGHAL	Heron Point - 50			10	21620	10g. CITIZEN OF WHAT COUNTRY? United States					
0	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR D	2 XNO		If yes, sp	ENDENT OF NISPA ecity Cuben, Mexic 2X NO Speci	en, Puerto	C ORIGIN? (Specify Yee or No— 14. RACE — American Indien, Black, White, stc. Specify: White			
771 27	15. DECEDENT'S ED (Specify only highest grad Elementary/Secondary (0-12)	(Give I	kind of work d NOT use retin	nd of work done during most of working IOT use retired.)					D OF BUSINESS/INDUSTRY		
E COM	17. FATNER'S NAME (First, Middle, Leet) Conrad D. LosKan	Homen	laker			AME (First,	Domestic (First, Middle, Meiden Surneme) deline Knapp				
2	196. INFORMANT'S NAME (Type/Print) 196. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) Susan Mead Vincent 196. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) New London Road - Mystic Connecticut 06355										
	20e, METNOD OF DISPOSITION OATE 20c. Location - City or Town, State 20c. location - City or Town, Stat										
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Fellows Funeral Homes, P.A. 413 West High Street, Chestertown, Maryland 21620										
	23. PART I. Enter the diseases, or complications that caused the defin. Do not enter the mode of dying, such as cardiac or respiratory arrest, ehock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):										
	PART II. Other algnificent condition	ilting in the	underiyin	g cause given in	Part I.	PERFORMED? 1 YES 2 NO COMPLETION OF COMPLET			WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATN? 1 YES 2 NO		
	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 Inpetient 2 ER/Outpatient 3 DOA A Voursing Home 5 Reeldence 8 Other (Specify)										
	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	Bb. TIME OF INJURY	1 1 🗆	RK? /ES 2 NO	28d. DE	DESCRIBE HOW INJURY OCCURED					
	3 Suicide 6 Could not be 4 Homicide determined	farm, street,	factory, offic		281. L.O. C/h	281. LOCATION (Street and Number or Rural Route Number, City or Yown, State)					
	29e. CERTIFIER (Check only one) 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the ceuse(e) end manner as stated, one) 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the ceuse(e) end manner as stated.										
	29b. SIGNATURE AND TITLE OF CERTIFIE 30. NAME AND ADDRESS OF PERSON W	M. V)) (Type, Print)		29c. LICENSE NU		(
	31, DATE FILED (Morrith, Day, Year)	32. REGISTBAR'S SIGN	ATURE			- · · · · · · · · · · · · · · · · · · ·	-				



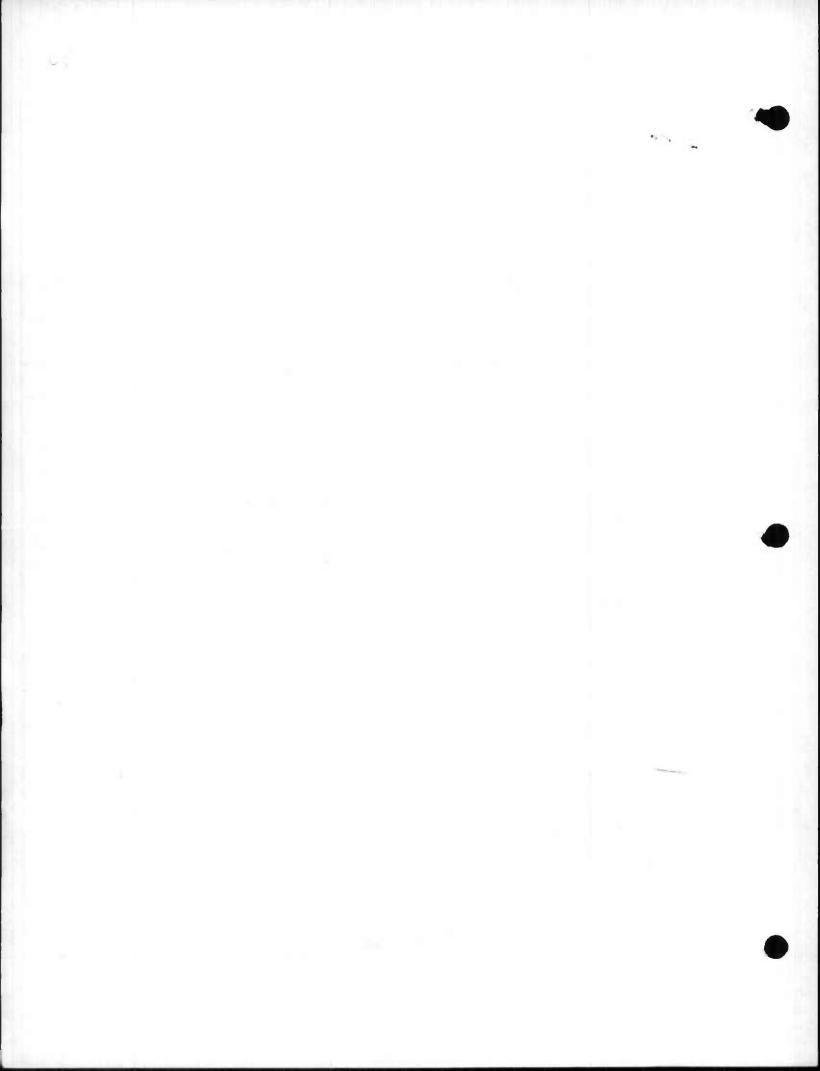
INSULANT: The law requires that the death centricate be executed within "Shours after death, Page 5 may be infanted by the hospital or attending physician. It is certificate has been signed by the attending physician completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should the detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit of the pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit of the pages 1, 2, 3 should be detached for use as the burial-transit permit of the pages 1, 2, 3 should be detached for use 2, 3 should be detached for use 3, 3 should be detached for use 3, 3 should be detached for use 3, 3 should be detached for use 3, 3 should be detached for use 3, 3 should be detached for use 3, 3 should be detached for use 3, 3 should be detached for use 3, 3 should be detached for use 3, 3 should be detached for use 3, 3 should be detached for use 3, 3 should be detached for use 3, 3 should be detached for use 3, 3 should be detached for use 3, 3 should be detached for use 3, 3 should be detached for use 3, 3 should
--

31. DATE FILEO (Month, Day, Year)
OCT 27

94

	ITEMS: 27,28a-f, PEF	NEO FILM	G-726 8	/24/95 t	.t				9	l,	35843
	FOR 1 - STATE REGISTRAR	STATE OF I	MARYLAN			F HEALTH AND	MENTA	L HYGIEN		•	
	1. DECEDENT'S NAME (First, Middle, Last) George Myers				IOAIL	JI DEATH	2. DATE	of DEATH		994	3. TIME OF DEATH 10:00 a. M
	4. SOCIAL SECURITY NUMBER 220-32-0508	5. SEX 1 XM 2 F	6. AGE (In yr. 85	s. lest birthdey) YRS.	IF UNDER 1 Y	EAR IF UNDER 24 HRS. AYB HOURS MIN.	7. DATE	of BIRTH		8. BIRT	HPLACE (State or Foreign
2	99. FACILITY NAME (If not institution, give s Magnolia Hall Nui RESIDENCE OF DECEDENT		ie		9b. CITY, TOWN OR LOCATION OF DEATH Chestertown						
- Common	10e. STATE 10b. COUNT Maryland Kent				r, town or location ck Hall					10d. INSIDE CITY LIMITS? 1 X YES 2 NO	
CINEDAL	106. STREET AND NUMBER 21029 Haven Road					101. ZIP CODE 21,661			10g. CITIZEN OF WHAT COUNTRY? United States		
	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES			If yo	DECENDENT OF HISPA e, specify Cuben, Mexic YES 2 NO Spec	can, Puerto	N? (Specify Yes Rican, etc.)	or No-	14. RAC Blac Spec		
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +) 16e. DECEDENT'S (Give kind of life. Do NOT to			(Give kind of a life. Do NOT us	work done duri se retired.)	PATION ng most of working	168	. KIND OF BUS			White
	10 Merchant Meat Market 17. FATHER'S NAME (First, Middle, Last) August Myers Josie Ann Ostendarp										
2 2	19a. INFORMANT'S NAME (Type/Print) Emil Myers					reet and Number or Rura 44, Rock H	I Route Num	ber, City or Tow	n, State, Z	(p Code)	561
20s. METHOD OF DISPOSITION 1 Display 1 Commetted 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of competery, gremetery, gremetery, gremetery as other place) Wesley Cemetery 10/25/94 Rock Hall											
	21. SIGNATURE OF FUNERAL SERVICE LIE **STATES** **STATES** **Description** **Descriptio	Fello	us		Fe1:	lows-Wells High Stre	Fune	nesteri	rown	Mary	zland 21620
	23. PART I. Enter the diseases, or shock, or heert failure. IMMEDIATE CAUSE (Finel disease or condition resulting in death)	a. CONG	ESTI	line.	EAR	mode of dying, su	ich as can	diec or respi	ratory s	rrest,	Approximate intervel Between Onset and Death
	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. DUE TO (OR AS A CONSEQUENCE OF): CAUSE (Disease or injury hat initiated events DUE TO (OR AS A CONSEQUENCE OF):									
	PART II. Other significent condition RECENT HIP ALZHELMERS	FRACT	deeth but n	ot resulting	In the under	rlying ceuse given i	n Part I.	24a. WAS AN PERFOR 1 TYES 2	IMED?	248	. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?
	25. WAS CASE REFERRED TO MEDICAL	TYPE	DEM	ENTI		26. PLACE OF DEATH (C	Check only or	20)			1 TYES 2 DING
	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	HOSPITAL: 1 Inpatient 2 28a. OATE OF	INJURY	28b. TIM	OTHER: 4 Nursing E OF 28	Home 5 Residence	s □ Othe	or (Specify)	NJURY OC	CUREO	
	Accident 3 Suicide S Could not be	(Month, B OCT. 7	,1994	At home, term, s		WORK? YES 2 NO office	28d. OESCRIBE HOW INJURY OCCURED FELL GETTING INTO BED 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)				
	4 Homicide determined 29a. CERTIFIER (Check only one)	CIAN: To the bast of	my knowledge		ed et the time,		MAGNO	LIA N.H	nor an ats	ited.	TOWN, MD.
	2 MEDICAL EXAMINE 29b. SIGNATURE AND TITLE OF CERTIFIE			d/or investigatio	n, in my opini	on, death occured at the		end placa, an	29d. OA	TE SIGNED	(Month, Day, Year)
	30. NAME AND AODRESS OF PERSON WH		- 1	(ITEM 27) (Type,	Print)	1			ι	J 2	

32. REGISTRAN'S SIGNATURE
Julia Davidson-Randall



BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

DIVISION OF VITAL DECCIDED, TOO TO THE CONTROL OF T MPORTANT: If them 28 is marked, or flem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

5

29a. CERTIFIER (Check only one)

31. DATE FILED (Month, Dey, Year) 2 2 94

TO BE COMPLETED BY FUNERAL DIRECTOR

													35844
1 - STATE		STATE OF N	IARYL						MENT				
REGISTRAR 1. DECEDENT'S NAME (First,	Aliririn Last)			CENT	IFIC	AIE	OF DEA	TH	1 . 04	REG. NO).		
•									MO		MAY .	YEAR	3. TIME OF DEATH
Henry Phi 4. SOCIAL SECURITY NUMBER	DER PART	01S 5. SEX	6. AGE	(In yrs. last birtho	day) IF	UNDER 1 YE	AR IF UNDE	R 24 MRS.	7 DA	TE OF BIRTH	9	94	HPLACE (State or Foreign
061-14-6406		1 M 2 □ F	86		MO	NTHS DA		MIN.	Jun	e 11, 19	08	Count	
9e. FACILITY NAME (If not in					- 1	. CITY, TO	WN OR LOCAT	ION OF D			_	UNTY OF	DEATH
The Kent & (Jueen /	Annes Hos	pita	al Inc.		Ches	sterto	wn	_		Ke	nt	
10e. STATE	10b. COUNTY	,		10c.	CITY, TO	OWN OR LO	CATION						10d. INSIDE CITY _LIMITS?
Maryland	Ke	nt				Ches	terto	wn _					1 XYES 2 NO
10e. STREET AND NUMBER							10f. ZIP COI						WHAT COUNTRY?
501 Campus 1	Avenue		7 77 70 1				2162						States
11. MARITAL STATUS 1 Never Merried 2	Merried	12. WAS DECEDENT FORCES? 1	YES	2 X NO		If yes	, specify Cub	en, Mexico	en, Puer	GIN? (Specify Ye to Ricen, etc.)	e or No-		E — American Indian, ck, White, etc.
3 Widowed 4 Divo		IF YES, GIVE W	AR OR DA	ATES		10	YES 2 X NO	Specia	ty:			Spec	ite
15. DEC	EDENT'S EDUC y highest grade	CATION		18e. DECEDE						16b. KINO OF BU	SINESS/IN		II.LE
Elementary/Secondary (0		College (1-4 or 5 +)	life. Do No	OT use re	etired.)	most of work	ing					
12		5 +		Write	r /	Edit	or			Radio 8	& Tel	levis	sion
17. FATHER'S NAME (First, M.	liddle, Last)									st, Middle, Melden	Sumame)		
Abram Mimis								oel I					
19e. INFORMANT'S NAME (7)				19b. MAII	LING AD	DRESS (Str	eet and Numbe	er or Rural	Route N	umber, City or Tox	vn, State, Z	(ip Code)	Maryland 21620
Dorothea H.				501 C	empus	s Aven	ue, Apa	rtnen	it 30	8 Heron 1	Point.	Ches	stertown,
20e. METHOD OF DISPOSITI	ION on 3 - Remo	ovel from State	20e. METHOD QF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State										
4 Donation 5 Other	4 Donation 5 Other (Specify) Transfer State (S								1				· ·
21. SIGNATURE OF FURNISH	21. SIGNATURE OF PURETAL SERVICE LICENSET						Novemb		, 19	94 Dove	r, Del		· ·
d a .	SERVICE		Se.	netery, crematory	or other	place) tory -	Novemb		, 19	94 Dove	r, Del		· ·
William	L. Ki	ng Jr.	L	api ten C	or other remat	tory – Fell 413 W	November Nov	inera h Str	19 al H	94 Dove Homes, I	r, Del P.A. town,	Laware Maryl	
23. PART I. Entar tha di	L. Ki	ng Jr.	Calsed	d tha death.	or other remat	tory – Fell 413 W	November Nov	inera h Str	19 al H	94 Dove Homes, I	r, Del P.A. town,	Laware Maryl	and 21620
23. PART I. Enter the di shock, or he	L. Kit	ng Jr.	Calsed	d tha death.	or other remat	tory – Fell 413 W	November Nov	inera h Str	19 al H	94 Dove Homes, I	r, Del P.A. town,	Laware Maryl	and 21.620
23. PART I. Entar tha di shock, or hi IMMEDIATE CAUSE (Fin disease or condition	L. Kit iseases, or ca aert fallura. L	ng Jr	t cal/sed	d tha death. I	or other remat	place) COTY - 22 NAM Fell 413 W anter the	November AND ADDRIVED TO WS Furnished ADDRIVED TO MAKE THE ADDRIVED THE ADDRIVE	ess of Fr inera h Str ying, suc	eet,	94 Dove Homes, Chester ardiac or resp	r, Del P.A. town,	Laware Maryl	and 21620 Approximate intervel Between
23. PART I. Enter the di shock, or hi IMMEDIATE CAUSE (Fin	L. Kit iseases, or ca aert fallura. L	ng Jr.	t cal/sed	d tha death. I	or other remat	place) COTY - 22 NAM Fell 413 W anter the	November AND ADDRIVED TO WS Furnished ADDRIVED TO MAKE THE ADDRIVED THE ADDRIVE	ess of Fr inera h Str ying, suc	eet,	94 Dove Homes, Chester ardiac or resp	r, Del P.A. town,	Laware Maryl	and 21620 Approximate intervel Between
23. PART I. Enter the di shock, or hi IMMEDIATE CAUSE (Fin disease or condition resulting in death)	L. Kiniseases, or caert fallura. I	ng Jr	t cal/sed	d tha death. I	or other remat	place) COTY - 22 NAM Fell 413 W anter the	November AND ADDRIVED TO WS Furnished ADDRIVED TO MAKE THE ADDRIVED THE ADDRIVE	ess of Fr inera h Str ying, suc	eet,	94 Dove Homes, I	r, Del P.A. town,	Laware Maryl	and 21620 Approximate intervel Between
23. PART I. Enter the di shock, or he IMMEDIATE CAUSE (Fin disease or condition resulting in death) Sequentially list conditi if any, leading to immed	L. Kiriseases, or coaert fallura. I	ng Jr. complications that List only one cause a. Cleute DUE TO (t calcoda a on a	d tha death. I	Do not	place) COTY - 22 NAM Fell 413 W anter the	November AND ADDRIVED TO WS Furnished ADDRIVED TO MAKE THE ADDRIVED THE ADDRIVE	ess of Fr inera h Str ying, suc	eet,	94 Dove Homes, Chester ardiac or resp	r, Del P.A. town,	Laware Maryl	and 21620 Approximate intervel Between
23. PART I. Enter the di shock, or he IMMEDIATE CAUSE (Fin disease or condition resulting in death) Sequentially list conditi if any, leading to immedicause. Enter UNDERLYI CAUSE (Disease or inju	L. Kir. iseases, or coaert fallura. It	ng Jr. complications that List only one cause a. Clubb DUE TO (t calsed as on as	d tha death. I hach lina. A CONSEQUENCE	Do not De OF:	place) COTY - 22 NAM Fell 413 W anter the	November AND ADDRIVED TO WS Furnished ADDRIVED TO MAKE THE ADDRIVED THE ADDRIVE	ess of Fr inera h Str ying, suc	eet,	94 Dove Homes, Chester ardiac or resp	r, Del P.A. town,	Laware Maryl	and 21620 Approximate intervel Between
23. PART I. Enter the di shock, or hi IMMEDIATE CAUSE (Fin disease or condition resulting in death) Sequentially list conditi If any, leading to immediates. Enter UNDERLY!	L. Kiriseases, or coaert fallura. It is is is is is is is is is is is is is	ng Jr. complications that List only one cause a. Clubb DUE TO (t calsed as on as	d tha death. I ach lina.	Do not De OF:	place) COTY - 22 NAM Fell 413 W anter the	November AND ADDRIVED TO WS Furnished ADDRIVED TO MAKE THE ADDRIVED THE ADDRIVE	ess of Fr inera h Str ying, suc	eet,	94 Dove Homes, Chester ardiac or resp	r, Del P.A. town,	Laware Maryl	and 21620 Approximate intervel Between
23. PART I. Enter the dishock, or he IMMEDIATE CAUSE (Fin disease or condition resulting in death) Sequentially list conditi if any, leading to immediate. Enter UNDERLYI CAUSE (Disease or injuithat initiated eventa	L. Kiriseases, or coaert fallura. It is is is is is is is is is is is is is	ng Jr. complications that List only one cause a. Clubb DUE TO (t calsed as on as	d tha death. I hach lina. A CONSEQUENCE	Do not De OF:	place) COTY - 22 NAM Fell 413 W anter the	November AND ADDRIVED TO WS Furnished ADDRIVED TO MAKE THE ADDRIVED THE ADDRIVE	ess of Fr inera h Str ying, suc	eet,	94 Dove Homes, Chester ardiac or resp	r, Del P.A. town,	Laware Maryl	and 21620 Approximate intervel Between
23. PART I. Enter the dishock, or he IMMEDIATE CAUSE (Fin disease or condition resulting in death) Sequentially list conditi if any, leading to immediate. Enter UNDERLYI CAUSE (Disease or injuithat initiated eventa	L. Kiriseases, or coaert failura. It	ng Jr. complications that List only one cause a. Cleute DUE TO (OUE TO (DUE TO (d.	t calsed as on as (OR AS A	d the death. I heach line. A CONSEQUENCE A CONSEQUENCE	Do not :	place) COTY - 22. NAM Fe.I.I 413 W antar tha	November And Address High mode of de	ess of Fariner's h Strying, such	et, 19	94 Doverson	P.A. town,	Maryl Maryl	Approximata intervsi Between Onset and Daath
23. PART I. Enter the dishock, or he immediate CAUSE (Fin disease or condition resulting in death) Sequentially list condition in the cause. Enter UNDERLY CAUSE (Disease or injuit that initiated eventa resulting in death) LAS:	L. Kiriseases, or coaert failura. It	ng Jr. complications that List only one cause a. Cleute DUE TO (OUE TO (DUE TO (d.	t calsed as on as (OR AS A	d the death. I heach line. A CONSEQUENCE A CONSEQUENCE	Do not :	place) COTY - 22. NAM Fe.I.I 413 W antar tha	November And Address High mode of de	ess of Fariner's h Strying, such	et, 19	94 Dovers Iomes, Chester ardiac or resp Thus 24a. WAS AM PERFOR	P.A. town, lratory a	Maryl Maryl	and 21620 Approximata interval Between Onset and Death
23. PART I. Enter the dishock, or he immediate CAUSE (Fin disease or condition resulting in death) Sequentially list condition in the cause. Enter UNDERLY CAUSE (Disease or injuit that initiated eventa resulting in death) LAS:	L. Kiriseases, or coaert failura. It	ng Jr. complications that List only one cause a. Cleute DUE TO (OUE TO (DUE TO (d.	t calsed as on as (OR AS A	d the death. I heach line. A CONSEQUENCE A CONSEQUENCE	Do not :	place) COTY - 22. NAM Fe.I.I 413 W antar tha	November And Address High mode of de	ess of Fariner's h Strying, such	et, 19	94 Doverson	P.A. town, lratory a	Maryl Maryl	Approximate interval Between Onset and Death 5 NAYS WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
23. PART I. Enter the dishock, or he immediate CAUSE (Fin disease or condition resulting in death) Sequentially list condition in the cause. Enter UNDERLY CAUSE (Disease or injuit that initiated eventa resulting in death) LAS:	I. Kiniseases, or caert failura. It is a lone, dilate ling iry	ng Jr. complications that List only one cause a. Cleute DUE TO (OUE TO (DUE TO (d. s contributing to ((OR AS A	d the death. It is a consequence of the consequence	Oo not Do	place) 22. NAM Fe 1.1 413 W antar tha	November And Address High mode of destruction with the second sec	ess of Fariner's h Strying, such	Part i.	94 Dovers Iomes, Chester ardiac or resp Thus 24a. WAS AM PERFOR	P.A. town, lratory a	Maryl Maryl	Approximata interval Between Onset and Daath 5 NAYS WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE
23. PART I. Enter the di shock, or hi shock, or hi immediate CAUSE (Fin disease or condition resulting in death) Sequentially list conditi if any, leading to immediate. Enter UNDERLYI CAUSE (Disease or injuithet initiated eventa resulting in death) LAST PART II. Other significal DID TOBACCO U. 25. WAS CASE REFERRED TO	iseases, or crear failura. It is is is is is is is is is is is is is	ng Jr. complications that List only one cause a. Cleut only one cause a. Cleut only one cause b. Cleut oue to go oue	COR AS A daath b	d the death. It is a consequence of the consequence	OP on other (CEMPAT) Do not E OF): YES DEATH (CEMPAT)	place) 22. NAM Fe I I 413 W antar the	November And Address Figure 1	ess of Falinera h Str	Part i.	94 Dovers Iomes, Chester ardiac or resp Thus 24a. WAS AM PERFOR	P.A. town, lratory a	Maryl Maryl	Approximate interval Between Onset and Death 5 NAYS WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
23. PART I. Enter the dishock, or he immediate CAUSE (Findisease or condition resulting in death) Sequentially list condition in meeting in death) Sequentially list condition in meeting in death) CAUSE (Disease or injuit that initiated events resulting in death) LAST PART II. Other significant	iseases, or crear failura. It is is is is is is is is is is is is is	ng Jr. complications that List only one cause a. Cleute DUE TO (OUE TO (DUE TO (d. s contributing to ((OR AS A daath b	d tha death. I ach lina. A CONSEQUENCE A CO	Open not a second to the control of	place) 22. NAM Fell 413 W antar tha	November And Address Figure 1	given in	Part I.	Over Dover Homes, Chester ardiac or response Living 24a. WAS AN PERFO 1 YES :	P.A. town, lratory a	Maryl Maryl	Approximate interval Between Onset and Death 5 NAYS WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
23. PART I. Enter the dishock, or his shock,	I. Kir. Iseases, or ca eart failura. It is is is is is is is is is is is is is	ng Jr. complications that List only one cause a. COLUMN DUE TO (DUE TO (DUE TO (A. COLUMN COL	COR AS A GOR AS A GOR AS A GOR AS A GOR AS A	d tha death. I can be a consequence of the conseque	Open not a second to the control of	place) 22. NAM Fe I I 413 W antar tha	November And Address Figure 1	given in	Part i.	Over Dover Homes, Chester ardiac or response Living 24a. WAS AN PERFO 1 YES :	P.A. town, lratory a	Maryl Maryl 24b	Approximate interval Between Onset and Death 5 NAYS WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
23. PART I. Enter the dishock, or his shock, or his shock, or his shock, or his shock, or his shock, or his shock, or his shock, or his shock of the	iseases, or crear failura. It is is is is is is is is is is is is is	ng Jr. complications that List only one cause a. Cleute DUE TO (OUE TO (DUE TO (DUE TO (A. B. CONTRIBUTE TO CAI HOSPITAL: 1) Inpatient 2 280. DATE OF (Month, Da	(OR AS A daath bi	d tha death. I can be a consequence of the conseque	CONTROL OF THE OFF: YES DEATH (* TIME OF INJURY)	place) 22. NAM Fell 413 W antar the NO Check only of THER: Nursing I Mursing I F Mursing I F Mursing I	November And Address And Addre	given in	Part i.	Over Dover Image of the ster o	P.A. town, lratory a	Maryl Maryl 24b	Approximate interval Between Onset and Death 5 NAYS WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data end place, end due to the cause(s) end menner as stated.

nun

RSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

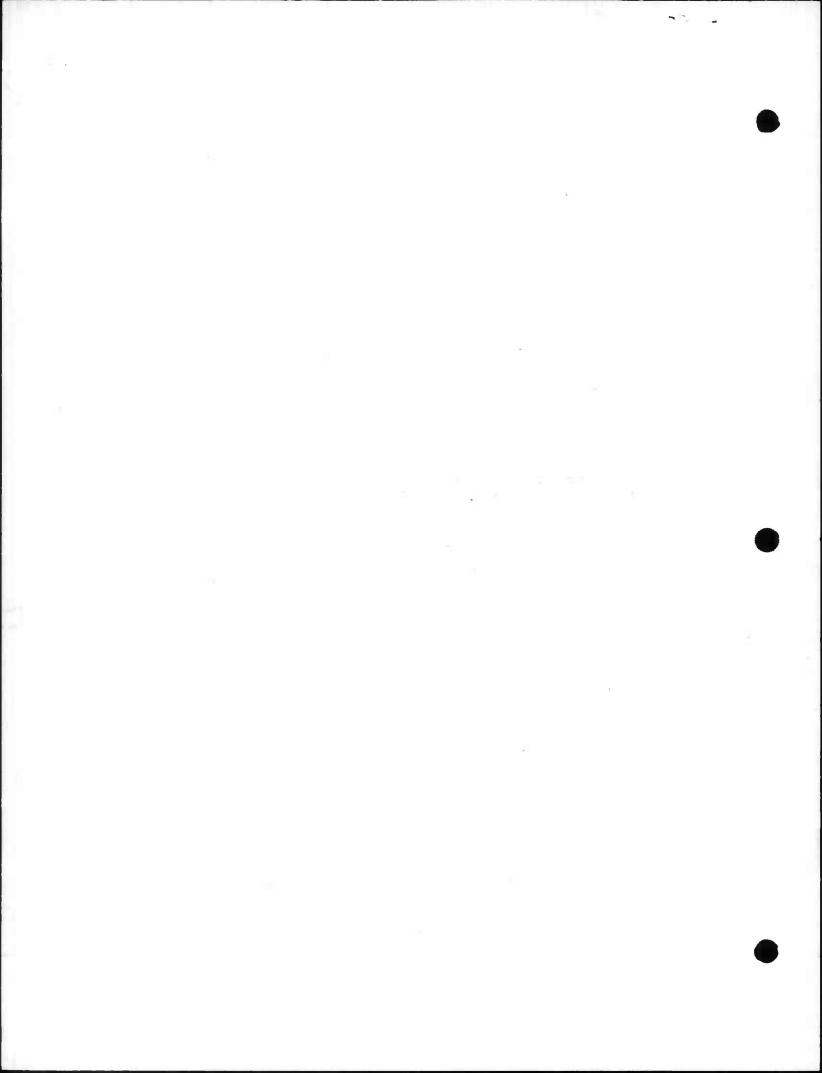
32. REGISTRAR'S SIGNATURE
Julia Davidson

2 ___ MEDICAL EXAMINER: On the besis of examination and/or investigation, in my opinion, death occurred at the time, data end place, end due to the ceuse(s) end menner es stated.

17-13824

29d. DATE SIGNED (Month, Day, Year)

11-1994



_
_
\sim
Φ.
68760,
000
w
Φ
ВОХ
0
0
00
ш
P.O.
0
_ 0
ο.
_
- 0
RECORDS,
0
00
-
\circ
\sim
O
ш
00
VITAL RI
⋖
$\overline{}$
_
>
OF
=
$^{\circ}$
_
7
-
0
~
S
-
- Name
_
-

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

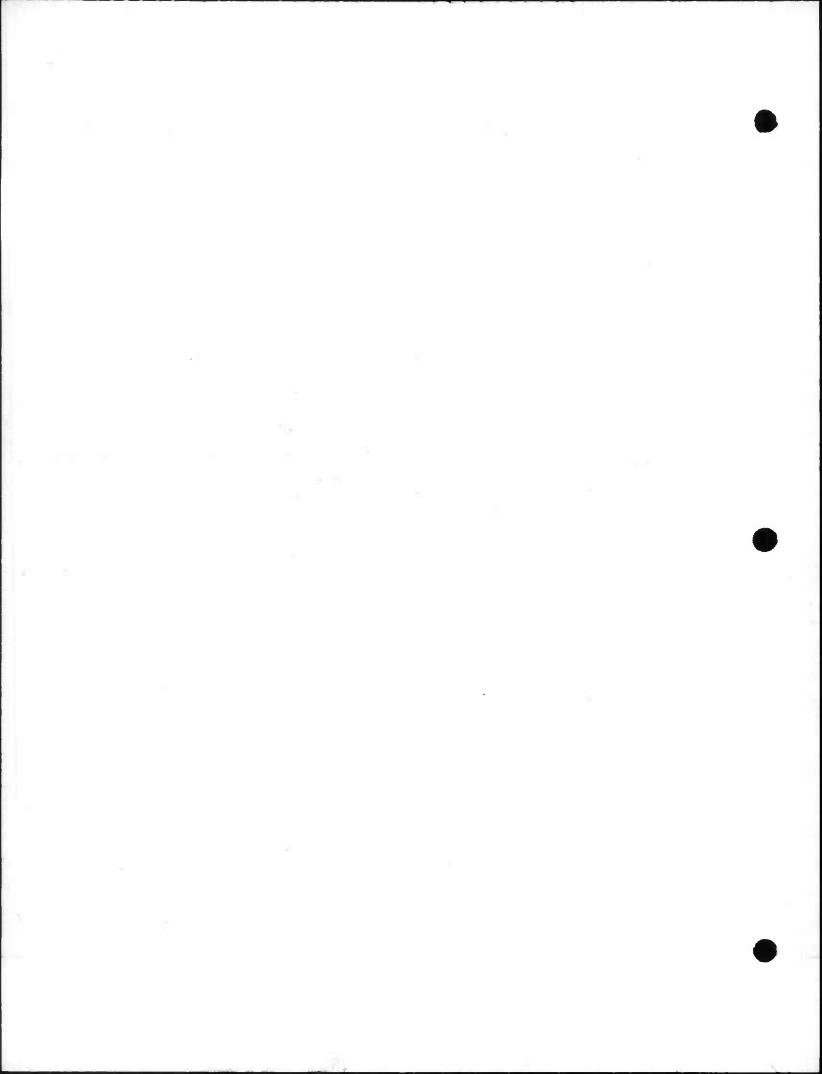
TO THE HEALT MARYLAND 21215-0020

TO THE HEALT OF THENDING PHYSICIAN: The law requires that the death certificate be executed within 2x hours after death. Page 6 may be retained by the hospital or attending physician.

TO NE FUNERU, DECORD About this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be necessary in the State Dept. of Health and Mental Hygiene prior to burial, cremoted.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE OF STATE OF			MENT OF H		MENTAL HYGIEN			
- i	1. DECEDENT'S NAME (First, Middle, Lest)					2. DATE OF DEATH		3.	TIME OF DEATH
- 3	Edith Ailogn NAGERS					November 5	1994		5:20P M
	4. SOCIAL SECURITY NUMBER 5. SEX	6. AGE (In yrs. I	ast birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	8. 8	HRTHPL	ACE (State or Foreign
1	216-16-2377 1□ M 2 🖾 I	84	YRS.	IONTHS DAYS	HOURS MIN.	(Month, Day, Year) April 6, 1	910 7	Country)	Inia
!	9e. FACILITY NAME (If not institution, give street and number)	1 0.		b. CITY, TOWN O	R LOCATION OF DEA		9c. COUNTY		
BO	Doctor's Hospital			Lanham	,		Prince	Co	owa o ta
DIRECTOR	Doctor's Hospital						FITHCE	Ge	orge s
R	10e. STATE 10b. COUNTY		10c. CITY,	TOWN OR LOCAT	ION			10	d. INSIDE CITY LIMITS?
	Maryland Prince Georg	e's	Hyat	tsville	<u> </u>			1)	YES 2 NO
₹ I	100. STREET AND NUMBER			101.	ZIP CODE		10g. CITIZEN	OF WHA	T COUNTRY?
ij	4412 Underwood Street		_		20782		United	St	ates
FUNERAL		ENT EVER IN U.S. A	RMED	13. WAS DECI	ENDENT OF HISPANI city Cubsn, Mexican	C ORIGIN? (Specify Yes	or No — 14.	RACE -	American Indian, /hite, etc.
ВУ		WAR OR DATES	2110		2 NO Specify:		1	Specify:	
		To a							Vhite
	15. DECEDENT'S EDUCATION (Specify only highest grade completed)		DECEDENT'S U (Give kind of wo lie. Do NOT use	SUAL OCCUPATION rk done during mos	N it of working	16b. KIND OF BUS	SINESS/INDUST	RY.	
ا ڐ	Elementary/Secondary (0-12) College (1-4 or	5+)		ŕ		m - 11	0		
COMPLETED	17. FATNER'S NAME (First, Middle, Last)	1 50	pervis	or		Telephor		any	
						ME (First, Middle, Meiden			
H	Otho Burnett Snyder 190. INFORMANT'S NAME (Type/Print)					Mable Lucl			
2						oute Number, City or Tow			
	Richard A. Nagers					owie, Mary			
	1 Buriel 2 Cremetion 3 Removal from State			DISPOSITION (Nei		OATE 20c. LO		,	
	4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SURVICE LICENSEE	Fort	Linco		D AGORESS OF FAC	/9/94 Brei	itwood,	Ma	ryland
	2.0	11.	,			uneral Hor	ne, Inc		
	OYNA X	Mar	t	3401 B	ladensbu	rg Rd., Bi	rentwoo	d, 1	MD 20722
	23. PART I. Enter the diseases, or complications to shock, or heart fellure. Liet only one of	hat caused the d	death. Do no	t enter the mod	de of dying, auch	as cardiac or respi	ratory erreat,		Approximata
	IMMEDIATE CALLER (Final								Interval Between Onset and Death
ı	disease or condition resulting in deeth)	RCIN	00	A (30EF	U TCH	with.	the same of the sa	
	DUE	TO (OR AS A CONS	EOUENCE OF):						5)
Z	Sequentially list conditions, b.		war	TIPL	E CE	DETAS	TASI	23	3740
Ĕl	if any, leading to immediate	TO (OR AS A CONSI	EOUENCE OF):						
2	CAUSE (Disease or injury								
Ë	that initiated events resulting in death) LAST	TO (OR AS A CONSI	EQUENCE OF):						1
CERTIFICATION	d								
AL (PART II. Other algnificent conditions contributing	to death but not	reaulting in	the underlying	ceuse given in F	Part i. 24a. WAS AN			RE AUTOPSY FINDINGS
Š	HypEn	TENS	100	1		PERFOR 1 YES 2	1.4	co	AILABLE PRIOR TO IMPLETION OF CAUSE
밀		EIBRU				_ ' ' ' ' '			DEATH?
PHYSICIAN: MEDIC	DID TOBACCO USE CONTRIBUTE TO C				LINCERTAIN			• (
¥	25. WAS CASE REFERRED TO MEDICAL			(Check only one)	TOTTCERIAIT				
Sic	EXAMINER? 1 YES 2 NO 12 Inpetient	ER/Outpetlant		THER:	5 Residence 6	Other (Specific)			
፤	27. MANNER OF DEATN 28e. DATE	OF INJURY	26b. TIME	OF 28c. INJU	JRY AT	28d. DEŞCRIBE NOW II	NJURY OCCURE	p	
	1 Natural 5 Pending	, Day, Year)	INJUI		ES 2 NO				
BÝ	3 Suicide 250 Could not 280. PLACE	OF INJURY — At h	nome, tarm, atr	et, tectory, office		28t. LOCATION (Street a	and Number or Ri	ural Rout	Number,
Ĭ	4 Homicide determined Buildin	ig, atc. (Specify)				City or Town, State)			
COMPLETED	29e. CERTIFIER (Check only CERTIFYING PHYSICIAN: To the best	of my knowledge	faeth commi	at the time day	and plane in did. i				
Ž	one) 2 MEDICAL EXAMINER: On the basis of								
	29b. SIGNATURE AND TITLE OF CERTURIER	7		y spinion, de					
H H	STORY OF CHARLES	w			29c. LICENSE NUME	BER	29d. DATE SIG	1	onth, Day, Yeer)
2	30. NAME AND ADDRESS OF PERSON WILL TEO CO	HISE OF COATH	5M 070 77	t .	VITT	77	1)	18	177
		SID KE	LIFE 21) (Type, P	TIME	ANG (21450-	A 1-C	1	2000
		13.	1 112h	1010111	4.46.	214/02	DILYE.	44.63	1217.37
	NOV 1 5 1994 Julie	PAR'S SIGNATURE	Handall						



ION OF VITAL RECORDS, P.O. BOX 68760,

ospi	hed		at.
ne h	letac		300
JA IT	bed		at o
ed I	Pin		64
stain	Sho		=
De Ce	6 5		2
Jay.	pac		t b
9	ctor		E S
30e	dire		10
F.	era		튵
deal	7		exa
after	y the	DOV2	cai
ULS O	F	ren	e e
9	Pel	9	E
17 0	ily fi	ation	=
with	plete	rem	ent,
pen	EOM	a,	2
GCL	Pue	Ž	atic
99	lan a	5	E
ate t	ysici	P	5
tifica	P 0	ene	the state
Ce	ndin	H	0 1
eath	atte	Ital	7,
he d	the	ĕ.	흔
nat t	À	and	l Å
es th	paud	alth	9
quir	n sig	분	×
W re	pee	H. 0	S
6 3	has	8	1 23
Ē	cate	state	100
SIAN	nife	he S	6
32	is ce	=	å,
4	E I	*	ark
DIE	Afte	dea	E
E.	OB.	ffer	00
N. Y	EC	RS-S	E
VID THE HIGHTING ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospit	THEAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached	be the writin 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
É	ş	22	듀
8	3	ŧ	AN
뽀	Ή	8	DRI
B	Z	2	불
y	-	0	-

	FOR 1 - STATE REGISTRAR	STATE OF MARYL		MENT OF H		ENTAL HYGIENI	E			
	1. DECEDENT'S NAME (First, Middle, Last) RANSOA	IK. NA	IRN			2. DATE OF DEATH DAY VOVEMBE	y YEAR	3. TIME OF OEATH		
			in yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Yeer)	8. BIRT	HPLACE (State or Foreign		
	577-28-8124 1 9s. FACILITY NAME (If not institution, give street	⊠ M 2 □ F 7	2 YRS.	MONTHS DAYS	October 31, 1922 V			Washington, DC		
OR	Washington Adventi	ashington Adventist Hospital			Park	тн	9c. COUNTY OF Montgo			
ECT	RESIDENCE OF DECEDENT 10s. STATE 10b. COUNTY	10c CITY	TOWN OR LOCAL	TION		10d. INSIDE CITY				
DIRECTOR	200-0	George's		Hyattsville						
FUNERAL	10e. STREET AND NUMBER				20782	10g. CITIZEN OF WHAT COUNTRY?				
NEF	6016 39th Avenue				U.S.A.					
	1 Never Married 2 Married	FORCES? 1 X YES IF YES, GIVE WAR OR DA	2 NO	If yes, sp	ENDENT OF HISPANIC ecify Cubsn, Mexicsn, 2 X NO Specify:	ORIGIN? (Specify Yes Pusrto Rican, etc.)	Bise	Bisck, Whits, etc.		
D BY	3 Widowed 4 X Divorced						Spe	White		
COMPLETED	15. DECEDENT'S EDUCATI (Specify only highest grade corr	npleted)	(Give kind of we life, Do NOT use	ork done during ma	ON st of working	16b. KIND OF BUS	INESS/INDUSTRY			
IPLE	Elementary/Secondary (0-12) C	College (1-4 or 5+)	(1-4 or 5 +)				States N	avv		
SON	17. FATHER'S NAME (First, Middle, Last)		-		16. MOTHER'S NAME	E (First, Middle, Maiden S				
BE (Roland Edward Na			Juanita Sv						
0	19s. INFORMANT'S NAME (Type/Print)					ute Number, City or Town		7,		
	Richard S. Fleshma					w Market,				
20s. METHOD OF DISPOSITION 1 M Burist 2 Cremetion 3 Removal from Stats 4 Donstion 6 Other (Specify) Cremetion of the Epiphany Cemetery 11/16/94 F								CATION - City or Town, State Orestville, MD		
	21. SIGNATURE OF FUNERAL SERVICE LICENS		11/	22, NAME AN	D ADDRESS OF FACIL	LITY				
	· Clearles +	- 1364	1/			s Sons Fur		me, P.A. , MD 20781		
	23. PART I. Enter the disesses, or com shock, or heert fallure. List	plications that caused	the death. Do no	ot enter the mo	de of dying, such	ss cerdlec or respir	ratory srrest,	Approximate		
	IMMEDIATE CAUSE (Finsi	4 1.	. 0					interval Between Onset and Death		
	disease or condition resulting in death) a. Cardio Dulmonary Arrest Due TO (OH AS A CONSEQUENCE OF): D. (1) 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1									
_	- 10	Mo Ha	CONSEQUENCE OF	Right	Lower L	obe of the	ellmoni			
9	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A	CONSEQUENCE OF	E W. F	inome		9 with			
CA	CAUSE (Disease or injury				aslasis	to Bri	Zu ani	(Liver		
CERTIFICATION	thet initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF):						
	d		-					1		
AL.	PART II. Other significent conditions of			the underlying	ceuse given in Pa	PERFORI		b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO		
MEDIC	Course Atans	araw	- ma	alist u	To Dule	1 YES 2	NO	OF DEATH?		
	DID TOBACCO USE CONTRIB	LITE TO CALLSE O	F DEATH YES	S D NO D	UNCERTAIN	- Dillean		1 YES 2 NO		
IAN	25. WAS CASE REFERRED TO MEDICAL		26. PLACE OF DEATH		UNCERIAIN	Ц				
SIC	EXAMINER?	OSPITAL:		OTHER: 4 - Nursing Hom	e 5 🗆 Reeldence 6	☐ Other (Specify)				
PHYSICIAN:	27. MANNER OF DEATH Tetural 5 Pending	26s. DATE OF INJURY (Month, Day, Year)	26b. TIME INJU		URY AT 2	ed. DESCRIBE HOW IN	JURY OCCURED			
BY	2 Accident Investigation	20. 51.05 25 11.1151			ES 2 NO					
COMPLETED	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, atc. (Spec	— At home, ferm, st	reet, factory, office	2	City or Town, State)	nd Number or Rural	Route Number,		
Ž	29e. CERTIFIER (Check only	N: To the best of my know	ledge, death occurred	st the time date	and place, and due to	the cauca(a) and man	non on state d			
OM	one) 2 MEDICAL EXAMINER: O							s) and manner as stated.		
BE C	29b. SIGNATURE AND TITLE OF CERTIFIER	- A		24 4	29c. LICENSE NUMBI	ER	29d. DATE SIGNE	D (Month, Day, Year)		
TO B	100	my)	2	(n-1)	D22	1549	D 11-	14-94		
F	30. NAME AND ADDRESS OF RERSON WHO CO	MPLETED CAUSE OF DE	ATH (ITEM 27) (Type, I	Print)	0. 4	1	Dingun	-Pa W. 170787		
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNA	63 10	Ken	18 WOTTH	Ave,	Riverd	we Min-is		
	NOV 1 7 1994	T. A. D.	1.00							

.

Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020

Pages 1, 2, 3 should

permit.

the burial-transit

use as t

DIRECTOR

FUNERAL

В

GH

ET

COMPL

BE

2

notified at

pe

Must

examiner

medical

the

other traumatic event,

6

shows any Injury,

marked,

Item

=

MPORTANT

CERTIFICATION

MEDICAL

PHYSICIAN: Item 23

BY

COMPLETED

띪

2

NUV 23 1994

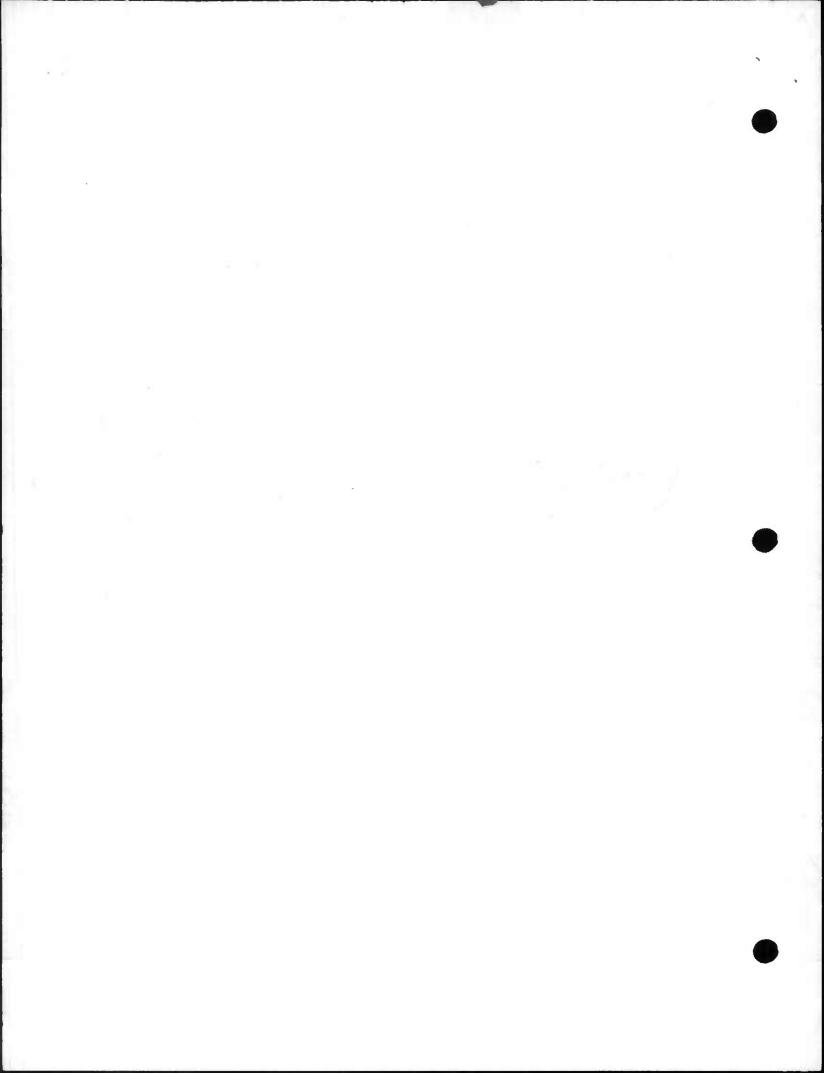
DIVISION OF VITAL RECORDS, P.O. BOX 68760

page 5 should be detached for the funeral director, nours after death. or removal. signed by the attending physician and completely filled in by Health and Mental Hygiene prior to burial, cremation, or remo DR ATTENDING PHYSICIAN: The law requires that the death certificate be has been a certificate h the of this c After 28 Is 1 after DIRECTOR Hours TO THE POWERS. D

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 -CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH 3. TIME OF DEATH RAYMOND DOUGLAS NAILL 11 0550 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. BIRTHPLACE (State or Foreign Country) 5. SEX 7. DATE OF BIRTH
(Month, Day, Year)
July 21, 1927 MONTHS DAYS HOURS MIN. 1 😾 M 2 🗌 F YRS 216-22-9276 MARYLAND 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH CARROLL COUNTY GENERAL HOSPITAI WESTMINSTER Carroll RESIDENCE OF DECEDENT 10a STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND CARROLL WESTMINSTER 1 YES 2 X NO 10e. STREET AND NUMBER tor, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 728 CINDY LANE 21157 USA. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 X YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, atc. If yes, specify Cuben, Maxican, Puerto Rican, elc.)

1 YES 2 NO Specify: 1 Never Married 2 X Married Specify: WHITE 3 🗌 Widowed 4 🔲 Divorced II WW tse. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comple Elementery/Secondary (0-12) College (t-4 or 5+) MAINTENANCE CITY GOVERNMENT 9 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname CLARENCE P. NAILL JULIA ANN CRABB 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) BETTY D. NAILL 728 CINDY LANE, WESTMINSTER, MD. 21157 20a, METHOD OF DISPOSITION
1 M Burial 2 Cremetion 3 Rem
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State UNIONTOWN LUTHERAN CEM11 25 UNIONTOWN, MD 22. NAME AND ADDRESS OF FACILITY FLETCHER FUNERAL HOME SIGNATURE OF FUNERAL SERVICE LICENSEE 254 E. MAIN ST., WESTMINSTER, MD. 21157 23. PAST I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such se cerdiac or respiratory errest, Approximate shock, or heart fallure. List only one cause on each line intarvai Batween IMMEDIATE CAUSE (Finel Onset and Death diseese or condition resulting in deeth) DUE TO (OR AS A CONSEQUENCE OF): / SECONDARY CARDIAL AG 23 Itaurs CHRONIC OBSTRUCTIVE PULMONDAY DISEDIE YEARS Sequentielly list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Diseese or injury DUE TO (OR AS A CONSEQUENCE OF) that initiated evente resulting in deeth) LAST PART ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO 24s. WAS AN AUTOPSY EVISCERATION COMPLICATING ABDOMINGL ADETIC COMPLETION OF CAUSE 1 TYES 2 NO DE DEATH? ANEURYSM REPAIR t TYES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES PNO UNCERTAIN 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) **EXAMINER?** HOSPITAL OTHER:
4 □ Nursing Home 5 □ Residence 6 □ Other (Specify) 1 YES 2 NO 1 Dinpatient 2 ER/Outpatient 3 DOA 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 26d, DESCRIBE HOW INJURY OCCURED 1 Natural 1 YES 2 NO Investigation 2 Accident 3 Sulcide 28e. PLACE OF INJURY — At home, ferm, atreet, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) Could not be 4 Homicide 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end piece, end due to the cause(s) end menner as stated. 2 MEDICAL EXAMINER: On the basis of exemination end/or investigation, in my opinion, death occured at the time, data and place, end due to the ceuse(a) end manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) ma DO 1663 199 30. NAME AND ADDRESS OF BERSON WHO COMPLETED CAUSE OF DEATH (ITEM 17) (1/po. Print) ANCHOR 57 INCENT WESTMINSTER MD

SE REGISTRAT'S SIGNATURE DEWELSON RONSOLL



ours after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

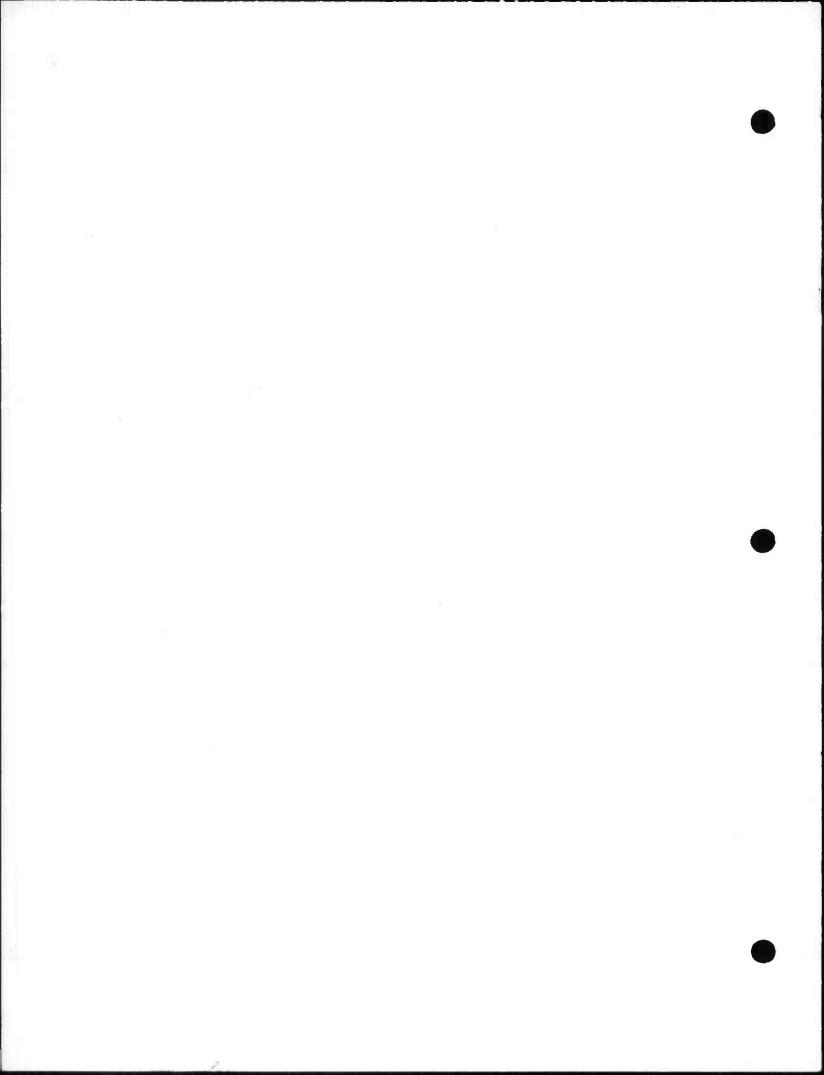
The prescript After this centificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. ATTENDING PAYSICIAN. The law requires that the death certificate be executed with

IMPORTANC IT HER 26 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERI	FICAL	E OF	DEATH		REG. NO.			
- 8	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE O				3. TIME OF DEATH
- 7	SOPHIA		OWENS				MONTH	DED 1		994	E EGA #
		5. SEX 6. /	AGE (In yrs. lest birthd		O . MEAD			BER 1	١ , ٥	22.	_ 5 56A M
1	Accessed to the control of the contr			MONTHE	DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE Of (Month,	Day, Year)		8. BIRTH Counti	IPLACE (State or Foreign
	231-40-7243	I ☐ M 2 🔀 F	69 YR	i.			8/1	0/25		Sout	h Carolina
	9a. FACILITY NAME (If not institution, give street	et and number)		9b. CI1	9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH						
Œ	Prince George's	Hosp	Center		Cho	verly			Davi.		0
2	RESIDENCE OF DECEDENT				CHE	verry			LT TI	nce	George's
	10e. STATE 10b. COUNTY		10c.	CITY, TOWN OR LOCATION 164 INSIDE CITY						10d, INSIDE CITY	
E	Md.					Oxon Hill					
				OAG	711 11				1 X YES 2 NO		
¥	10e. STREET AND NUMBER			101. ZIP CODE				10g. CITIZEN OF WHAT COUNTRY?			
FUNERAL DIRECTOR	1100 Owens Rd.			20745					U.S.A.		
3	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. AR			RMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Year of No					or No.		
	1 Never Merried 2 Merried	FORCES? 1	YES ZYNO		If yes, sp	ecify Cuben, Maxie	en, Puerto Ric		01140—	Blaci	E — American Indien, k, White, etc.
BY	3 Vidowed 4 Divorced	IF YES, GIVE WAR	OR DATES		1 YES	2 NO Spec	elfy:			Speci	" Black
	4 555551110 55111		100							l .	
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade co	mpleted)	16a. DECEDEN (Give kind	of work done	during mo	ON sl of working	16b. H	IND OF BUS	SINESS/INI	DUSTRY	
91		College (1-4 or 5+)		T use retired.							
0	6th		Home	emake	er			Ow	n Ho	ome	
5	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S N	AME (First, Mic	idle. Maiden	Sumame)		
0	Unknown										
H	Unknown						lara				
2	19e. INFORMANT'S NAME (Type/Print)					nd Number or Rure				p Code)	
-1	W. Ray Owens		11112	? Baı	ton	St., C	olumb	ia,S	.C.	29	203
	20e. METHOD OF DISPOSITION		20b. PLACE AND DA	TE OF DISPO	SITION (Na	me of	DATE	20c. LO	CATION -	City or To	wn. State
- 1	1 Burlel 2 □ Cremellon 3 □ Remove Donellon 6 □ Other (Specify)	al from State	cemetery, crematory	or other place	1	1 - 1 1	110 10				
	21. SIGNATURE OF FUNERAL SERVICE LICEN	ISEE	Harmony	Men	1. P	D ADDRESS OF F	/ 19/9	41 La	ndoy	zer,	Md.
								n (Cana	. T.	
- 1	X any y	1. (Jes	all	ŀ	102	S.Wash 5 Burr	ngto	7 77	SOUS	2 TI	С.
	23. PART I. Enter the diseases, or cor	mollostions that as	used the death D	2 2 2	772	J Dull	Jugiis	Ave	. , IN .	ь.	
- 1	shock, or heart failura. Lis	t only one cause of	on each lina.	o not ente	i trie mo	de or dying, su	en as cardia	c or reepi	ratory er	rest,	Approximate Interval Between
	IMMEDIATE CAUSE (Finel		1.								Onset and Daath
- 1	disease or condition	d	Tas Mon	Ame	1	210108	0				
ŀ	resulting in death) a.	DUE TO (OR	AS A CONSEQUENCE	05							
_	disease or condition resulting in death) a. Her Horatory arrest DUE TO (OR AS A DONSEQUENCE OB) NOU > WEELE Lung caucur										
CERTIFICATION	Sequantially list conditions, b.		DUE TO (OR AS A CONSEQUENCE OF):								
Ē	if any, leading to immediate	DUE TO OH	AS A CONSEQUENCE	OF):							1
2	CAUSE (Disease or injury	CC				\sim					
區	that initiated events	OUE TO JOR	AS A CONSEQUENCE	95%							
8	resulting in deeth) LAST	KTV	N, X	My							! I
뜅											
	PART II. Other significant conditions	contributing to des	th but not resulting	g in the u	nderlying	ceuse given i	Part I. 2	4a. WAS AN		24b	. WERE AUTOPSY FINDINGS
EDICAL								PERFOR	A		AVAILABLE PRIOR TO COMPLETION OF CAUSE
						,		YES 2	CINO		OF DEATH?
					/						1 TYES 2 4NO
z	DID TOBACCO USE CONTRIB	BUTE TO CAUS	E OF DEATH	YES 🗹	NO [UNCERTA	IN 🗆 📗				
¥.	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		26. PLACE OF D	EATH (Checi	conly one)						
8	P	IOSPITAL:	Outpetlant 3 🗆 DO	OTHE		e 5 🗆 Realdence	e [] Oth-1	Dan a (4.1)			
PHYSICIAN: M	27. MANNER OF DEATH	28a. OATE OF INJU		IME OF	28c. INJ		1		1 11 11 11 11 11	CURER	
	1 Netural 5 Pending	(Month, Day, Ye		INJURY	WO	RK?	280. DESC	RIBE HOW II	NJURT UC	COMED	
BY	2 Accident Investigation			M	1 🗆 1	ES 2 NO					
	3 Suicide 6 Could not be	26e. PLACE OF IN. building, etc.	JURY — At home, ferr	n, atreel, le	ctory, office	1			ind Number	r or Rural F	Route Number,
COMPLETED	4 Homicide determined	bulloning, site.	Ороспу				City or	Town, State)			
щ	290. CERTIFIER		_					-			
₫.	(Check only										
ã.	one) 2 MEOICAL EXAMINER:	On the beels of examin	nation and/or investig	itlon, in my	apittion, d	eath occured at Ih	e time, date er	nd piece, en	d due to ti	he ceuse(a) and manner ee stated.
	29b. SIGNATURE AND TITLE OF CERTIFIER	//	201	1	-	THE LANGUE IN	MARER	- 1			
BE		1//1	LAN	Ma	\vee	THE LICENSE NO	1181	0	294. UAT	E SIGNED	(Morely Play, Year)
0		neo	1111	1	-)	00	700		- /	1/1	3/84
	30. NAME AND ADDRESS OF PERSON WHO C		/ /								0
	Oleg Shpak, M.D	. 9420 A	hhapoli	s Rd	., I	lanham,	Md.	2070	06		100
	31 DATE FILED (Morth, Day, Year)	32. REGISTRAR'S	<u> </u>								
		1									
	MÔN T 2 1994 (V)	a Davidson-A	ando DO								



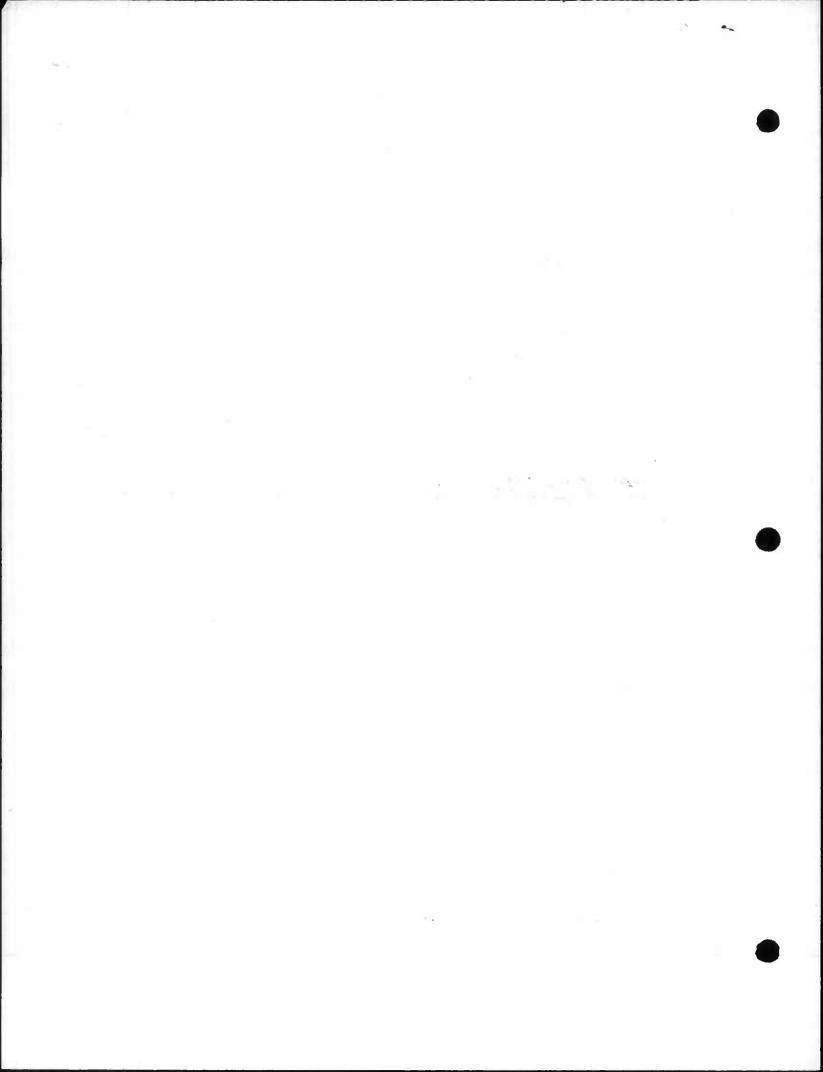
BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTRACTOR SILVAY. The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours. The form the state Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANCE II has 2 marked of item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR	STATE OF MARYL		ENT OF HEALTH AND ATE OF DEATH	MENTAL HYGIEN			
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH		3. TIME OF DEATH	
	William Robert O	Brien			November	13, 199		
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (UNDER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIFITN (Month, Day, Year)	8. B	IRTNPLACE (State or Foreign	
	102-34-8504	1 XM 2 - F	52 YRS.	THE DAYS HOURS MIN.	08-06-194		arvland	
-	9a. FACILITY NAME (If not institution, give st	treet and number)	ital Tag	CITY, TOWN OR LOCATION OF DE		9c. COUNTY C	DE DEATN	
5	Kent & Queen Ann	e's co. Hosp	Ital Ind	Chestertown		, Kent	t	
<u>[</u>	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY	1	10c. CITY. TO	OWN OR LOCATION			10d. INSIDE CITY	
DIRECTOR	Maryland Kent	-	2000	Hall			LIMITS?	
	10e. STREET AND NUMBER			10t. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?	
FUNERAL	4876 Skinners N	leck Road		21661		U.S	.A.	
15	11. MARITAL STATUS	12. WAS DECEDENT EVER IN FORCES? 1 XYES		13. WAS DECENDENT OF HISPAI		or No- 14. F	BACE — American Indian,	
BY F	1 Never Married 2 Married 3 Wildowed 4 Divorced	IF YES, GIVE WAR OR D	ATES	If yes, specify Cuban, Maxica 1 TES 2 NO Specif			Black, White, atc. Specify:	
ED B	15. DECEDENT'S EDUC	1960-1966					White	
1 3	(Specify only highest grade	completed)	(Give kind of work life. Do NOT use ret	done during most of working	16b. KIND OF BU	SINESS/INDUSTR	RΥ	
7	Elementary/Secondary (0-12)	College (1-4 or 5+)	Entrepr		Sales/	Servio	ce	
COMPLET	17. FATNER'S NAME (First, Middle, Last)			18. MOTHER'S NA	ME (First, Middle, Maiden			
BE C	Charles O'Bri	.en			thy Lanac		Brien	
10 B	19a. INFORMANT'S NAME (Type/Print)			PRESS (Street and Number or Rural				
F	Leslie A. O'Bri			inners Neck				
	20s. METNOD OF DISPOSITION 1 Burlel 2 Cremetion 3 Remo	oval from State cem	PLACE AND DATE OF Di netery, cremetory or other p	olece)		CATION — City o		
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	letro Cre	22. NAME AND AODRESS OF FA				
	1 Ky 201	2/.01		Helfenbein 1				
	23. PART I. Enter the diseases, or o	complications that cause	the death. Do not	Road Chester	rtown, Ma	ryland		
	anock, or heart failure.	List only one cause on a	ech line.	men the mode of dying, auc	in all cardiac or reap	ratory arreat,	Approximate Interval Between	
	iMMEDIATE CAUSE (Final disease or condition	CR	1 Clum	raid to	1	-	Onset and Death	
	reaulting in death)	OUE TO (OR AS A	CCUCON CONSEQUENCE OF):	100	7		770	
Z	Comments to the constitution of	· Med	as ta	res	0			
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUÉ TO (OR AS A	CONSEQUENCE OF):					
2	CAUSE (Disease or Injury	OUE TO (OR AS A	CONSEQUENCE OF					
Ē	reaulting in death) LAST	that initiated eventa OUE TO (OR AS A CONSEQUENCE OF):						
S		90					l	
		1						
ÄL	PART II. Other significant condition	a contributing to death b	ut not resulting in th	e underlying cauae given in	Part I. 24a. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	
	PART II. Other significant condition	a contributing to death b	ut not resulting in th	e underlying cause given in		MEO?		
					PERFOR	MEO?	AVAILABLE PRIOR TO COMPLETION OF CAUSE	
	DID TOBACCO USE CONTR	RIBUTE TO CAUSE O	F DEATH YES (□ NO □ UNCERTAII	PERFOR	MEO?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
	DID TOBACCO USE CONTR	RIBUTE TO CAUSE O	F DEATH YES 28. PLACE OF OEATH (C	NO UNCERTAIN	PERFOR	MEO?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
	DID TOBACCO USE CONTR	RIBUTE TO CAUSE O	PEDEATH YES 28. PLACE OF OEATH (COntrol of the Cont	NO UNCERTAINA NO	PERFOR 1 YES 2 N 8 Other (Specify)	MEO?	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
PHYSICIAN: MEDIC	DID TOBACCO USE CONTR 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending	RIBUTE TO CAUSE O	F DEATH YES 28. PLACE OF OEATH (C	NO UNCERTAIN heck only one) HER: Nursing Home 5 Residence	PERFOR	MEO?	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
BY PHYSICIAN: MEDIC	DID TOBACCO USE CONTR 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	RIBUTE TO CAUSE O HOSPITAL: Inpetient 2 MER/Outp 28e. OATE OF INJURY (Month, Dey, Year) 28e. PLACE OF INJURY	28. PLACE OF OEATH (COntrol of the Control of the C	NO UNCERTAIN heck only one) HER: Nursing Home 5 G Residence 28c. INJURY AT WORK? 1 YES 2 NO	PERFOR 1 YES 2 N Other (Specify) 28d. OESCRIBE HOW I	NO NO	AWALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
ED BY PHYSICIAN: MEDIC	DID TOBACCO USE CONTR 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation	RIBUTE TO CAUSE O HOSPITAL: Inpellent 2 VER/Outp 28e. OATE OF INJURY (Month, Day, Year)	28. PLACE OF OEATH (COntrol of the Control of the C	NO UNCERTAIN heck only one) HER: Nursing Home 5 G Residence 28c. INJURY AT WORK? 1 YES 2 NO	PERFOR 1 YES 2 8 Other (Specify) 28d. OESCRIBE HOW I	NO NO	AWALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
ED BY PHYSICIAN: MEDIC	DID TOBACCO USE CONTR 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 2 Accident 3 Could not be detarmined 29a. CERTIFIER (Check only) CERTIFYING PHYSIC	RIBUTE TO CAUSE O HOSPITAL:	28. PLACE OF OEATH (C 28. TIME OF INJURY — At home, term, street	NO UNCERTAIN heck only one) HER: Nursing Home 5 Residence 28c. INJURY AT WORK? 1 YES 2 NO , tactory, office	PERFOR 1 YES 2 1 YES 2 2 Other (Specify) 28d. OESCRIBE HOW I City or Town, State)	NJURY OCCURED	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
ED BY PHYSICIAN: MEDIC	DID TOBACCO USE CONTR 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 2 Accident 3 Could not be detarmined 29a. CERTIFIER (Check only) CERTIFYING PHYSIC	RIBUTE TO CAUSE O HOSPITAL:	28. PLACE OF OEATH (C 28. TIME OF INJURY — At home, term, street	NO UNCERTAIN heck only one) HER: Nursing Home 5 Residence 28c. INJURY AT WORK? 1 YES 2 NO , tactory, office	PERFOR 1 YES 2 1 YES 2 2 Other (Specify) 28d. OESCRIBE HOW I City or Town, State)	NJURY OCCURED	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
COMPLETED BY PHYSICIAN: MEDIC	DID TOBACCO USE CONTR 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 2 Accident 3 Could not be detarmined 29a. CERTIFIER (Check only) CERTIFYING PHYSIC	RIBUTE TO CAUSE O HOSPITAL: 1 Inpetient 2 MER/Outp 28e. PLACE OF INJURY (Month, Day, Year) 28e. PLACE OF INJURY building, etc. (Special Control of the best of my knowledge). To the best of axamination.	28. PLACE OF OEATH (C 28. TIME OF INJURY — At home, term, street	NO UNCERTAIN heck only one) HER: Nursing Home 5 Residence 28c. INJURY AT WORK? 1 YES 2 NO , tactory, office	8 Other (Specify) 28d. OESCRIBE HOW I 28f. LOCATION (Street City or Town, State) to the cause(a) and mar time, deta and placa, and	NJURY OCCURED and Number or Ru iner as stated. d due to the cau	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
BE COMPLETED BY PHYSICIAN: MEDIC	DID TOBACCO USE CONTR 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 8 Could not be detarmined 29a. CERTIFIER (Check only One) 2 MEDICAL EXAMINER 29b. SIGNATURE AND TITLE OF CERTIFIER	RIBUTE TO CAUSE O HOSPITAL: 1 Inpetiant 2 CERVOUSE 28a. OATE OF INJURY (Month, Day, Year) 28a. PLACE OF INJURY building, etc. (Spec	28. PLACE OF OEATH (C Detient 3 DOA 4 DOA 1 DOA	heck only one) HER: Nursing Home 5 Rasidence 28c. INJURY AT M 1 YES 2 NO , tactory, office the time, data and place, and due my opinion, death occured at the	8 Other (Specify) 28d. OESCRIBE HOW I 28f. LOCATION (Street City or Town, State) to the cause(a) and mar time, deta and placa, and	NJURY OCCURED and Number or Ru iner as stated. d due to the cau	AWALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO ral Route Number,	
COMPLETED BY PHYSICIAN: MEDIC	DID TOBACCO USE CONTR 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	RIBUTE TO CAUSE O HOSPITAL: Inpetiant 2	28. PLACE OF OEATH (Content of the c	NO UNCERTAIN theck only one) HER: Nursing Home 5 Residence 28c. INJURY AT WORK? 1 YES 2 NO , tectory, office the time, data and place, and due my opinion, death occured at the	PERFOR 1 YES 2 8 Other (Specify) 28d. OESCRIBE HOW I City or Town, State) to the cause(a) and mar time, deta and placa, an	NJURY OCCURED and Number or Ru iner as stated. d due to the cau	AWALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO ral Route Number,	
BE COMPLETED BY PHYSICIAN: MEDIC	DID TOBACCO USE CONTR 25. WAS CASE REFERRED TO MEDICAL EXAMINERY 1	RIBUTE TO CAUSE O HOSPITAL: 1 Inpetient 2 ERVoute 28e. OATE OF INJURY (Month, Day, Year) 28e. PLACE OF INJURY building, etc. (Special Complete Complet	28. PLACE OF OEATH (Content of a DOA 4 28b. TIME OF INJURY 2	heck only one) HER: Nursing Home 5 Rasidence 28c. INJURY AT M 1 YES 2 NO , tactory, office the time, data and place, and due my opinion, death occured at the	PERFOR 1 YES 2 8 Other (Specify) 28d. OESCRIBE HOW I City or Town, State) to the cause(a) and mar time, deta and placa, an	NJURY OCCURED and Number or Ru iner as stated. d due to the cau	AWALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO ral Route Number,	
BE COMPLETED BY PHYSICIAN: MEDIC	DID TOBACCO USE CONTR 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	RIBUTE TO CAUSE O HOSPITAL: Inpetiant 2	28. PLACE OF OEATH (Content of the c	NO UNCERTAIN theck only one) HER: Nursing Home 5 Residence 28c. INJURY AT WORK? 1 YES 2 NO , tectory, office the time, data and place, and due my opinion, death occured at the	PERFOR 1 YES 2 8 Other (Specify) 28d. OESCRIBE HOW I City or Town, State) to the cause(a) and mar time, deta and placa, an	NJURY OCCURED and Number or Ru iner as stated. d due to the cau	AWALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO ral Route Number,	



		ermit. Pages 1, 2, 3 should
BALTIMORE, MARYLAND 21215-0020	mours after death. Page 6 may be retained by the hospital or attending physician.	pipelety filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should
0.	with hours a	pietely filled in by the

1 - FOR STATE REGISTRAR

		20	9
	E I	ay	8
	F	E	tor,
	¥	96	Jec
	\leq	Page	9
	\vdash	Ė	era
	A	jea	Ž
	BALTIMORE,	ler (鲁
		ça	6
		ULS	⊆
	-	ě	led
			y fi
	SION OF VITAL RECORDS, P.O. BOX 68760.	HUNG PHISCIAN: The law requires that the death certificate be executed with hours after death. Page 6 may be	etel
	9	*	igh.
	37	ned	00
	9	SCL	Pu
	×	8	E U
	0	ā	Sicia
	0	cat	É
	o.	Ē	0
	~	8	ğ
		eath	atte
	S	0	9
	0	=	y th
	H	that	P
	8	SS	gne
	$\widetilde{\mathbf{H}}$	· in	S
	α	90	eel
	\Box	SW.	as t
	A	20	63
		-	cat
	>	B	看
	F	ĕ	8
	0	£	蓄
	z	坦	H
	0	S	콕
	in	色	ъ
1	5	屯	The CHARLES APERTING APERTING COMPLETE IN THE STREET AND ASSOCIATION AND COMPLETE STREET IN THE FUNERAL DIFFECTOR, PAGE
1	3	3	뜊
1	7	성	¥
1		E.	ď
1		햦.	E

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

		2. DATE OF DEATN MONTH DAY YE	3. TIME OF DEATN
	Franklin P. Opher	11 09 199	
		7. DATE OF BIRTH 8. I	BIRTNPLACE (State or Foreign
	219-42-7990 1 1 M 2 - F 49 YRS. MONTHS DAYS HOURS MIN.	(Month, Day, Year) 1945	Country) Md.
	9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEAT	W 4 . W	OF DEATN
1 %	DORCHESTER GON. HOSP. COMBRIDE	10 DOR	chester
5	RESIDENCE OF DECEDENT	1401	CUCSICK
DIRECTOR	10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION		10d. INSIDE CITY LIMITS?
	Mo. Dorchester Campridge		1 TYES 2 NO
A A	104. STREET AND NUMBER	10g. CITIZEN	OF WHAT COUNTRY?
UNERAL	1926-PINE STREET 21613	3 7	1,5,
5	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF NISPANIC 10. Married 2 Page 14 Per 19 Per		RACE — American Indian,
→	IF YES GIVE WAR OR DATES	Puerto Ricen, etc.)	Black, White, etc.
BY	3 Wildowed 4 Divorced		Black
9	15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working	16b. KIND OF BUSINESS/INDUST	TRY
E	Elementary/Secondary (0-12) College (1-4 or 5+) life. Do NOT use retired.)		
A P	GRade Id CEMENT PINISher	Masonk	y Co.
once.		(First, Middle, Malden Surname)	1
111 m	Charle Other Ella	a Othe	R
notified TO BI	19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Rou	ite Number, City or Town, State, Zip Coo	de) 3//
e F	Shirley Opher 1921 - Pine St.	Cambridge	e Md 2/6/3
st be	20e. METHOD OF DISPOSITION 1 Deutle 2 Cremeton 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of cemetary crematory or other place)	DATE 20c. LOCATION - City	or Jown, State
must	4 Donation 5 Other (Specify)	11/19 Camb	Ridge Md.
examiner	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACIL	ity/	
жаш	+ DANNO C. DOWN HENRY FUN	1100	
- R	22 PART Follows to discourse the discourse to the discourse to discourse the discourse to t	TON ST. CAN	Abridge, Md.
medical	23. PART Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such shock, or heart failure. List only one cause on each line.	as cardiac or respiratory srrest,	, Approximete Interval Batwean
The Th	IMMEDIATE CAUSE (Final		Onset and Dasth
	disease or condition		2 YEMAS
event,	DUE TO (OR AS A CONSEQUENCE OF):		2 48885
	Sequentially list conditions, The MUCARDORA THY		2 9000
traumatic	if any feeding to immediate		19/1000
	cause. Enter UNDERLYING CAUSE (Disease or Injury		~ 18480RS
or other	that initiated events DUE TO (OR AS A CONSEQUENCE OF):		
- 1 111	d		
70	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pa	Irt I. 24s. WAS AN AUTOPSY	24b. WERE AUTOPSY FINDINGS
rs any inju		PERFORMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE
ED ED		_ 1 TYES 2 NO	OF DEATH?
shows : ME	DID TODACCO LICE CONTRIBUTE TO CALICE OF DEATH. VEG TO ME TO MACE THE	_	1 TYES 2 NO
23 AN	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO W UNCERTAIN 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one)		
PHYSICIAN:	EXAMINER? HOSPITAL: OTHER:		
YS &	1 UPS 2 NO 1 Inpetient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 6 (
필문	27. MANNER OF DEATN 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY WORK? 28c. INJURY AT WORK?	6d. DESCRIBE NOW INJURY OCCURE	ED
marked, BY PH	2 Accident Investigation In 1 Yes 2 No		
# 10	building, etc. (Specify)	6t. LOCATION (Street and Number or R City or Town, State)	Burel Floute Number,
2 H	4 Homicide determined		
1	29e. CERTIFIER (Check only 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to	the cause(s) end menner as stated.	
COMPLET	one) 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time		puse(s) end manner es ataled.
6	29b. SIGNATURE AND TITLE OF CERTIFIER 20c. LICENSE NUMBE	R 294 DATE SIG	GNER (Month One Year)
MPONTA O BE C	lusoila liston 10. D-166		GNED (Month, Day, Year)
을	30. NAME AND ADDRESS OF PERSON WHO COMPLETES CAUSE OF DEATH (ITEM 27) (See Print)		
	MICHAEZ A. MOSKEWICZ MO, 503 BYEN ST	T. CAMBELOSE	- MB-2613
			7.000.0
	31. DATE FILED (MONTH, Day, Year) 32. REGISTRAR'S SIGNATURE Julia Dawlson-Raydall		
	Martin Martin		

INTRICACE NOTAL RECORDS, P.O. BOX 68760,

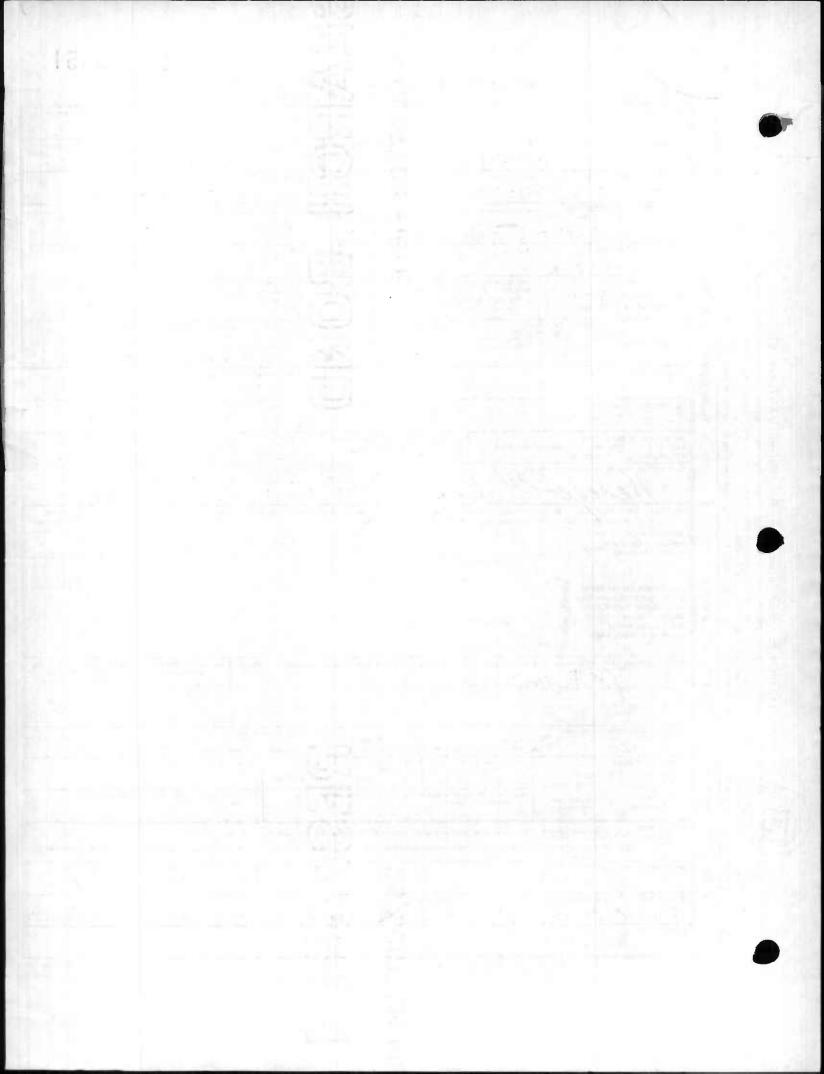
TO THE HOSTICAL OF PARTICIPATION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSTICAL OF A TRANSPORT OF A STATE OF

1 - FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	REGISTRAR		CERT	IFICAL	E OF	DEATH	REG. NO).	
	1. DECEDENT'S NAME (First, Middle, Last) JO	hn	Pie	etrusk	ta		2. DATE OF DEATH MONTH November	12, 1994	3. TIME OF DEATH 7:30 P. M
		5. SEX 6 1 [X] M 2 [] F	AGE (In yrs. lest birthdo	MONTHS	DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) March 15,	Cou	THPLACE (State or Foreign
)R	90. FACILITY NAME (If not institution, give stre Fort Washington M		enter	9b. CIT		Washing	EATH	9c. COUNTY OF	DEATH
5	RESIDENCE OF DECEDENT		on cer		1011	wasiiiiig	3 LOII	FITTICE	George's
DIRE	Maryland Princ	e George'	The second secon	xon F		TION			10d. INSIDE CITY LIMITS? 1 TYPES 2 NO
ERAL	10a. STREET AND NUMBER 322 Brockton Roa	d			10	20745		U.S.	WHAT COUNTRY?
BY FUNERAL DIRECTOR	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	EVER IN U.S. ARMED YES 2 NO TOR DATES	13	If yes, sp	CENDENT OF HISPA ecity Cuban, Mexic 2.4 NO Speci	NIC ORIGIN? (Specify Yean, Puerto Ricen, etc.) 79:	s or No — 14. RA	CE — American Indian, ck, White, atc.
8	15. DECEDENT'S EDUCA	TION	16e. DECEDEN	T'S USUAL (OCCUPATI	ON	16b. KIND OF BU	SINESS/INDUSTRY	
COMPLETED	(Specify only highest grade or Elementary/Secondary (0-12)	College (1-4 or 5+)	Procur	T use retired.)	icer	U.S. Pos	st Office	- Fed.Gov't
8	17. FATHER'S NAME (First, Middle, Last)			_			AME (First, Middle, Meider		100.000
BE C	John P:	ietruska				Soph	ia Wegla	rr	
10	Jean Pietruska						Poute Number, City or Tow on Hill, M		20745
	20a. METHOD OF DISPOSITION 1 17 Burlel 2 Cremation 3 Remov	al from State	20b. PLACE AND DA	TE OF DISPO	SITION (N	ame of		CATION - City or	Town, State
	21. SIGNATURE OF FUHERAL SERVICE LICES	DW al	2.1)	22	Geor	nd adoress of Fa	las Funera	1 Home	
	23. PART I. Enter the dispesses, or co	nace	w				11 Rd. Oxc		Md.20745
	shock, or Feart fallure. Li IMMEDIATE CAUSE (Final disease or condition resulting in death) a.	st only one cause	on each line.	EIT			t Paile		Approximata Interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST		R AS A CONSEQUENCE	,					710
MEDICAL	PART II. Other significent conditions	contributing to de	eath but not resulting	ng In the u	nderlyln	g cause given in	Part I. 24a, WAS APPERFO	RMED?	IN. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:				LACE OF OEATH (CI	heck only one)		
S			R/Outpatient 3 🗆 DO	OTHE		ne 5 🗆 Residenca	6 C Other (Specify)		
BY PH	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28s. DATE OF IN (Month, Day,	JURY 26b.	TIME OF INJURY M	WC	URY AT DRK? YES 2 NO	28d. DESCRIBE HOW	INJURY OCCURED	
ED	3 Suicide 6 Could not be detarmined	28s. PLACE OF i	NJURY — At home, fan (Specify)	m, street, fa	ctory, offic	8	281. LOCATION (Street City or Town, State	and Number or Rura)	Poute Number,
COMPLET	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICI 2 MEDICAL EXAMINER:						e to the cause(a) and ma		(s) and manner as stated.
TO BE C	29b. SIGNATURE AND TITLE OF CENTRIER			2		29c. LICENSE NU	MBER 1431	29d. DATE SIGNE	(Month, Day, Year)
-	30. NAME AND ADDRESS OF PERSON WHO FIAM M. / C.	COMPLETED CAUSE	OF DEATH (ITEM 27) (I	ype, Print)	11	11 11	#60 0x	ow thin	120145
	31. DATE FILED (MONTH, Dev. Year) 4 19	32. REGISTRAR'S	ia Davidson-V	Pandale		an .			



The law requires that the death certificate be executed within 34 hours after death. Page 6 may be retained by the hospital or attending physician.

The set of the strength of the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be attended for use as the burial-transit permit. BALTIMORE, MARYLAND 21215-0020

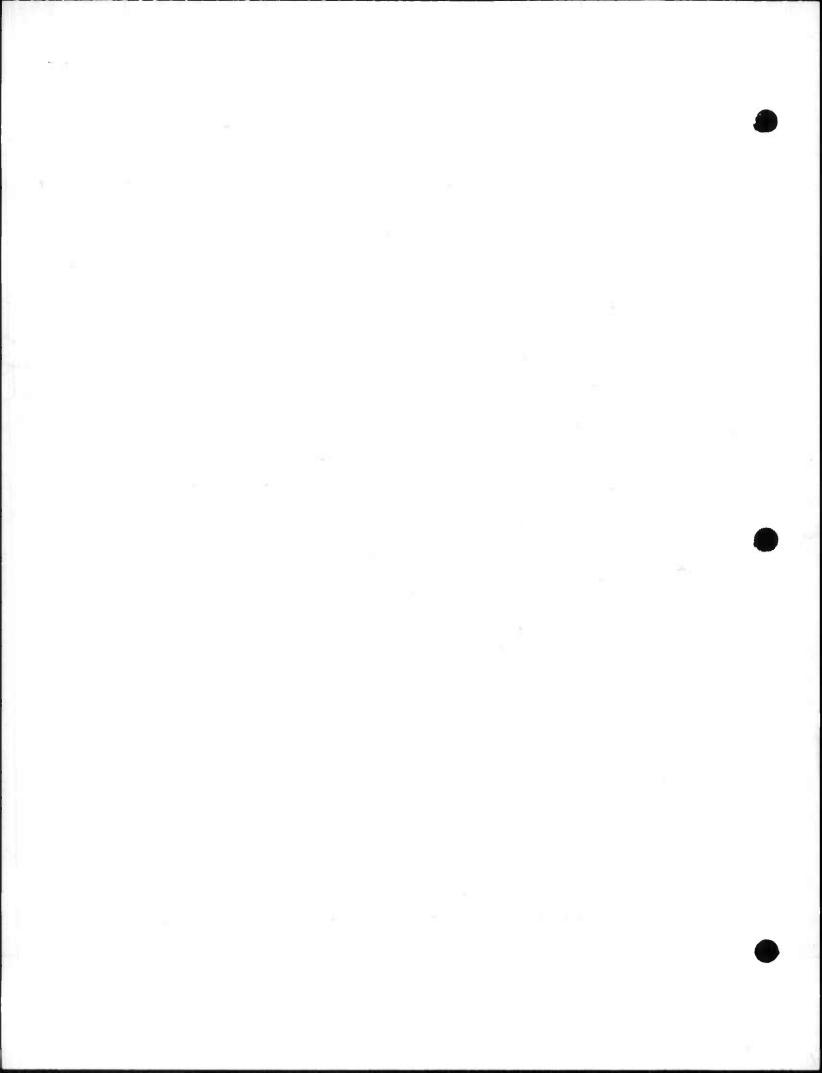
BOX 68760,

marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

9	900
5	20
HAUT VITAL RECORDS, P.O. BOX	requires that the death certificate be
J.	death
	the
7	that
KEC	requires
_	MP
4	: The law
5	IAN:
5.	MSICIAN
E	10
1	3

THE HOSP TO THE FUNERA BE filed within Z

	1 - FOR STATE REGISTRAR	STATE OF MARYL			F HEALTH AND	MENTAL	HYGIENI REG. NO.	E		
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE (OF DEATH			3. TIME OF DEATH
	Robert Louis POI	LLARD				MONTH			994	5:26am
- N	4. SOCIAL SECURITY NUMBER		In yrs. last birthday)	IF UNDER 1 YE	AR IF UNDER 24 HRS.	7. DATE C	F BIRTH			PLACE (State or Foreign
	577-58-7254 9e. FACILITY NAME (If not institution, give si		95 YRS.	MONTHS DA		Apri	Day, Year) 1 29,1	899	Tex	xas
DIRECTOR	Doctors Commun	,		Lan	VN OR LOCATION OF D	DEATH		9c. COUNT		e George's
គួ	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY	,	100 CIT	Y, TOWN OR LO	CATION				$\overline{}$	
<u>E</u>			100							10d. INSIDE CITY LIMITS?
	D. C. N/A 10e. STREET AND NUMBER		Wa	shingt			-			1 X YES 2 NO
FUNERAL		A NT T	т.		10f. ZIP CODE					HAT COUNTRY?
Ä	4105 New Hampshin				20011					States
교	1 Never Merried 2 Merried	12. WAS DECEDENT EVER IN FORCES? 1 X YES	2 NO	13. WAS	DECENDENT OF HISPA , specify Cuben, Mexic	INIC ORIGIN?	(Specify Yee ican, atc.)	or No-	14. RACE Black	— Americen Indien, , White, etc.
BY	3 Widowed 4 Divorced	WW II	ATES	1 🗆	YES 2 X NO Spec	ity:			Specif	
	15. DECEDENT'S EDUC		16a. DECEDENT'S	LISUAL OCCUR	ATION	165	KIND OF BUS	INESS (INDI	10TDV	Black
E I	(Specify only highest grade Elementery/Secondary (0-12)	completed)	(Give kind of a	work done during	most of working	100.	KIND OF BUS	INE35/INDU	JSIMI	
2	Elementary/Secondary (0-12)	College (1-4 or 5+) 5+	Office	e r		1	J.S. A	emar.		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		OTITIES		18. MOTHER'S N					
	Sam Pollard				Lula V			ourname)		
ᆱ	19e. INFORMANT'S NAME (Type/Print)		105 MAILING	ADDRESS /Sw	et and Number or Rural			Ov. 1. W.	0.41	
임	Robert L. Pollaro	1. Ir			Drive, La				Joon)	
	20 METHOD OF DISPOSITION		PLACEANDDATE	_		DATE	_	CATION — C	Ma 90	
	1 Buriel 2 Cremetion 3 Remo	oval from State com	etery, cremetory or o	ther plece)		1				
- 1	21. SIGNATURE OF FUNERIAL SERVICE LIC	ENSEE A	lington		Cem. II	1/14/9	4 Ft.	Myer	, Vi	rginia
	1 26.111	nna	2-		ire Funer		rvice	. Inc		
	10000	0/100	7-	7400	Georgia	Ave.	N.W.,	Wash	ingt	on, D.C.
	23. PART I. Enter the disesses, or c	ompilestions that esused List only one esuse on ea	the desth. Do r	ot enter the	mode of dying, suc	ch aa cardi	sc or respir	atory srre	at,	Approximate
1	IMMEDIATE CAUSE (Finsi		0							interval Between Onset and Death
	disease or condition resulting in death)	Jet CE	3 Sun	draw	0					
		DUE TO (OR AS"A	CONSEQUENCE OF	F):						
Z	Sequentially list conditions,	, delecte	d dec	ridu	$\overline{\lambda}$					
Ĕ	if any, leading to immediate	DUE TO (OR AS A	CONSEQUENCE OF	T):						
2	CAUSE (Disesae or Injury	. Hovance	o aux	hud	~					
Ë	that initisted eventa rasuiting in desth) LAST		CONSEQUENCE OF	71						
CERTIFICATION		. yung	levue	- 1	or game your time					
AL C	PART ii. Other significant conditions	s contributing to death b	ut not resulting	in the under	ying cause given in	Part I.	24a. WAS AN /	AUTOPSY	24b.	WERE AUTOPSY FINDINGS
<u>ŏ</u>							PERFORI	WED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE
PHYSICIAN: MEDIC							1 TYES 2	F NO	1	DF DEATH?
Σ	DID TOBACCO USE CONTR	DIRLITE TO CALISE O	E DE ATU VE	C D NO	EX UNICEDIAL					1 TES 2 NO
A N	25. WAS CASE REFERRED TO MEDICAL		28. PLACE OF DEAT			иП				
ᅙ	EXAMINER?	HOSPITAL:		OTHER:						
<u>~</u> ∥	27. MANNER OF DEATH	28e. DATE OF INJURY	28b. TIM		forme 5 Reeldence	7	-			
	1X Neturel 5 Pending	(Month, Day, Year)		URY	INJURY AT WORK? YES 2 NO	280. DESC	RIBE HOW IN	JURY OCCL	JRED	
À	2 Accident Investigation	28e. PLACE OF INJURY	— At home form a			204 1 004	TION (0	- 7.11	2	
	3 Suicide 8 Could not be 4 Homicide determined	building, etc. (Speci	ify)	Arset, rectory, i	ille)		TION (Street er Town, State)	nd Number o	r Rural R	oute Number,
<u> </u>	29e. CERTIFIER									
COMPLETED	(Check only	CIAN: To the best of my knowle								
ġ I	2 MEDICAL EXAMINER	R: On the basis of examination	end/or investigation	n, in my opinio	n, death occured at the	e time, date e	end place, end	due to the	ceuse(e)	end menner se stated.
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	No.			29c. LICENSE NU			29d. DATE	SIGNED	(Month, Day, Year)
2	Party	Que Q			D 2030	2		1	151	94
-	30. NAME AND ADDRESS OF PERSON WITH	-								1
	Robert Gereige, M	.D., 4410 -	74th Ave	., Lan	dover Hil	1s, M	D 2078	36		_ = 1
	NOV 1 4 1994		JURE Randa	20_						
	MUAT # 100	(January Salas)	.,,							



BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

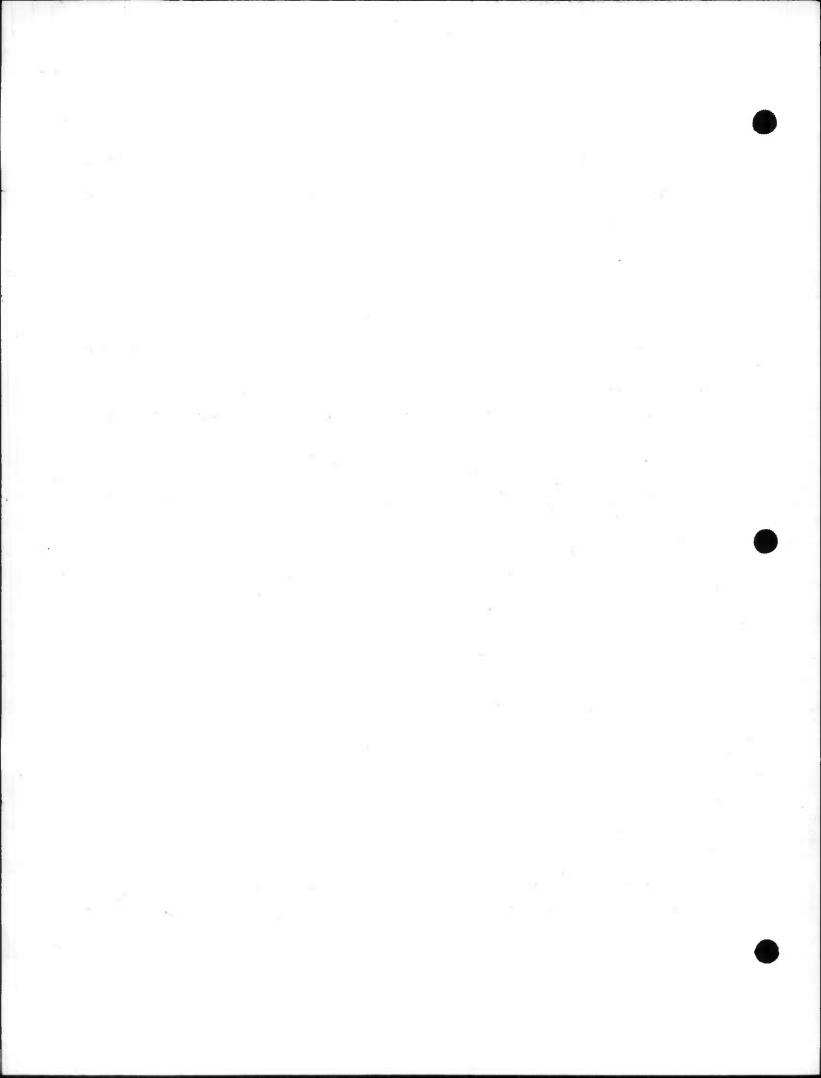
TO THE HIGH ONE STATEMENT The law requires that the death certificate be executed with Thours after death. Page 6 may be retained by the hospital or attending physician.

TO THE HIGH DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be made to the state begins of Health and Mental Hygiens prior to burial, cremation, or removal.

INDORTRANT. II item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH
REG NO.

	TIEGIOTTIAT		OLITIII	ICALE	JE DEATH	HEG. NO).		
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH	MY	YEAR 3.	TIME OF DEATN
	DANIEL	PEE				11- 1		94	11:00A _M
	4. SOCIAL SECURITY NUMBER	ECURITY NUMBER 5. SEX 6. AGE (In)			yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS.			8. BIRTNPL	ACE (State or Foreign
6	406-10-7677	1 → M 2 □ F	86 YRS.	MONTHS DA	YS HOURS MIN.	(Month, Day, Year) 02-16-1	908	Country)	ion,S.C.
	9a. FACILITY NAME (If not institution, give s	street and number)		9b. CITY, TO	WN OR LOCATION OF D			ITY OF DEAT	
D.	ARCOLA NURSING	REHARTIT	TATION	STI	VER SPRI	NC	MON	TGOME	FRV
5	ARCOLA NURSING					NO	THOM.	100111	
DIRECTOR	Monary Lond Mon		1 -	Y, TOWN OR L				10	d. INSIDE CITY LIMITS?
		tgomery	S	ilver	Spring			15	YES 2 NO
A	10e. STREET AND NUMBER				101. ZIP CODE				AT COUNTRY?
<u> </u>	901 Arcola Av	enue			20902		1	USA	
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVE FORCES? 1 Y	R IN U.S. ARMED	13. WAS	DECENDENT OF NISPA	NIC ORIGIN? (Specify Ye	a or No-	14. RACE —	American Indian, Vhita, atc.
BY F	1 Never Married 2 Married 3 X Widowed 4 Divorced	IF YES, GIVE WAR OF			s, specify Cuben, Mexico YES 2 NO Speci			Specify:	vritta, atc.
		1			Λ.			BL	ACK
빌	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	18a. DECEDENT'S (Give kind of	work done durin	PATION g most of working	16b. KIND OF BU	SINESS/INDI	USTRY	
Щ	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT u	se retired.)	All The second		0 C . T		
MP	8th		Prin	ter		Dept.	OF T	reasi	ıry
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	AME (First, Middle, Maider	Sumame)		-
H	George Pee				Josep	hine Day	is-P	ee	
2	19e. INFORMANT'S NAME (Type/Print)				reet and Number or Rural	Route Number, City or Tov	vn, State, Zip	Code)	
F	Maxie Pee/son		4312	Varn	um P1.,N	E Wash.	, DC	2001	7
	20a, METNOD OF DISPOSITION	agual from State	20b. PLACE AND DATE	OF DISPOSITIO	N (Neme of	DATE 20c. LC	CATION —	City or Town.	, State
	Burial 2 Cremation 3 Ram		Centenv	iIIe	Cemetery	C	enter	ısvil	1e,S.C.
	21. SIGNATURE OF FUNERAL SERVICE LI	DENSEE			E AND ADDRESS OF FA				
	6 IVailil	1-71	and o	Rob	ert G. M	lason Fun	eral	Home	e, Inc.
_	22 PARY I Street by discount		erial	1166	1 Cood H	ope Rd.	SE	Wash	DC 2002
	23. PART I. Enter the diseases, or shoot, or heart failure.	List only one cause of	n each line.	not enter the	mode of dylng, suc	ch as cardiac or resp	iratory arre	est,	Approximate Interval Batween
	IMMEDIATE CAUSE (Final								Onset and Death
	disease or condition ————————————————————————————————————	O. SELTICA DUE TO (OR A	MIA						1 WK
- 4		DUE TO (OR A	IS A CONSEQUENCE O	F):	,				
Z	Sequentially list conditions,	b. SENILA	E NAW	TIOD	CACHEX	CIA			WEXICS
CERTIFICATION	If any, leading to immediate	b. SENILA DUE TO (OR A C. DUE TO (OR A	AS A CONSEQUENCE O	F):					WEAKS
2	CAUSE (Disease or injury	a ALZA	HEIMERY	DE	MENTIA				7200
#	that initiated events resulting in death) LAST	DUE TO (OR A	IS A CONSEQUENCE O	F):					
65		d							
	PART II. Other algnificent condition	ne contributing to deet	h but not resulting	in the under	iving ceuse given in	Part I. 24s. WAS AF	AUTOPSY	24b W	ERE AUTOPSY FINDINGS
EDICAL					,	PERFO	RMED?	AV	AILABLE PRIOR TO OMPLETION OF CAUSE
						t 🗆 YES	X40		DEATH?
Σ	·							11	YES 2 NO
PHYSICIAN:	AS WAS CASE DEFENDED TO HEROLOGIC								
10	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	6. PLACE OF DEATH (CI	heck only one)			
YS	1 TES 2 NO	1 Inpatient 2 ER/C		4 Nursing	Home 5 - Residence	8 Other (Specify)			
F	27. MANNER OF DEATN	(Month, Day, Yes		IE OF 280	: INJURY AT WORK?	28d. DESCRIBE HOW	INJURY OCC	URED	
BY	t Natural 5 Pending 2 Accident Investigation			M 1	YES 2 NO				
	3 Suicide 8 Could not be	28e. PLACE OF INJU building, atc. (S	URY — At home, farm, Specify)	street, factory,	office	281. LOCATION (Street City or Town, State		or Rural Rout	le Number,
	4 Nomicide determined						,		
2	29a. CERTIFIER (Check only	ICIAN: To the best of my kr	nowledge, death occurr	ed at the time.	date and place, and du	to the cause(e) and me	Oper oe state	id	
COMPLETED		ER: On the beals of examina							nd manner as stated.
	290 SIGNATURE AND TITLE OF CERTIFIE				T				
8	h. T		2		29c. LICENSE NU	MDER G V.V	29d, DATE	SIGNED (M	onth Day, Year)
2	38. NAME AND ADDRESS OF PERSON WH	D COMPLETED CAUSE OF	DESTRUCTED STORY	Betteri	ID OR	1 ++		11/14	477
10	MALTINE	SHAP CAL	DEATH (ITEM 27) (BON	(Tribut)	3720	FARRAGE	17	ME	0 =
	II DATE SUED CHANGE CO.	10000	~ 1)		KKW	146704	143	208	75
	31. DATE FILED (Month, Day, Year)	20 A	dson-Randal	2.		,			
	NOV 1 7 1994	CHANG WALL	Literack						



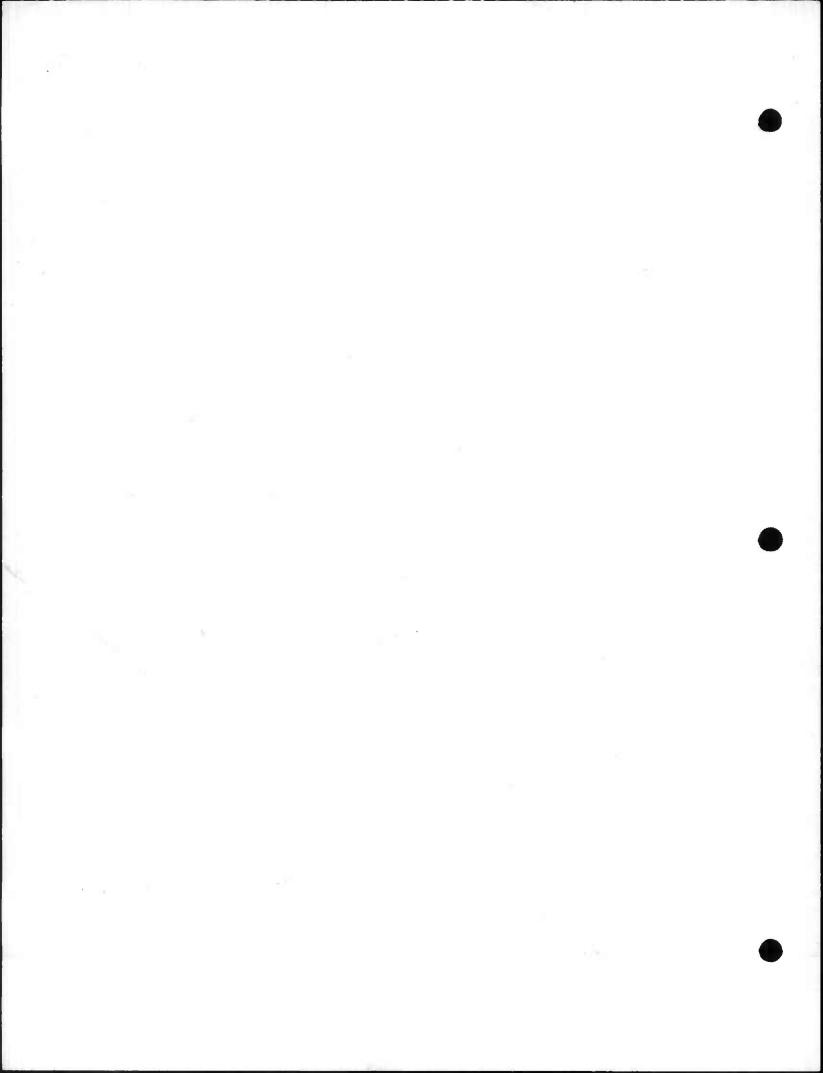
BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

EACHAL UNECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. INLORATENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

STAT	E OF	MARYLAND	/ DEPARTMENT	OF	HEALTH	AND	MENTAL	HYGIENE
		C	CERTIFICATE	0	F DEAT	TH		REG NO

	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPART CERTIFIC			MENTAL HYGIE		0000	<i>y</i> 18
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF OEATN		3. TIME OF	OEATN
	Lucy Mary PHE	TTEPLACE				November		YEAR 194 0134	
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (in yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		BIRTNPLACE (State	
	214-28-5281	1 - M 2 1 F 8	YRS.	ONTHS DAYS	HOURS MIN.	March 19,	191d	Maryland	1
	9a. FACILITY NAME (If not institution, give s	treet and number)	1	b. CITY, TOWN (OR LOCATION OF O		_	Y OF DEATH	1
DIRECTOR	Washington Count	y Hospital			rstown			hinton	
EC	10a. STATE 10b. COUNTY	Υ	10c. CITY.	TOWN OR LOCAT	ION			10d. INSIDE	CITY
8	Maryland W	ashington	1					LIMITS?	
	10s. STREET AND NUMBER	ashington		Hagers	ZIP CODE		T 100 CITIZE	1 TYES 2	2.2
FUNERAL	1922 Dual Highwa	V			21740		'	S.A.	
<u>z</u>	11. MARITAL STATUS	12. WAS DECEDENT EVER IN	U.S. ARMEO	13, WAS DEC	==1.10	NIC ORIGIN? (Specify Y		4. RACE — American	Indian
	1 Never Merried 2 Married	FORCES? 1 YES	2 X NO	If yes, sp		nn, Puarto Rican, stc.)		Black, White, etc.	moran,
B√	3 X Widowed 4 Divorced			1	Z IX NO Specif	7.		White	
	15. OECEDENT'S EOU (Specify only highest grade	CATION completed)	16a. DECEDENT'S US	SUAL OCCUPATION done during mo	ON at of working	16b. KIND OF BI	USINESS/INDUS	STRY	
91	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use i	retired.)	at or working				
₽	12	0	Unit Ma	nager		Tuppe	rware		
COMPLETED	17. FATNER'S NAME (First, Middle, Last)				18. MOTNER'S NA	ME (First, Middle, Maide	n Surname)		
BE	Welty Grossnickl	e			Carri	ie Waters			
2	19a. INFORMANT'S NAME (Type/Print)		196. MAILING A	DORESS (Street a	nd Number or Rural	Route Number, City or To	wn, State, Zip Co	ode)	
-	Louise Snyder		20227 N	ational	Pike H	Hagerstown	, Md.	21740	
	20a, METHOO OF DISPOSITION 1 ◯ Burial 2 □ Cremation 3 □ Rame	oval Irom State 20b.	PLACE AND DATE OF	DISPOSITION (Na	me of	OATE 20c. L	OCATION — CIT	y or Town, Slata	1
	4 Donation 5 Other (Specify)	Gro	ossnickle	Ch. of	Brethre	en 11-26-9	4 Elle:	rton, Md.	
	21, SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	•	22. NAME AF	IO ADDRESS OF FA	Minnic	h Fune	ral Home	
	-coal	/// len	run	415 E	. Wilson	n Blvd. Ha	gersto	wn, Md. 2	1740
	23. PART i. Enter the diseases, or o	complications that caused List only one cause on as	tha death. Do not	anter tha mo	da of dying, suc	h an cardiac or reap	piratory arres		ximata
	IMMEDIATE CAUSE (Final	clat Offly Offa Cauda Off as	ich iina.	,	0	11	7.		and Daath
	disease or condition reaulting in death)	Seller	- alu	Michi	neuler	_ Ileo	lee	j	
		DUE TO (OR AS A	CONSEQUENCE OF			/			
Z	Sequentially list conditions,	. alta	perul	allon	>				
ĔI	if any, leading to immediate	DUE TO (OR AS A	COMSEQUENCE OF):	1.	A. a	0			
5	CAUSE (Disease or injury	C. OUE TO (OR AS A	cary a	ruly,	lelal	2			
Ē	that initiated eventa resulting in death) LAST	OUE TO (OH AS A	CONSECUENCE	-/-				i	
CERTIFICATION		d	you we	cco					
AL.	PART II. Other aignificant condition	a contributing to dasth bu	ut not resulting in	the underlying	cause given in	Part I. 24s. WAS A		24b. WERE AUTOPS	
<u>Š</u>						1 TYES	RMED?	AVAILABLE PR COMPLETION	OF CAUSE
ij.								OF OEATH?	□NO
ä	DID TOBACCO USE CONTR	RIBUTE TO CAUSE OF	F DEATH YES	□ NO □	UNCERTAIL	N 🗆			
동	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		6. PLACE OF DEATN	(Check only one)					
Š	1 TYES 2 HO	HOSPITAL: 1 Inpetient 2 I ER/Output		THER: Nursing Nom	5 - Residence	8 Other (Specify)			
PHYSICIAN: MEDIC	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b, TIME (OF 28c. INJ		28d. OEŞCRIBE NOW	INJURY OCCUP	REO	
à	1 Pending 2 Accident Investigation				ES 2 NO				
	3 Suicide 8 Could not be	28e. PLACE OF INJURY building, stc. (Speci	— At home, lerm, stre f(y)	et, lactory, office		281. LOCATION (Street City or Town, State	and Number or	Rural Route Number,	
COMPLETED									
ᆲᆘ	(Check only 1 CERTIFYING PNYSH	CIAN: To the best of my knowle	edge, death occurred	at the Jime, date	and place, and due	lo lhe cause(s) and ma	inner an stated.		
8 ∥	one) 2 MEOICAL EXAMINE	R: On the basis of examination	and/or investigation,	in my opinion, d	eath occured at the	time, date and place, a	nd due to the c	ause(a) and menner	an stated.
w II	296. SIGNATURE AND TITLE OF CONTIFIES	0			296 LICENSE NUI	WBER	294. DATE S	DONED (Magin Day, N	bar)
∞ ∥	SAMUEL ()	(El (May mo) 036655 > 11/2 May							
임	30. NAME AND ADDRESS OF PERSON WHO							417	
	Samuel Chan, 1185	Mt. Aetna R	ld., Hagen	stown,	Md. 217	40		91	
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNA	TURE						
	NOV 25 1994	of order Dande	in fadelle						



this certificate h

After

6

P 8

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

'94

31. DATE FILED (Month, Day, Year)

Mp

32. REGISTRAR'S SIGNATURE

B

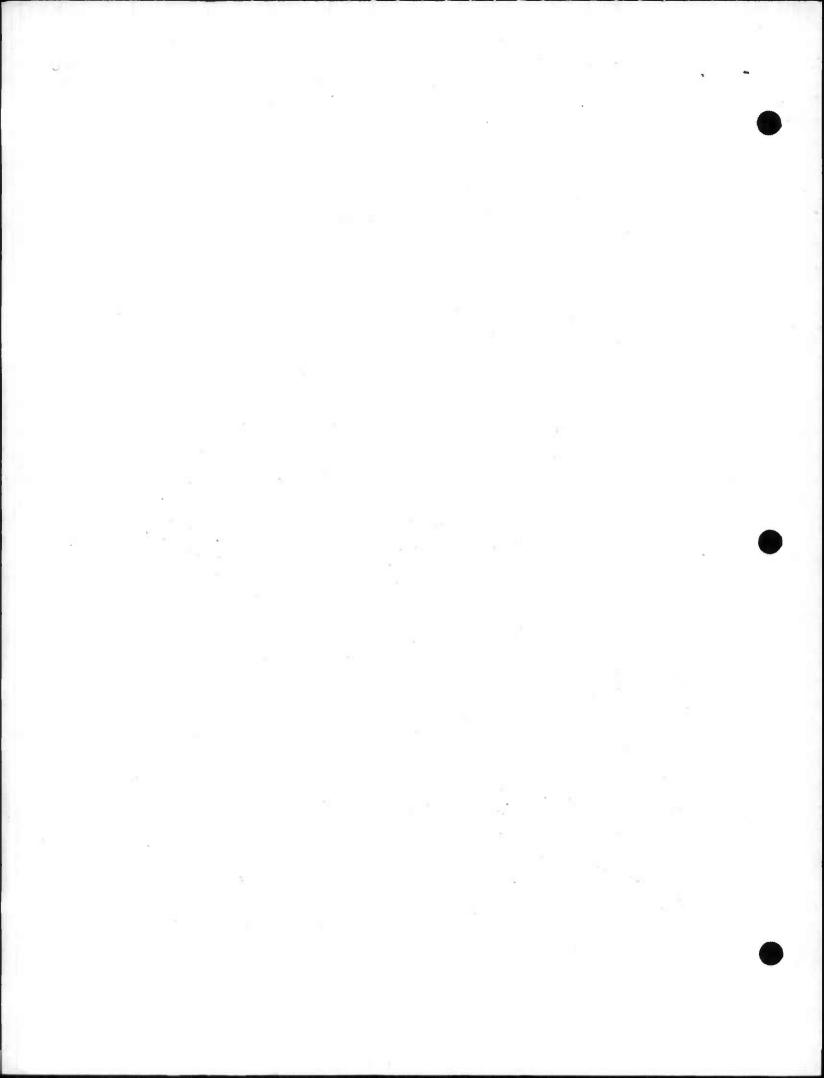
priysiciari.	burial-transit	
nospital or attenuing pr	ise as the	
e Hospital of	etached for use as the burial-	
etallieu by III	ge 5 should be de	
may be	tor, page 5	
ns arier ueatin. Fage o may be retaine	neral direct	
ווא פוופו חפי	My filled in by the funeral director, page	removal.
7011 47 1111	tely filled i	mation, or
te de executed within 24 hours	the attending physician and completely fill	burial, crematic
TIME OF	g physician	ene prior 1
e oralli cel	he attendin	Mental Hyg
Ulies triat to	has been signed by the attending	Health and
the we sade	has been	Dept. of I

Pages 1, 2, 3 should

1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 2 7 Florence Hurd 10 POSTLES 1994 10:10 PM 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign Country) DAYS HOURS 1 M 2 X 83 YRS. 213-16-7040 March 15. Maryland 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Wesleyan Health Care Center Denton Caroline RESIDENCE OF DECEDENT 10b. COUNTY 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Kent Chestertown 1 TYES 2 NO 10e, STREET AND NUMBER FUNERAL 10g. CITIZEN OF WHAT COUNTRY? 150 Flatland Road 21620 United States 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☒ NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-14. RACE — American Indian, Black, White, etc. 1 Never Merried 2 Married
2 Wildowed 4 Divorced If yes, specify Cuben, Maxicen, Puerto Ricen, etc.)

1 YES 2 NO Specify: BY COMPLETED 15. DECEDENT'S EDUCATION pecify only highest grade comple 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY 12 12 Clerk Typist Sales & Service 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surname) Abigaile Coverdale Walter Hurd BE notified 19s. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Delores Jones 150 Flat Land Road, Chestertown, Maryland 21620 pe 20a. METHOD OF DISPOSITION
11 Burlel 2 Cremetion 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State must Contern - October 29, 1994 Chestertown, Maryland 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE examiner 22. NAME AND ADDRESS OF FACILITY Fellows Funeral Homes, P.A. William L. King Jr. 370 Cypress Street, Millington, Maryland medical 23. PART i. Enter the disease, or complication not anter the moda of dying, such es cerdiac or reepiratory erreet, Approximata shock, or heert failure. Liet only g interval Between IMMEDIATE CAUSE (Finei **Onset and Death** the disease or condition C event, resulting in death) DUE TO (OR AS A CONSEQUENCE OF) traumatic CERTIFICATION Sequentially list conditions. DUE TO (OR AS A CONSEQUENCE OF). If any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initieted events resulting in deeth) LAST 10 PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? MEDICAL 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO any COMPLETION OF CAUSE 1 YES 2 NO 23 shows 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) OTHER:
4 Nursing Home 5 Residence 8 Other (Specify) HOSPITAL: 1 TES 2 NO 1 - Inpetient 2 - ER/Outpatient 3 - DDA 10 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED marked, 1 Natural 1 YES 2 NO BY 2 Accident Investigation 3 Sulcide 28e. PLACE OF INJURY — At home, term, atreet, factory, office building, stc. (Specify) 281, LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be datermined COMPLETED 4 Homicide 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, desth occurred at the time, data end place, end due to the cause(e) end menner as stated. 2 MEDICAL EXAMINER: On the ba ition end/or investigation, in my opinion, death occured at the time, date end placa, and due to the cause(e) and menner se stated 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER BE 2

O. BOX



(0)	2
~	7
~	4
w	- 2
9	é
~	é
\sim	9
0	-
m	- 8
щ	5
	14
\circ	7
	5
₾.	4
_	- 5
'n	2
~	0
	£
~	-
=	5
O.	-
(1	q
\sim	-
ш	ç
000	5
_	3
_	C
ď	
	6
	-
_	2
_	8
11	2
	Ŕ
0	5
	ā
Z	c
$\overline{}$	2
_	ā
- A	2
41	INTENDING DEVOICIBILITY The law requires that the death certificate he executed u
INISION OF VITAL RECORDS, P.O. BOX 6876	4
_	-
_	- 55

ending physician.	After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should		
e nospital or att	etached for use		nce.
urs arrer dearn. Page to may be retained by the	5 should be d		notified at o
rage to may be	il director, page		ner must be
irs arter death.	n by the funera	removal.	edicai exami
U WILTIN 24 1100	impletely filled i	, cremation, or	event, the m
care de execure	hysician and co	e prior to burial	er traumatic
trial the death certificate be executed within 24 hours at	the attending p	Mental Hygien	njury, or othe
CIAN: THE TAW requires trial	been signed by	t. of Health and	shows any
SICIAN: 1:16 lay	certificate has	the State Dep	l, or item 23
ENDING PAT	INDR. After this	after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be n

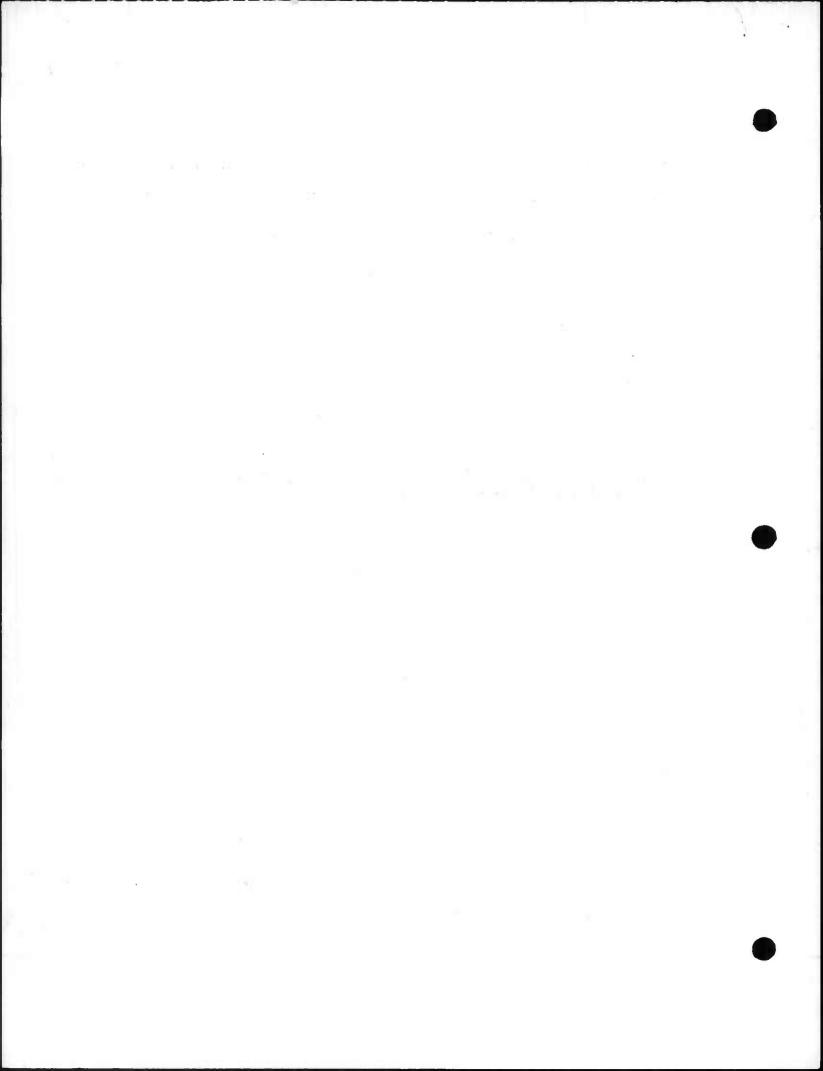
	1 - FOR STATE REGISTRAR	STATE DF MARYLAND (/ DEPARTMEN ERTIFICAT				MENTAL HYGIEN			
	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF DEATH		3	. TIME OF DEATH
	Garrison	Hen	rv [Phill	ips	Sr.	November		994	10:49 A
		SEX 6. AGE (In yrs. Is		R 1 YEAR	IF UNDER	24 MDC	7 DATE OF BIRTH	1.	. BIRTHPL	ACE (State or Foreign
	217-12-3455	X M 2 □ F 71	YRS. MONTHS	DAYS	HOURS	MIN.	June 10,19	923	Country)	on, MD
	9a. FACILITY NAME (If not institution, give street	and number)	9b. CIT	Y, TOWN O	R LOCATIO			9c. COUNT		
OR	The Kent and Queen	Anne's Hospit	al,Inc.	C	hest	erto	wn	K	ent	
בַּ	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY		10c. CITY, TOWN	0010017						
DIRECTOR	MD KE	NT		TERTO					100	Dd. INSIDE CITY LIMITS? YES 2 NO
	10e. STREET AND NUMBER				ZIP CODE			100 CITIZE		AT COUNTRY?
FUNERAL	7478 PO	PLAR AVENUE			216	20		USA		
S	11. MARITAL STATUS 12	. WAS DECEDENT EVER IN U.S. A	RMED 13				IC ORIGIN? (Specify Yes	or No- 1	I. RACE -	- American Indian,
ВУ F	1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? X YES 2 IF YES, GIVE WAR OR DATES	NO	If yes, spe		Specify:	, Puerto Rican, atc.)			White, atc. BLACK
										DLAGK
TEI	15. DECEDENT'S EDUCATI (Specify only highest grade con	npleted) ((ECEDENT'S USUAL (Give kind of work done a. Do NOT use retired.,	during mos	N I of working	9	16b. KIND OF BUS	SINESS/INDUS	STRY	
PLE	Elementary/Secondary (0-12)	Ollege (1-4 or 5 +)	'ARMER	,			FARM]	ING		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		A II G II JA	Т	18 MOTH	ED'S NAM	NE (First, Middle, Maiden			
	GARRISON O. PHI	LLIPS			10, MO111		ANSEY HENE			
BE (19a. INFORMANT'S NAME (Type/Print)	11	b. MAILING ADDRES	SS (Street an	nd Number	or Runal R	oute Number, City or Town	n, State. Zip C	ode)	
2	BLANCHE PHILL	IPS	7478 PO	PLAR	AVEN	UE,	CHESTERTOV	VN MD	2162	0
	20e. METHOD OF DISPOSITION 1 X Burlel 2 Cremation 3 Removal	from State	AND DATE OF DISPO	SITION (Nar	ne of		DATE 29c. LO	CATION — CI	y or Town	, Stata
T 10	4 Donation 5 Other (Specify)	St. "G	ematory or other place eorge Cel	meter	У			orton,		
	21. SIGNATURE OF CHERNIAL DERVICE LICENS	JEE	B	NAME AN	Smi	S OF FAC	uneral Hon	ne. P.	0. 6	91
	* Xoun Xt. 2	Muco.		Do	ver	De 1	9903	,		
	23. PARTN Enter the diseases, or com	pilications that caused tha d	eath. Do not anta	r the mod	da of dylr	ng, such	aa cardiac or reapi	ratory arres	it,	Approximate
	iMMEDIATE CAUSE (Final									Interval Batween Onset and Dasth
	disesse or condition resulting in death)	DUE TO (OR AS/A CONSE Generals	ne	9-8	And	rel	liowe	l		
		DUE TO (OR AS A CONSE	OUENCE OF):	,						
Z	Sequentially list conditions, b	DUE TO (OR AS A CONSE	jed o	whe	4050	Ker	sin			
Ě	if sny, leading to immediate cause. Enter UNDERLYING	DUE TO (OH AS A CONSE	QUENCE OF):							j
윤	CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF):							-		
CERTIFICATION	resulting in death) LAST									
	PART II. Other significant conditions of	antibution to doub but not								
₽ B		Dry (3) Co	VA G	Page 1997	-	Ivan in F	Part I. 24a. WAS AN PERFOR		AN	ERE AUTOPSY FINDINGS MILABLE PRIOR TO
	disorder.		7)	2	eyr	ne	1 YES 2	□ NO	o	OMPLETION OF CAUSE F DEATH?
Σ	DID TOBACCO USE CONTRIB	LITE TO CALISE OF DEA	ATU VEC 🗆	NO \square	UNIC	ERTAIN			1	YES 2 NO
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL		CE OF DEATH (Check		UNC	CKIAIN				
SIC	EXAMINER? 1 VES 2 DNO 1	OSPITAL:	OTHE	R:	s □ Pas	delanas II	Other (Specify)			
Ή	27. MANNER OF DEATH	28a. DATE OF INJURY	28b. TIME OF	28c. INJU	IRY AT	AGENCE C	28d. DESCRIBE HOW II	NJURY OCCU	RED	
ВУР	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJURY M	1 U Y	RK7 ES 2 🗌	NO				
	3 Suicide 8 Could not be	28s. PLACE OF INJURY — At he building, etc. (Specify)	ome, term, atreet, tec	ctory, office			28t. LOCATION (Street a City or Town, State)	nd Number or	Rural Rou	te Number,
1	4 Homicide datarmined						City or Town, State)			
COMPLETED	29a. CERTIFIER 1 CERTIFYING PHYSICIAN	Y: To the best of my knowledge, do	eath occurred at the	time, date o	end place,	and due t	o the cause(s) and man	ner as atated.		
OM	one) 2 MEDICAL EXAMINER: O	n the basis of exemination and/or	investigation, in my	opinion, de	ath occure	d at the t	lme, date end place, en	d due to the o	cause(s) a	nd manner as stated.
BEC	29b. SIGNATURE AND TITLE OF CERTIFIER				29c. LICEI	NSE NUM	BER	29d. DATE S	GIGNED (M	onth, Day, Year)
TO B	141/1 When,	ans.			05	-131	estown	> 11	14	194
F	30. NAME AND ADDRESS OF PERSON WHO CO		M 27) (Type, Print)	CF	0	,		10	,	
	KIN K. WUI	,	orgh	25	Cl	unt	elown,	and	_ 2	1620
5	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNATURE	0							
-	NOV 9 '94	Julia Davidson	-Mandable							

0	
σ.	
10	-
RECORDS,	
7	
ō	4
ŭ	
Ш	
α	
A	
ITAL	•
>	1
u.	1
ğ	ł
7	7
ā	j
J.	Ŕ
3/	ã
≥.	
~	7

DIVISION OF VITAL RECORDS, P.O.	ш
IMEGON OF VITAL RECORDS,	Ö
IMEGON OF VITAL RECOF	σ.
IMEGON OF VITAL RECOF	S,
IMESTON OF VITAL R	R
IMESTON OF VITAL R	S
INTERIOR DE VITAL	RE
INTERON DE VI	1
DIVESTON DE V	E
Norsmid	>
Notistid	۔قر
SIMIS	o S
d'	弘
9	₹,
	9

THE HOSPITH OF PRESENTATIONS The law requires that the death certificate be executed within four after death. Page 6 may be retained by the hospital or attending physician.	THE FUNERAL CHARTON CONTROL TO THE CASE OF THE ASSENCE OF THE ASSE	led within 72 men and course in the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	ORTANT: If them Zery marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
THE H	THE FI	e filed w	MPORT/

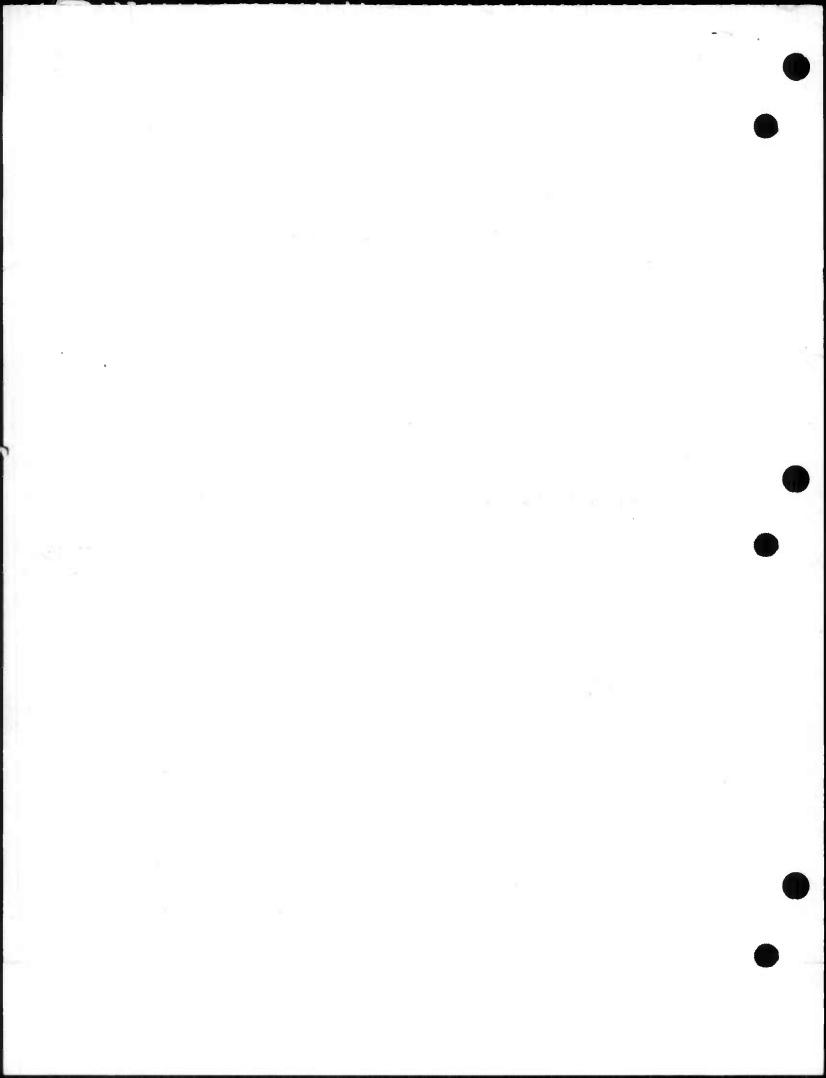
	1 - STATE REGISTRAR	STATE OF MAI		TMENT OF HEALTH AN		YGIENE EG. NO.			
	1. DECEDENT'S NAME (First, Middle, Las	st)			2. DATE OF D		3. TIME OF DEATH		
	Maude	Eleanor	թ; 1 Ն	erton	MONTH	DAY	YEAR ID CT 4		
	4. SOCIAL SECURITY NUMBER		AGE (In yrs. last birthday)	IF UNDER 1 YEAR IF UNDER 24 H		1994	1/U 35 "		
	The Country of the Co	1 M 2 VF			Month, Day,		Country)		
	213-54-8074	75	76 YAS.		June 2	3. 1918	Maryland		
~	Se. FACILITY NAME (If not institution, give	re street and number)	1	9b. CITY, TOWN OR LOCATION (OF DEATH	9c. COUN	TY OF DEATH		
Ö	St Mary & Hosp	ital_	_	Leonardtown		St.	Mary's		
DIRECTOR	10e, STATE 10b, COU			TOWN OR LOCATION					
Ë			10c. CITY	, TOWN OR LOCATION			10d. INSIDE CITY LIMITS?		
		St. Mary's	M	<u>lechanicsville</u>			1 TYES 2 NO		
M	10e. STREET AND NUMBER			10f. ZIP CODE		10g. CITIZ	EN OF WHAT COUNTRY?		
ij	Box 1460			2065	9		U.S.A.		
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EV FORCES? 1	VER IN U.S. ARMED	13. WAS DECENDENT OF H	ISPANIC ORIGIN? (Spe	ecify Yea or No-	14. RACE — American Indian.		
ВУ	1 Never Merried 2 Merried 3 Wildowed 4 Divorced	IF YES, GIVE WAR		If yes, specify Cuben, M 1 ☐ YES 2 ☑ NO S		etc.)	Specify:		
	3 M Millowed & Divolced								
茰	15. DECEDENT'S E (Specify only highest gro	DUCATION ade completed)		USUAL OCCUPATION ork done during most of working	16b. KIND	OF BUSINESS/INDL	JSTRY		
<u> </u>	Elamentary/Secondery (0-12)	College (1-4 or 5+)	life. Do NOT use	retired.)	1				
<u>=</u>	12th Grade		Coc	k	Boa	ard of Ed	lucation		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)	The state of the s		16. MOTHER	S NAME (First, Middle,	Meiden Surname)			
BE	Joseph	Dixie	Hill	Ida	Cath	nerine	Thompson		
	19a, INFORMANT'S NAME (Type/Print)		19b, MAILING	ADDRESS (Street and Number or F	Rural Route Number, Cit	ly or Town, State, Zip	Code)		
임	William D. Pilk	erton		9, Bushwood,			,		
	20s. METHOD OF DISPOSITION		20b. PLACE AND DATE O	EDISPOSITION (Name of	DATE	200 LOCATION - C	No or Town State		
	1 💢 Buriel 2 □ Cremetion 3 □ Re 4 □ Donation 5 □ Other (Specify)	emoval from State	cemetery crematory or oth	ner niecel					
	21. SIGNATURE OF FUNERAL SERVICE	LICENSEE A	Sc. Joseph	22. NAME AND ADDRESS O		HOIganza	, Haryrand		
	Jn. 1	14/6	1.			Funeral	Home, P.A.		
	11 schael	A Ava	rdener						
	23. PART L Entar the diseases, o	or complications that care. List only one cause	used the death. Do no	ot anter tha moda ot dying,	such as cerdiac o	or reapiratory srre	est, Approximate		
- 1	IMMEDIATE CAUSE (Final	e. Liat Only Ona Cause	on each lina.	9					
	disease or condition	Connec	hue V	east Z	P				
	resulting in death)	DUE TO (OR	AS A CONSEQUENCE OF	1		_	-		
_		- com	A	01.00	1				
9	Sequantially list conditions,	1 - 11 - 14 - 14 - 14 - 14 - 14 - 14 -	mives (artenme	MALAR	ry	Gears		
5 1	If any leading to Immediate	b. DUE/TO (OR	AS A CONSEQUENCE OF	andomy	oper	T.	Gears		
8 I	If any, leading to immadiata cause. Entar UNDERLYING	DUE/TO (OR	AS A CONSEQUENCE OF	ancomy	opes!	Z.	Gears		
S	cause. Enter UNDERLYING CAUSE (Disease or Injury	a. /	AS A CONSEQUENCE OF	aracomy	opasi,	Z.	Gears		
RTIFICA	cause. Enter UNDERLYING	a. /		aracomy	opasi	7	Gears		
CERTIFICA	csuse. Entar UNDERLYING CAUSE (Disease or Injury that Initiated eventa resulting In death) LAST	c. OUE TO (OR	AS A CONSEQUENCE OF		ppar	7.	Gears		
AL CERTIFICA	csuse. Entar UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST PART II. Other signiticant conditi	c. DUE TO (OR	AS A CONSEQUENCE OF			WAS AN AUTOPSY	24b. WERE AUTOPSY FINDINGS		
ICAL CERTIFICATION	csuse. Entar UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST PART II. Other signiticant conditi	c. DUE TO (OR	AS A CONSEQUENCE OF			PERFORMED?			
AL.	csuse. Entar UNDERLYING CAUSE (Disease or Injury that Initiated eventa resulting In death) LAST	c. DUE TO (OR	AS A CONSEQUENCE OF				24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
AL.	csuse. Entar UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST PART II. Other signiticant conditi	c. DUE TO (OR d. Jackson Targets of dea	AS A CONSEQUENCE OF	n tha undariying causa give	1	PERFORMED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE		
AL.	cause. Entar UNDERLYING CAUSE (Disease or Injury that Initiated eventa resulting in death) LAST PART II. Other significant conditi DID TOBACCO USE CON	c. DUE TO (OR d. Jons contributing to des Paulu NTRIBUTE TO CAUS	AS A CONSEQUENCE OF SITE OF DEATH YES	tha undariying causa give	1	PERFORMED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
AL.	CSUSE. Entar UNDERLYING CAUSE (Disease or Injury thet Initiated eventa resulting in death) LAST PART II. Other significant conditi DID TOBACCO USE CON 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	d. Jons contributing to des Parlu ITRIBUTE TO CAUS	AS A CONSEQUENCE OF State of DEATH YES	n tha undarlying causa give	TAIN 🔲	YES 2 SM	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
AL A	CAUSE. Entar UNDERLYING CAUSE (Disease or Injury thet Initiated eventa resulting in death) LAST PART II. Other signiticant conditi DID TOBACCO USE CON 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 10	ons contributing to des Jacker ITRIBUTE TO CAUS HOSPITAL: 1 Dispersal: 1 Dispersa	AS A CONSEQUENCE OF sth but not resulting in	n tha undarlying causa give	TAIN _ 1 _	YES 2 SMC	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
AL	CSUSE. Entar UNDERLYING CAUSE (Disease or Injury thet initiated eventa resulting in death) LAST PART II. Other significant conditi DID TOBACCO USE CON 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 100 27. MANNER OF DEATH	d. Jons contributing to des Parlu ITRIBUTE TO CAUS	AS A CONSEQUENCE OF SITE OF DEATH YES SEPLACE OF DEATH //Outpetlent 3 DOA	n the underlying cause gives S NO UNCER If (Check only one) OTHER: I Nursing Home 5 Reside OF 28c. INJURY AT WORK?	TAIN □ 1 □	YES 2 SM	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
AL A	CAUSE. Entar UNDERLYING CAUSE (Disease or Injury thet Initiated eventa resulting in death) LAST PART II. Other signiticant conditi DID TOBACCO USE CON 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 10	DUE TO (OR d. lons contributing to des Partie NTRIBUTE TO CAUS HOSPITAL: 1 meter 2 = R 28s. DATE OF INJ. (Month, Day, Y	AS A CONSEQUENCE OF State of DEATH YES 26. PLACE OF DEATH //Outpetlent 3 □ DOA URY 28b. TIME INJU.	n the underlying cause gives S NO UNCER If (Check only one) OTHER: 4 Nursing Home 5 Reside OF 28c. INJURY AT WORK? 1 YES 2 NC	TAIN □ 1 □	YES 2 SMC	BIRTHPLACE (State or Foreign County) Maryland OF DEATH Mary's 10d. INSIDE CITY LIMITS? 1 YES 2 NO ROF WHAT COUNTRY? U.S.A. RACE — American Indian, Black, White, atc. Specify: White TRY Cation Thompson de) or Town, State Maryland Home, P.A. aryland 20650 Approximate Interval Batween Onset and Daath 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
BY PHYSICIAN: MEDICAL	CSUSE. Entar UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST PART II. Other signiticant conditi DID TOBACCO USE CON 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 10 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 6 Could not be	DUE TO (OR d. lons contributing to des Particular NTRIBUTE TO CAUS HOSPITAL: Month, Day, Month	AS A CONSEQUENCE OF Sth but not resulting in the consequence of DEATH YES. 28. PLACE OF DEATH /Outpetlent 3 □ DOA URY 28b. TIME INJUSTY — At home, term, st	n the underlying cause gives S NO UNCER If (Check only one) OTHER: 4 Nursing Home 5 Reside OF 28c. INJURY AT WORK? 1 YES 2 NC	TAIN D	PERFORMED? YES 2 15 NO City) E HOW INJURY OCCI (Street and Number of	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
ED BY PHYSICIAN: MEDICAL	CSUSE. Entar UNDERLYING CAUSE (Disease or Injury thet Initiated eventa resulting in death) LAST PART II. Other significant conditi DID TOBACCO USE CON 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 100 27. MANNER OF DEATH 1 Natural 5 Pending Investigation	DUE TO (OR d. lons contributing to des Particular NTRIBUTE TO CAUS HOSPITAL: Month, Day, Month	AS A CONSEQUENCE OF Sth but not resulting in the consequence of DEATH YES. 28. PLACE OF DEATH /Outpetlent 3 □ DOA URY 28b. TIME INJUSTY — At home, term, st	n the underlying cause gives S NO UNCER If (Check only one) OTHER: 4 Nursing Home 5 Reside OF 28c. INJURY AT WORK? 1 YES 2 NC	TAIN D 1 D 1 D 1 D 1 D 1 D 1 D 1 D	PERFORMED? YES 2 15 NO City) E HOW INJURY OCCI (Street and Number of	24b. WERE AUTOPSY FINDINGS ANALIABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
ED BY PHYSICIAN: MEDICAL	CSUSE. Entar UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST PART II. Other signiticant conditi DID TOBACCO USE CON 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 10 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 6 Could not be determined 299. CERTIFIER 1 SAFETIEVING DUI	DUE TO (OR d, lons contributing to des Paralle NTRIBUTE TO CAUS HOSPITAL: 1 Impetient 2 ER 28a. DATE OF INJ. (Month, Day, Yabuliding, etc.)	AS A CONSEQUENCE OF State of the state of th	The undarlying causa given the undarlying causa given to the undarlying causa given to the undarlying undarlying to the	TAIN D 1 D TOTAL DESCRIBE 281. LOCATION City or Town	PERFORMED? YES 2 1 1 NO City) E HOW INJURY OCCI (Street and Number of n, State)	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
ED BY PHYSICIAN: MEDICAL	CSUSE. Entar UNDERLYING CAUSE (Disease or Injury that Initiated eventa resulting in death) LAST PART II. Other significant conditions of the condition of the	DUE TO (OR d, lons contributing to des Particul ITRIBUTE TO CAUS HOSENTAL: 1 Impetient 2 ER 28a. DATE OF INJ (Month, Day, Y) 28a. PLACE OF IN, building, etc.	AS A CONSEQUENCE OF Sth but not requiring in the state of DEATH YES. 28. PLACE OF DEATH (Outpetlent 3 □ DOA URY 28b. TIME INJL. JURY — At home, term, st (Specify)	The undarlying causa given the undarlying causa given to the undarlying causa given to the undarlying causa given to the undarlying to the	TAIN Date of Cher (Special Color of Town City or Town Cit	YES 2 S NO City) E HOW INJURY OCCI (Street and Number of n, State)	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO URED OF Rural Floute Number,		
COMPLETED BY PHYSICIAN: MEDICAL	CSUSE. Entar UNDERLYING CAUSE (Disease or Injury that Initiated eventa resulting in death) LAST PART II. Other significant conditions of the condition of the	DUE TO (OR d, lons contributing to des Particular ITRIBUTE TO CAUS HOSPITAL: 1	AS A CONSEQUENCE OF Sth but not requiring in the state of DEATH YES. 28. PLACE OF DEATH (Outpetlent 3 □ DOA URY 28b. TIME INJL. JURY — At home, term, st (Specify)	n tha undarlying causa given S NO UNCER 1 (Check only one) OTHER: 4 Nursing Home 5 Reside OF 28c. INJURY AT WORK? I YES 2 NO reet, tactory, office	TAIN 1 1 TAIN 28d. DESCRIBE 28t. LOCATION City or Row 1 due to the cause(a) at the time, date end p	VES 2 1 NO Colly) VES 2 1 NO Colly) E HOW INJURY Occi (Street and Number of In, State) and manner se state- place, and due to the	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO URED or Rural Route Number, d.		
ED BY PHYSICIAN: MEDICAL	CSUSE. Entar UNDERLYING CAUSE (Disease or Injury that Initiated eventa resulting in death) LAST PART II. Other significant conditions of the condition of the	DUE TO (OR d, lons contributing to des Particular ITRIBUTE TO CAUS HOSPITAL: 1	AS A CONSEQUENCE OF Sth but not requiring in the state of DEATH YES. 28. PLACE OF DEATH (Outpetlent 3 □ DOA URY 28b. TIME INJL. JURY — At home, term, st (Specify)	The undarlying causa given the undarlying causa given to the undarlying causa given to the undarlying causa given to the undarlying to the	TAIN 1 1 1 1 1 1 1 1 1	City) YES 2 MO City) E HOW INJURY OCCI (Street and Number of Installation, State) and manner se state- place, and due to the	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO URED OF Rural Floute Number,		
COMPLETED BY PHYSICIAN: MEDICAL	CSUSE. Entar UNDERLYING CAUSE (Disease or Injury that Initiated eventa resulting in death) LAST PART II. Other significant conditi DID TOBACCO USE CON 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 10 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 6 Could not be 4 Homicide 6 Could not be 4 Homicide 6 Could not be 4 Homicide 7 MEDICAL EXAMINER 29b. SIGNATURE AND TITLE OF CERTIFIER 29b. SIGNATURE AND TITLE OF CERTIFIER 29b. SIGNATURE AND TITLE OF CERTIFIER	DUE TO (OR d, JONE TO (OR done contributing to des JONE TO CAUS HOSPITAL: 1 Impetient 2 ER 28a. DATE OF INJ. (Month, Day, Y. 28a. PLACE OF IN. building, etc. YSICIAN: To the best of my INER: On the basic of axami	AS A CONSEQUENCE OF State of the state of th	The undarlying causa given the undarlying causa given to the undarlying causa given to the undarlying causa given to the undarlying undarlying to the undarlying to the undarlying undarlyi	TAIN 1 1 TAIN 28d. DESCRIBE 28t. LOCATION City or Row 1 due to the cause(a) at the time, date end p	City) YES 2 MO City) E HOW INJURY OCCI (Street and Number of In, State) and manner se state- place, and due to the	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO URED or Rural Route Number, d.		
BE COMPLETED BY PHYSICIAN: MEDICAL	CSUSE. Entar UNDERLYING CAUSE (Disease or Injury that Initiated eventa resulting in death) LAST PART II. Other significant conditions of the condition of the	DUE TO (OR d. JONE TO (OR d. JONE TO (OR DIE TO (AS A CONSEQUENCE OF State but not resulting in the but not resulting in the but not resulting in the but not resulting in the but not resulting in the but not resulting in the but not result in the but not resulting in th	The undarlying causa given the undarlying causa given to the undarlying causa given to the undarlying causa given to the undarlying under the undarlying to	TAIN 1 1 1 1 1 1 1 1 1	City) YES 2 MO City) E HOW INJURY OCCI (Street and Number of In, State) and manner se state- place, and due to the	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO URED or Rural Route Number, d.		
BE COMPLETED BY PHYSICIAN: MEDICAL	CSUSE. Entar UNDERLYING CAUSE (Disease or Injury that Initiated eventa resulting in death) LAST PART II. Other signiticant conditions of the condition of the	DUE TO (OR d, JONE TO (OR done contributing to dea JONE TO CAUS HOSEMAL: 1 Impetient 2 ER 28a. DATE OF INJ (Month, Day, Y) 28a. PLACE OF IN, building, etc. YSICIAN: To the best of my interest on the basis of axamin	AS A CONSEQUENCE OF State but not requiring in the but not requiring in the but not required in the bu	The undarlying causa given the undarlying causa given to the undarlying causa given to the undarlying causa given to the undarlying undarlying to the undarlying to the undarlying undarlyi	TAIN 1 1 1 1 1 1 1 1 1	City) YES 2 MO City) E HOW INJURY OCCI (Street and Number of In, State) and manner se state- place, and due to the	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO URED or Rural Route Number, d.		
BE COMPLETED BY PHYSICIAN: MEDICAL	CSUSE. Entar UNDERLYING CAUSE (Disease or Injury that Initiated eventa resulting in death) LAST PART II. Other signiticant conditions of the condition of the	DUE TO (OR d, JONE TO (OR done contributing to dea JONE TO CAUS HOSE TAL: 1 Dimpetient 2 ER 28a. DATE OF INJ (Month, Day, Y) 28a. PLACE OF IN, building, etc. YSICIAN: To the best of my interest on the basic of axamination of the complete of axamination of the complete of the c	AS A CONSEQUENCE OF State but not requiring in the but not requiring in the but not required in the bu	The undarlying causa given the undarlying causa given to the undarlying causa given to the undarlying causa given to the undarlying under the undarlying to	TAIN 1 1 1 1 1 1 1 1 1	City) YES 2 MO City) E HOW INJURY OCCI (Street and Number of In, State) and manner se state- place, and due to the	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO URED or Rural Route Number, d.		
BE COMPLETED BY PHYSICIAN: MEDICAL	CSUSE. Entar UNDERLYING CAUSE (Disease or Injury that Initiated eventa resulting in death) LAST PART II. Other signiticant conditions of the condition of the	DUE TO (OR d, JONE TO (OR done contributing to dea JONE TO CAUS HOSE TAL: 1 Dimpetient 2 ER 28a. DATE OF INJ (Month, Day, Y) 28a. PLACE OF IN, building, etc. YSICIAN: To the best of my interest on the basic of axamination of the complete of axamination of the complete of the c	AS A CONSEQUENCE OF State but not requiring in the but not requiring in the but not required in the bu	The undarlying causa given the undarlying causa given to the undarlying causa given to the undarlying causa given to the undarlying under the undarlying to	TAIN 1 1 1 1 1 1 1 1 1	City) YES 2 MO City) E HOW INJURY OCCI (Street and Number of In, State) and manner se state- place, and due to the	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO URED or Rural Route Number, d.		



TO THE HOSPITAL OF LITERAL PROCOSE. The law requires that the death certificate be executed within an hours after death. Page 6 may be retained by the hospital or see as the burial-transit permit. Pages 1, 2, 3 should be filed when an anomal management of the principle of the principle prior to burial, cremation, or removal.

IMPORIANT II has 28 in marrad or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

Harry Edward Reese Jr. Sook Scientific Mark Fish Kook Late)		1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPART CERTIFIC	MENT OF I	EALTH AND	MENTAL HYGIEN REG. NO.	E			
SOUND SECURITY NUMBERS 2.15 - 2.6 - 7.705 3. FIGURY MARE (If not inclination, o) in mine and number of numbers of numbe)	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF OEATH	1	3. TIME OF DEATH		
THE PROPERTY MARK (FOR MINISTER) PROPERTY OF CAPPED 1 10 COUNTY OF		Harry Edward	Reese Jr.					23 94	4-35PM		
RESIDENCE OF DECEMBER 1 HOSPITAL WESTMINSTER CARROLL COLORADO WESTMINSTER CARROLL CARROLL COLORADO WESTMINSTER CARROLL COLORADO WEST		4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (-	7. DATE OF BIRTH	8. B	HRTHPLACE (State or Foreign		
TREDITIONS OF DESCRIPTION TREAD TO THE PARTY OF THE PART				/ Z YRS.	MASSE L. SELIN			1921	Maryland		
STREET MO SHARER 103 Anchor Street 104 Anchor Street 105 Anchor Street 105 Anchor Street 106 Anchor Street 107 Anchor Street 107 Anchor Street 108 Mac DECEMBER OF MEMBERS OF MEMBE	œ		And the second					-1.			
STREET MO SHARER 103 Anchor Street 104 Anchor Street 105 Anchor Street 105 Anchor Street 106 Anchor Street 107 Anchor Street 107 Anchor Street 108 Mac DECEMBER OF MEMBERS OF MEMBE	2		General HC	spital	west	uiinstei	<u></u>	Car.	roll		
STREET MO SHARER 103 Anchor Street 104 Anchor Street 105 Anchor Street 105 Anchor Street 106 Anchor Street 107 Anchor Street 107 Anchor Street 108 Mac DECEMBER OF MEMBERS OF MEMBE	Ä			10c. CITY,	TOWN OR LOCA	TION			10d. INSIDE CITY		
Sequentially list conditions The security of the security o			arroll	W					1 X YES 2 □ NO		
Sequentially list conditions The security of the security o	RAI	100. STREET AND NUMBER 101. ZIP CODE 109. CITIZEN OF WHAT COUNTRY? 2 103 Anchor Street 21157 II S D									
Sequentially list conditions The security of the security o	<u>ا</u>			U.S. ARMED	13. WAS DEC		VIC ORIGIN? (Specify Yea				
18. DECEMBERS EDUCATION 18. DECEMBERS EDUCATION 18. DECEMBERS AND PRODUCTION 18. DECE		The state of the s	FORCES? 1 XYES	2 NO	II yes, sp	ecify Cuban, Maxica	n, Puerto Rican, alc.)		Black, White, atc.		
THAT SAWATE AND ACCORDS 1. SEARCH AND ACCORDS (Consecuted with state And And And And And And And And And And											
THAT SAWATE AND ACCORDS 1. SEARCH AND ACCORDS (Consecuted with state And And And And And And And And And And	1	(Specify only highest grade of	completed)	(Give kind of wo	SUAL OCCUPATION The done during model Testined.)	ON ast of working	16b. KIND OF BUS	HNESS/INDUSTR	RY		
THAT SAWATE AND ACCORDS 1. SEARCH AND ACCORDS (Consecuted with state And And And And And And And And And And	립		College (1-4 or 5 +)	Parts	Manage	r	W.H.	Davis	Company		
THAT SAWATE AND ACCORDS 1. SEARCH AND ACCORDS (Consecuted with state And And And And And And And And And And	Š							Sumame)			
Was Mail No Address (Properties) Was a Mail Monday for that Place (Properties) Was a Mail No Address (Properties)			Reese Sr.			Eleano	or Long				
20. BETHOO OF OSPOSITION 1 20. BETHOO OF OSPOSITION 1 20. BETHOO OF OSPOSITION 1 20. BETHOO OF OSPOSITION 1 2 20. COATION — City or Town, State 2 20. COATION — City or Town, State 2 20. COATION — City or Town, State 2 20. COATION — City or Town, State 2 20. COATION — City or Town, State 2 20. BETHOO OF OSPOSITION 2 21. SIGNATURE OF RUPRAL SERVICE LIGIPAGE 2 22. MARK AND ADDRESS OF FACALITY 2 23. SIGNATURE OF RUPRAL SERVICE LIGIPAGE 2 24. MARK AND ADDRESS OF FACALITY 2 25. MARK AND ADDRESS OF FACALITY 2 26. MARK AND ADDRESS OF FACALITY 2 27. MARK AND ADDRESS OF FACALITY 2 28. MARK AND ADDRESS OF FACALITY 2 29. PART LEnter In-Julian Service Ligipage 2 29. PART LEnter In-Julian Service Ligipage 2 20. PART LEnter In-Julian Service Ligipage 2 20. PART LEnter In-Julian Service Ligipage 2 20. PART LENter In-Julian Service L			929								
Commercial procession Commercial from State Commercial procession Comm		20a. METHOD OF DISPOSITION	20b								
21. SIGNATURE OF FUREAL SERVICE LIGENSEE 22. NAME AND ADDRESS OF FACILITY Thomas D. Fletcher & Son Fune Tall Ho 254 E. Main Street, Westminster, N 254 E. Main Street, Westminster, N 254 E. Main Street, Westminster, N 254 E. Main Street, Westminster, N 255 Part I. Enter thy disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory street, inches the Onset end 4 Do one to condition as a consequence of p: OUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, I amy, leading to Immediate cause. Enter UNDERLYNO CAUSE (Disease or Injury that initiated events or examining in deeth) LAST OUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):			val from State cem	etery crematory or other	r nlacol				1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-		
23. PART I. Enter thy diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiec or respiratory arrast, shock of heart failure. List brilly one cause on each line. IMMEDIATE CAUSE (Final County of heart failure) IMMEDIATE CAUSE (Final County of heart failure) BIMEDIATE CAUSE (Final County		21. SIGNATURE OF FUNERAL SERVICE LICI			22. NAME A	ND ADDRESS OF FA	CILITY				
IMMEDIATE CAUSE (Fine) disease or condition, resulting in deeth) DUE TO (OR AS A CONSCOUENCE OF): DUE TO (Many X-7	Flother		254 E	as D. F Main	Street,	westm:	inster, Md.		
MMEDIATE CALSÉ (Finel disease or condition reauting in deeth) DUE TO (OR AS A CONSCOUENCE OF): DUE TO (OR		23. PART I. Enter the diseases, or co	omplications that caused	the deeth. Do no	t enter the mo	da of dying, auc	h ea cardiec or reapi	ratory arraet,	Approximata		
DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, large leading to Immediate cause. Enter INDERTIVING CAUSE (Disease or Injury the Initiated events resulting in deeth) LAST DUE TO (OR AS A CONSEQUENCE OF): C. DUE TO (OR AS A CONSEQUENCE OF): C. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): C. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): C. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR	ł	IMMEDIATE CAUSE (Finel	at Dilly Dila Cause Dil at	A	7 -	/			Interval Between Onset end Death		
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury CAUSE (Disease) CAUSE (Disease or Injury CAUSE (Disease or Injury CAUSE (Disease or Injury CAUSE (Disease or Injury CAUSE (Disease or Injury CAUSE (Disease or Injury CAUSE (Disease or Injury CAUSE (Disease)) Control of the Cause (a) and manner as stated. The Adams of the Cause (Disease or Injury CAUSE (Disease or Injury CAUSE (Disease or Injury CAUSE (Disease or Injury CAUSE (Disease or Injury CAUSE (Disease or Injury CAUSE (Disease or Injury CAUSE (Disease or Injury CAUSE (Disease or Injury CAUSE (Disease or Injury CAUSE (Disease or Injury CAUSE (Disease or Injury CAUSE (Disease			acu	le au	llen	W-			4 Doys		
PART II. Other eignifigant conditions contributing to deets but not resulting in the underlying cause clives in Part I. 248. WAS AN AUTOPSY PERFORMED? 1 YES 2 [] JAO 250. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 [] JAO 250. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 [] JAO 260. PLACE OF DEATH (Check only one) 270. MANNER OF DEATH 280. DATE OF INJURY AT WORK? 280. DATE OF INJURY AT WORK? 280. DATE OF INJURY AT WORK? 280. DATE OF INJURY AT WORK? 280. DATE OF INJURY AT WORK? 280. PLACE OF INJURY AT Home, farm, street, factory, office 281. LOCATION (Street and Number or Rural Route Number. 282. CERTIFIER (Check only one) 283. CERTIFIER (Check only one) 284. DATE OF INJURY AT WORK? 285. DATE OF INJURY AT WORK? 286. INJURY AT WORK? 286. INJURY AT WORK? 287. LOCATION (Street and Number or Rural Route Number. 288. PLACE OF INJURY AT WORK? 289. CERTIFIER (Check only one) 289. SIGNATURE AND TUTLE OF CERTIFIER 290. SIGNATURE AND TUTLE OF CERTIFIER 291. LICENSE HUMBER 292. LICENSE HUMBER 293. DATE SIGNED (North, Del Year) 31. DATE FILED (Month, Dely Near) 32. AGEISTBAR'S SIGNATURE 33. DATE FILED (Month, Dely Near) 34. DATE FILED (Month, Dely Near) 35. AGEISTBAR'S SIGNATURE	_		DUE TO (OR AS A	CONSEQUENCE OF):							
PART II. Other eignifigant conditions contributing to deets but not resulting in the underlying cause clives in Part I. 248. WAS AN AUTOPSY PERFORMED? 1 YES 2 [] JAO 250. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 [] JAO 250. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 [] JAO 260. PLACE OF DEATH (Check only one) 270. MANNER OF DEATH 280. DATE OF INJURY AT WORK? 280. DATE OF INJURY AT WORK? 280. DATE OF INJURY AT WORK? 280. DATE OF INJURY AT WORK? 280. DATE OF INJURY AT WORK? 280. PLACE OF INJURY AT Home, farm, street, factory, office 281. LOCATION (Street and Number or Rural Route Number. 282. CERTIFIER (Check only one) 283. CERTIFIER (Check only one) 284. DATE OF INJURY AT WORK? 285. DATE OF INJURY AT WORK? 286. INJURY AT WORK? 286. INJURY AT WORK? 287. LOCATION (Street and Number or Rural Route Number. 288. PLACE OF INJURY AT WORK? 289. CERTIFIER (Check only one) 289. SIGNATURE AND TUTLE OF CERTIFIER 290. SIGNATURE AND TUTLE OF CERTIFIER 291. LICENSE HUMBER 292. LICENSE HUMBER 293. DATE SIGNED (North, Del Year) 31. DATE FILED (Month, Dely Near) 32. AGEISTBAR'S SIGNATURE 33. DATE FILED (Month, Dely Near) 34. DATE FILED (Month, Dely Near) 35. AGEISTBAR'S SIGNATURE	0		DUE TO (OR AS A	CONSEQUENCE OF):							
PART II. Other eignifigant conditions contributing to deets but not resulting in the underlying cause clives in Part I. 248. WAS AN AUTOPSY PERFORMED? 1 YES 2 [] JAO 250. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 [] JAO 250. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 [] JAO 260. PLACE OF DEATH (Check only one) 270. MANNER OF DEATH 280. DATE OF INJURY AT WORK? 280. DATE OF INJURY AT WORK? 280. DATE OF INJURY AT WORK? 280. DATE OF INJURY AT WORK? 280. DATE OF INJURY AT WORK? 280. PLACE OF INJURY AT Home, farm, street, factory, office 281. LOCATION (Street and Number or Rural Route Number. 282. CERTIFIER (Check only one) 283. CERTIFIER (Check only one) 284. DATE OF INJURY AT WORK? 285. DATE OF INJURY AT WORK? 286. INJURY AT WORK? 286. INJURY AT WORK? 287. LOCATION (Street and Number or Rural Route Number. 288. PLACE OF INJURY AT WORK? 289. CERTIFIER (Check only one) 289. SIGNATURE AND TUTLE OF CERTIFIER 290. SIGNATURE AND TUTLE OF CERTIFIER 291. LICENSE HUMBER 292. LICENSE HUMBER 293. DATE SIGNED (North, Del Year) 31. DATE FILED (Month, Dely Near) 32. AGEISTBAR'S SIGNATURE 33. DATE FILED (Month, Dely Near) 34. DATE FILED (Month, Dely Near) 35. AGEISTBAR'S SIGNATURE	S	cause. Entar UNDERLYING									
PART II. Other eignifigant conditions contributing to deets but not resulting in the underlying cause clives in Part I. 248. WAS AN AUTOPSY PERFORMED? 1 YES 2 [] JAO 250. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 [] JAO 250. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 [] JAO 260. PLACE OF DEATH (Check only one) 270. MANNER OF DEATH 280. DATE OF INJURY AT WORK? 280. DATE OF INJURY AT WORK? 280. DATE OF INJURY AT WORK? 280. DATE OF INJURY AT WORK? 280. DATE OF INJURY AT WORK? 280. PLACE OF INJURY AT Home, farm, street, factory, office 281. LOCATION (Street and Number or Rural Route Number. 282. CERTIFIER (Check only one) 283. CERTIFIER (Check only one) 284. DATE OF INJURY AT WORK? 285. DATE OF INJURY AT WORK? 286. INJURY AT WORK? 286. INJURY AT WORK? 287. LOCATION (Street and Number or Rural Route Number. 288. PLACE OF INJURY AT WORK? 289. CERTIFIER (Check only one) 289. SIGNATURE AND TUTLE OF CERTIFIER 290. SIGNATURE AND TUTLE OF CERTIFIER 291. LICENSE HUMBER 292. LICENSE HUMBER 293. DATE SIGNED (North, Del Year) 31. DATE FILED (Month, Dely Near) 32. AGEISTBAR'S SIGNATURE 33. DATE FILED (Month, Dely Near) 34. DATE FILED (Month, Dely Near) 35. AGEISTBAR'S SIGNATURE			DUE TO (OR AS A	CONSEQUENCE OF):							
AMALABLE PRIOR TO COMPLETED CAUSE OF DEATH YES NO UNCERTAIN 1 YES 2 IND DITOBACCO USE CONTRIBUTE O CAUSE OF DEATH YES NO UNCERTAIN 1 YES 2 IND 1 YES 2 IND 1 YES 2 IND 1 YES 2 IND 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 IND 26. PLACE OF DEATH (Check only one) 27. MANNER OF DEATH I Input	E E	-									
DISTORACCO USE CONTRIBUTE O CAUSE OF DEATH YES ON UNCERTAIN 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 NOTHER: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 2 NOTHER: 1 No PITAL: 1 Inpatiant 2 ER/Outpettant 3 DOA 4 Nursing Homa 5 Realdence 8 Other (Specify) 27. MANNER OF DEATH 28b. DATE OF INJURY 28b. TIME OF INJURY AT WORK? 1 YES 2 NO 28b. PLACE OF INJURY AT WORK? 1 YES 2 NO 28c. PLACE OF INJURY AT WORK? 1 YES 2 NO 28c. PLACE OF INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 28c. CENTIFIER 28d. DESCRIBE HOW INJURY OCCURED 28c. CENTIFIER 28d. DESCRIBE HOW INJURY OCCURED 28c. PLACE OF INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 28c. PLACE OF INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 28c. PLACE OF INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 28c. PLACE OF INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 28c. PLACE OF INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 28c. PLACE OF INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 28d. DESCRIBE HOW INJURY OCCURED 28d. DESCRIBE HOW INJURY OCCURED 28d. DESCRIBE HOW INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 28d. DESCRIBE HOW INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 28d. DESCRIBE HOW INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 28d. DESCRIBE HOW INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 28d. DESCRIBE HOW INJURY AT WORK? 28d. DESCRIBE NOT INJURY AT WORK? 28d. DESCRIBE NOT INJURY AT WORK? 28d. DESCRIBE NOT INJURY AT WORK? 28d. DESCRIBE NOT INJURY AT WORK? 28d. DESCRIBE NOT INJURY AT WORK? 28d. DESCRIBE NOT INJURY AT WORK? 28d. DESCRIBE NOT INJURY AT WORK? 28d. DESCRIBE NOT INJURY AT WORK? 28d. DESCRIBE NOT INJURY AT WORK? 28d. DESCRIBE NOT INJURY AT WORK? 28d. DESCRIBE NOT INJURY AT WORK? 28d. DESCRIBE NOT INJURY AT WORK? 28d. DESCRIBE NOT INJURY AT WORK? 28d. DESCRIBE NOT INJURY AT WORK? 28			1 / 1			cause given in			24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO		
29a. CERTIFFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of exemination and/or investigation, in my opinion, death occurred at the time, date and place, and dus to the cause(s) and manner as starting and in the cause(s) and manner as attarting and in the cause(s) and in the cause(s) and in the cause(s) and in the		diam throng	10 Ac 6	2 rear) FOCUME	(2000	1 🗆 YES 2	DINO	OF DEATH?		
29a. CERTIFFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of exemination and/or investigation, in my opinion, death occurred at the time, date and place, and dus to the cause(s) and manner as starting and in the cause(s) and manner as attarting and in the cause(s) and in the cause(s) and in the cause(s) and in the	≥	DID TOBACCO USE CONTR	BUTE TO CAUSE O	F DEATH YES	Пиог	LINCERTAIN	νП		1 YES 2 THO		
29a. CERTIFFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of exemination and/or investigation, in my opinion, death occurred at the time, date and place, and dus to the cause(s) and manner as starting and in the cause(s) and manner as attarting and in the cause(s) and in the cause(s) and in the cause(s) and in the	Ž	25. WAS CASE REFERRED TO MEDICAL		The state of the s		, ortenien					
29a. CERTIFFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of exemination and/or investigation, in my opinion, death occurred at the time, date and place, and dus to the cause(s) and manner as starting and in the cause(s) and manner as attarting and in the cause(s) and in the cause(s) and in the cause(s) and in the	ĕ		HOSPITAL: 1 Inpatient 2 ER/Outp			a 5 Residence	8 Other (Specify)				
2 Accident 3 Suicide 4 Homicide 8 Could not be determined 28e. PLACE OF INJURY — At home, ferm, street, factory, office 29e. CERTIFIER (Check only) 2 MEDICAL EXAMINER: On the basis of exemination and/or investigation, in my opinion, death occurred at the time, data and place, end dua to the cause(a) and manner as stated. 29b. SIGNATURE AND TUTLE OF CERTIFIER 29c. LICENSE NUMBER D 230. NAME AND ADDRESS OF PERSON WHD COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) D IN ESH - S - X A LAR A 2 17 WASHINGTON HC III WESTM (N STER 21) 31. DATE FILED (Month, Dey, Vear) 32 AEGISTBAR'S SIGNATURE.	E			28b. TIME (28d. DESCRIBE HOW IN	JURY OCCURE	0		
29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of exemination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner se attated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Nonth, Der Year) 30. NAME AND ADDRESS OF PERSON WHD COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) DINESH - S - X ALARYA 217 WASHINGTON HC III WESTMIN STER 211. 31. DATE FILED (Month, Der, Year) 32 AFGISTBAR'S SIGNATURE	a I	2 Accident Investigation	25- 21-105-05-14-11-14								
296. SIGNATURE AND TIDLE OF CERTIFIER 296. LICENSE NUMBER 297. LICENSE NUMBER 296. LICENSE NUMBER 297. LICENSE NUMBER 298. DATE SIGNED (Nonth, Del) 11 23 94 30. NAME AND ADDRESS OF PERSON WHD COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) DINESH - S · KALARIA 217 WASHINGTON HCI WESTMINSTER 211. 31. DATE FILED (Month, Dey, Year) 32. AEGISTBAR'S SIGNATURE		- Could not be	building, etc. (Speci	— At home, lerm, stri ify)	et, lactory, offic	•	281. LOCATION (Street a City or Town, State)	nd Number or Ru	irel Route Number,		
296. SIGNATURE AND TIDLE OF CERTIFIER 296. LICENSE NUMBER 297. LICENSE NUMBER 296. LICENSE NUMBER 297. LICENSE NUMBER 298. DATE SIGNED (Nonth, Del) 11 23 94 30. NAME AND ADDRESS OF PERSON WHD COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) DINESH - S · KALARIA 217 WASHINGTON HCI WESTMINSTER 211. 31. DATE FILED (Month, Dey, Year) 32. AEGISTBAR'S SIGNATURE	Ē	29a. CERTIFIER 1 CERTIFYING PHYSIC	AN: To the best of my knowl	edge death occurred	at the time date	and place, and due	to the councie) and man	nor so stated			
296. SIGNATURE AND TIDLE OF CERTIFIER 296. LICENSE NUMBER 297. LICENSE NUMBER 296. LICENSE NUMBER 297. LICENSE NUMBER 298. DATE SIGNED (Nonth, Del) 11 23 94 30. NAME AND ADDRESS OF PERSON WHD COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) DINESH - S · KALARIA 217 WASHINGTON HCI WESTMINSTER 211. 31. DATE FILED (Month, Dey, Year) 32. AEGISTBAR'S SIGNATURE	OME								sse(a) end manner as stated.		
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) DINESH · S · KALARIA 217 WASHINGTON HCH WESTMINSTER ZIJ. 31. DATE FILED (Month, Day, Year) 32 AEGISTBAR'S SIGNATURE						29c. LICENSE NUM	IBER I				
DINESH · S · KALARVA 217 WASHINGTON HCH WESTMINSTER ZIT		10stal	any '			DZ	3015	•	11/23/94		
		DINESH .S.1	CALARIA	217 v	JASHI	GTON	HEH W	ESTMIN	1STER 21157		
				-Revolath							



Pages 1, 2, 3 should

o may be received by the mospital of attending physicial.	een signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transl		
decur oun	detache		once.
5	8		76
Daliman	5 should		thows any injury, or other traumatic event, the medical examiner must be notified at once.
5	age		9
9	9		75
	frecto		E
	futheral of		examine
ı	£	甚	7
ŀ	B	ē	9/
ŀ	Ÿ	ŏ	Ę
i	Ē	簽	를.
	mpletry	of Health and Mental Hygiene prior to burlal, cremation, or remova	event,
ŀ	8	콗	9
	ğ	0.0	Ħ
1	ğ	8	ě
1	B	ä	Ē
	0.0	Š.	葡
1	ğ	ž	10
ı	릮	臣	*
	ž	ŝ	킂
	2	330	Ä
	B	f	H
	8	분	3MI
ľ	氰	15	ĕ

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

has been

certificate h

death Ather

Nous.

DIRECTOR 報

OR ATTENDING PHYSICIAN: The

RBE

Dept 23

them

ò

marked, 報報

10 ETED

28

=

MPORTANT

В

COMPL

BE

2

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH VEMBER 22, 1994 THOMAS RODRIGUEZ NO 2:56 AM 5. SEX 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign 044 68 5919 1 XM 2 F 30 March 31,1964 Bronx, 9e. FACILITY NAME (If not institution, give street end number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR HOLY CROSS HOSPITAL SILVER SPRINGS MONTGOMERY RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10e. STATE 10h COUNTY 10d. INSIDE CITY Maryland Montgomery Silver Spring 1 X YES 2 NO 10s. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 11807 Carriage House Dr. 20904 United States 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 XNO IF YES, GIVE WAR OR DATES 11 MADITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, stc. If yes, specify Cuben, Mexican, Puerto Rican, etc.)

1X YES 2 NO Specify:
Puerto Rican 1 Never Married 2 Merried BY 3 Widowed 4 Divorced Specify: 16e. DECEDENT'S USUAL OCCUPATION ETED 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Sp Elementary/Secondary (0-12) College (1-4 or 5+) F.D.I.C. COMPL 12 2 Support Services Asst. U.S. Government 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surneme) Thomas Rodriguez Natalia Lugr BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) 2 Julian Terry 12317 Quintette Lane, Bowie, Maryland 20720 20e. METHOD OF DISPOSITION
110 Burlel 2 Cregnation 3 X Removal from State
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION -- City or Town, State netery.crematory or other place)
St. Johns Cemetery 11/25/94 Norwalk, CT. 21. SIGHATURE OF PUNERAL SERVICE LICENSES 22. NAME AND ADDRESS OF FACILITY McGuire Funeral Service Inc. 7400 Georgia Ave., N.W., Wash., D.C. 20012 see, or complications that ceused the deeth. Do not enter the mode of dying, such ee cerdiac or respiratory arrest, feliure. List only one cause on each line. shock, or hea Interval Between MMEDIATE CAUSE (Final Onset and Desth disease or gondition NARCOTIC INTOXICATION resulting in death) DUE TO JOH AS A CONSEQUENCE OF CERTIFICATION Sequentially liet conditione, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate e. Enter UNDERLYING CAUSE (Disesse or injury DUE TO (OR AS A CONSEQUENCE OF): thet initiated events resulting in desth) LAST PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part I. MEDICAL 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PERFORMED? AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO OF DEATH? 1 TES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 28. PLACE OF DEATH (Check only one) HOSPITAL:
1 | Inputient 2 | XER/Outputient 3 | DOA OTHER: 1 X YES 2 NO 4 ☐ Nursing Home 5 ☐ Residence 8 ☐ Other (Specify) 28e. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 26b. TIME OF INJURY 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED

1 Netural UNKNOWN 1 YES 2 XX NO UNKNOWN 2 Accident 28e. PLACE OF INJURY — At home, term, street, tectory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 11807 CARRIAGE HOUSE DP. 3 Sulcide SXX Could not be 4 Homicide determined FOUND AT HOME 1 _ CERTIFYING PHYSICIAN: To the best of my knowledge, desth occurred at the time, date end piece, end due to the cause(e) end menner se stated. (Check only MEDICAL EXAMINER: On the beele restigation, in my opinion, death occured at the time, date end place, and due to the cause(e) and manner as stated.

29b. MUNATU E AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

NOVEMBER C.M.E 1994

111 Penn Street, Baltimore, Maryland 21201 32. REGISTRAR'S SIGNATURE

31. DATE FILED (Month, Day, Year) wha Davidson 3 1994

BALTIMORE, MARYLAND 21215-0020 THE COLL MAY THE CONTROL THE LAW REQUIRES THAT THE death certificate be executed within DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE INCOME. THE INCOME. The law requires that the death certificate be executed with Anions after death. Page 6 may be retained by the hospital or attending physician.

TO THE FARTH CHARTON After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT, Illum 28 is marked, or flem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1 - FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

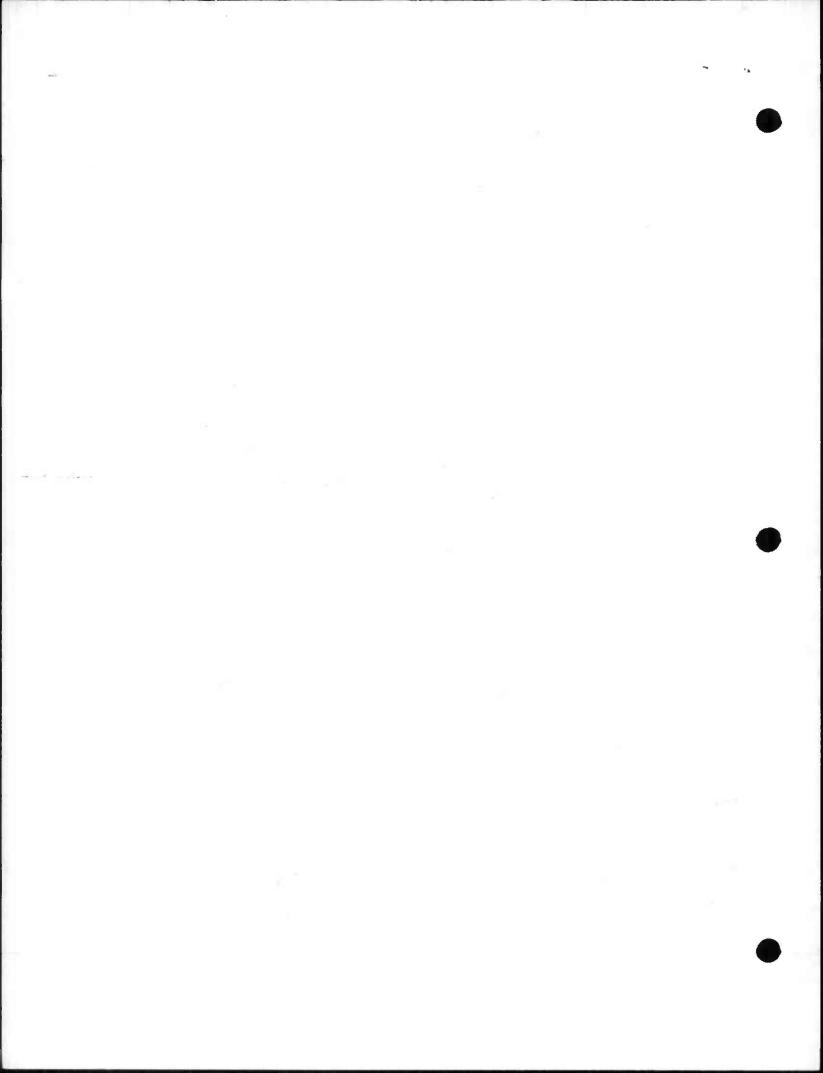
LEGISLATION SECURITY MANNERS 119-14-1780 1	1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH DAY YEAR 3. TIME OF DEATH													
119-14-1780 129-14-14-1480 129-14-14-1480	RUSSEL ALBERT					Kueber			November 14, 1994					
THE PROCESS THE PROCESS TO SHAPE OF THE SALES BURY THE MANUAL PROCESS THE PROCESS THE SALES BURY THE MANUAL PROCESS THE PROCESS THE SALES BURY THE MANUAL									*	(Month, Day,	Year)	_		
PENTINSULA RECIONAL MEDICAL CENTER SALISBURY WICOMICO No. CONT. TOWN ON LOCATION PATS ON SOUTH No. STREET AND NUMBER 33675 ROHM RG. 11 'VAN DECEMBER 12' YES 2 (Mark 33675 ROHM RG. 12 'VAN DECEMBER 12' YES 2 (Mark 13 'VAN DECEMBER 12' YES 2 (Mark 14 'VAN DECEMBER 12' YES 2 (Mark 15 'VAN DECEMBER 12' YES 2 (Mark 16 'VAN DECEMBER 12' YES 2 (Mark 17 'VAN DECEMBER 12' YES 2 (Mark 18 'VAN DECEMBER 12' YES 2 (Mark 19 'VAN DECEMBER 12' YES 2 (Mark 10 'VAN DECEMBER 12' YES 2 (Mark 11 'VAN DECEMBER 12' YES 2 (Mark 11 'VAN DECEMBER 12' YES 2 (Mark 12 'VAN DECEMBER 12' YES 2 (Mark 16 'VAN DECEMBER 12' YES 2 (Mark 17 'VAN DECEMBER 12' YES 2 (Mark 18 'VAN DECEMBER 12' YES 2 (Mark 19 'VAN DECEMBER 12' YES 2 (Mark 19 'VAN DECEMBER 12' YES 2 (Mark 10 'VAN DECEMBER 12' YES 2 (Mark 10 'VAN DECEMBER 12' YES 2 (Mark 10 'VAN DECEMBER 12' YES 2 (Mark 10 'VAN DECEMBER 12' YES 2 (Mark 11 'VAN DECEMBER 12' YES 2 (Mark 11 'VAN DECEMBER 12' YES 2 (Mark 11 'VAN DECEMBER 12' YES 2 (Mark 11 'VAN DECEMBER 12' YES 2 (Mark 11 'VAN DECEMBER 12' YES 2 (Mark 11 'VAN DECEMBER 12' YES 2 (Mark 11 'VAN DECEMBER 12' YES 2 (Mark 11 'VAN DECEMBER 12' YES 2 (Mark 11 'VAN DECEMBER 12' YES 2 (Mark 11 'VAN DECEMBER 12' YES 2 (Mark 11 'VAN DECEMBER 12' YES 2 (Mark 11 'VAN DECEMBER 12' YES 2 (Mark 11 'VAN DECEMBER 12' YES 2 (Mark 11 'VAN DECEMBER 12' YES 2 (Mark 11 'VAN DECEMBER 12' YES 2 (Mark 15 'VAN DECEMBER 12' YES 2 (Mark 16 'VAN DECEMBER 12' YES 2 (Mark 17 'VAN DECEMBER 12' YES 2 (Mark 18 'VAN DECEMBER 12' YES 2 (Mark 18 'VAN DECEMBER 12' YES 2 (Mark 19 'VAN DECEMBER 12' YES 2 (Mark 11 'VAN DECEMBER 12' YES 2 (Mark 11 'VAN DECEMBER 12' YES 2 (Mark 11 'VAN DECEMBER 12' YES 2 (Mark 17 'VAN DECEMBER 12' YES 2 (Mark 17 'VAN DECEMBER 12' YES 2 (Mark 18 'VAN DECEMBER 12' YES 2 (Mark 19 'VAN DECEMBER 12' YES 2 (Mark 19 'VAN DECEMBER 12' YES 2 (Mark 10 'VAN DECEMBER 12' YES 2 (Mark 10 'VAN DECEMBER 12' YES 2 (Mark 10 'VAN DECEMBER 12' YES 2 (Mark 10 'VAN DECEMBER 12' YES 2 (Mark 10 'VAN DECEMBER 12'				69	YRS.									
Secretary Secr										EATH				
No. STREET AND PUNISHER 33675 ROHM RR. SOLD PART			L MEDICA	L CENTE	R	S	ALIS	BURY				MIC	OMIC	0
Maryland Wicomico Parsonsburg 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					10c. CITY	Y, TOWN	OR LOCAT	ION				_		10d. IHSIDE CITY
15. STORT AND NUMBER 33675 Rohm Rd. 10. WAS DECEDENT EVER IN U.S. ARRED PROVED IN TAXABLE PROVIDED IN THE STATUS 10. WAS DECEDENT OF REPAIRS CONGINERY (Developed Provided Prov	Maryland	Wicc	mico		pa	reon	chur	o				LIMITS?		
3.3675 Rohm Rd. 11. MARIENTA STATUS 12. MAR DECEDENT EVER BY U.S. ARRED 13. MORDING 12. MAR DECEDENT EVER BY U.S. ARRED 13. MORDING 12. MARIENTA STATUS 14. MARIENTA STATUS 15. MARIENTA STATUS 16. MORDING 12. MARIENTA STATUS 17. MARIENTA STATUS 18. MORDING 12. MARIENTA STATUS 18. MORDING 12. MARIENTA STATUS 18. MORDING 12. MARIENTA STATUS 18. MORDING 12. MARIENTA STATUS 18. MORDING 12. MARIENTA STATUS 19. MARIENTA STATUS 19. MARIENTA STATUS 19. MORDING 12. MARIENTA MARI		11100	MILCO		- 4	13011					T			
The Market Struit 1 Secretary 10 New Decembers of speaker, or complete from NU S, American 10 New Performance 1 Secretary New York 10 Ne	33675 Rohm	Rd.					21849					IISA		
2						13.	WAS DEC	ENDENT	OF HISPA	HIC ORIGIN? (Spi	ocify Yea o			
**SECONATION (Specify poly physical ground completed) **Be DESCRIPTED STRUCKTION (Specify poly physical ground completed) **Be DESCRIPTED STRUCKTION (Specify poly physical ground completed) **Be DESCRIPTED STRUCKTION (Specify poly physical ground completed) **Be DESCRIPTED STRUCKTION (Specify poly physical ground completed) **PRINT II. The PRINT II. State the disease, or completed for the physical state of the		R OR DATES	0						etc.)					
Control for the photology of the control for the control of the control for	3 Widowed 4 X Divorce	d	Na	ıvy										
Emerge Part College (1-4 or 5-1) Service manager Fuel Oil Co.	15, DECED (Specify only hi	ENT'S EDUCA	TION ompleted)	16a. DEG	EDENT'S	USUAL O	CCUPATIO	ON st of work	ina	16b, KIND	OF BUSIN	OF BUSINESS/INDUSTRY		
17. PATHENTS TAME (Piper, Modes, Last) William L. Rueger 180. MALNIG ADDRESS (Street and Number or Pacel Roundwider, Medicin Summer) Dorothy B. Werner 180. MALNIG ADDRESS (Street and Number or Pacel Roundwider, Medicin Summer) 180. MALNIG ADDRESS (Street and Number or Pacel Roundwider, Control or Development) 180. MALNIG ADDRESS (Street and Number or Pacel Roundwider, Control or Development) 180. MALNIG ADDRESS (Street and Number or Pacel Roundwider, Control or Development) 180. MALNIG ADDRESS (Street and Number or Pacel Roundwider, Control or Development) 180. MALNIG ADDRESS (Street and Number or Pacel Roundwider, Control or Development) 180. MALNIG ADDRESS (Street and Number or Pacel Roundwider, Control or Development) 180. MALNIG ADDRESS (Street and Number or Pacel Roundwider, Control or Development) 180. MALNIG ADDRESS (Street and Number or Pacel Roundwider, Control or Development) 180. MALNIG ADDRESS (Street and Number or Pacel Roundwider, Control or Development) 180. MALNIG ADDRESS (Street and Number or Pacel Roundwider, Control or Development) 180. MALNIG ADDRESS (Street and Number or Pacel Roundwider, Control or Development) 180. MALNIG ADDRESS (Street and Number or Pacel Roundwider, Control or Development) 180. MALNIG ADDRESS (Street and Number or Pacel Roundwider, Control or Development) 180. MALNIG ADDRESS (Street and Number or Pacel Roundwider, Control or Development) 180. MALNIG ADDRESS (Street and Number or Pacel Roundwider, Control or Development) 180. MALNIG ADDRESS (Street Andress or Development) 180. MALNIG ADDRESS (Street and Number or Pacel Roundwider, Control or Development) 180. MALNIG ADDRESS (Street Andress or Development) 180. MALNIG ADDRESS (Street Andress or Development) 180. MALNIG ADDRESS (Street Andress or Development) 180. MALNIG ADDRESS (Street Andress or Development) 180. MALNIG ADDRESS (Street Andress or Development) 180. MALNIG ADDRESS (Street Andress or Development) 180. MALNIG ADDRESS (Street Andress or Development) 180. MALNIG ADDRESS (Street An)	College (1-4 or 5+)	life.	Do NOT us	e retired.)								
William L. Rueger 190. MACRANTS NAME (Typerhed) 190. MALHING ADDRESS (Simes and Number of Naw Rank Number, City or Town, State 20 Code) 190. MALHING ADDRESS (Simes and Number of Naw Rank Number, City or Town, State 20 Code) 190. MALHING ADDRESS (Simes and Number of Naw Rank Number, City or Town, State 20 Code) 190. MALHING ADDRESS (Simes and Number of Naw Rank Number, City or Town, State 20 Code) 190. MALHING Report of University of Name Rank Number, City or Town, State 20 Code) 190. MALHING Report of State 20 Code (Number of Naw Rank) 190. PLACE AND DATE OF DISPOSITION/Name of Code (Number of Naw Rank) 190. PLACE AND DATE OF DISPOSITION/Name of Code (Number of Naw Rank) 190. PLACE AND DATE OF DISPOSITION/Name of Code (Number of Nam Rank) 190. Salisbury, MD 190. S				Se	rvic	e ma	nage							
196. MALHIG ADDRESS (Simes and Number or Paral Rouse Number. City or Revin. Stein. Zip Code) Russell J. Rueger 200. Frace and D. Lovers Lane, Bristol, VT 05443 200. METHOD or plashouting 1 Dutaria 2 & Ceneration 3 Removal from State 200. Prace and Dort of Code Prace of Code P								-						
Russell J. Rueger 10 Lovers Lane, Bristol, VT 05443 20s. METADO OF DISPOSITION Department of the properties of the p														
23. BAS CARE REPRENDED OF DISPOSITION Removed from State 20. PLACE AND DATE OF PRESCRIPTION Name of 20. CANTION - City or Town, State 20. CANTION - City or Town, City or Town, City or Town, City or Town, City or Town, City or Town, City or Town, City or Town, City or Town, City or Town, City or Town, City o				196									Code)	
Constitute 2 & Cremation 3 Removal from State Committing, controlling or other place)									Bris					
Salisbury Crematory 11/5 Salisbury, MD	1 Burial 2 Cremation	3 🗌 Remov	al from State	cemetery, crer	natory or of	ther place!								
HOLLOWAY Funeral Home 501 Snow Hill Rd., Salisbury, MD 21801 23. PART I. Enter the diseases, or complications that causes he death. Do not enter the mode of dying, such as cardiac or respiratory arrest, interval Better and Do. Action of the cause of social line. Interval Better and Do. Action of the cause of social line and Do. Action of the cause of social line. Interval Better Onset and Do. Action of the cause of social line. Interval Better Onset and Do. Action of the cause of social line interval Better Onset and Do. Action of the cause of social line interval Better Onset and Do. Action of the cause of social line interval Better Onset and Do. Action of the cause of social line interval Better Onset and Do. Action of the cause of social line interval Better Onset and Do. Action of the cause of social line interval Better Onset and Do. Action of the cause of social line interval Better Onset and Do. Action of the cause of social line interval Better Onset and Do. Action of the cause of social line interval Better Onset and Do. Action of the cause of social line interval Better Onset and Do. Action of the cause of social line interval Better Onset and Do. Action of the cause of social line interval Better Onset and Do. Action of the cause of social line interval Better Onset and Do. Action of the cause of social line interval Better Do. Action of the cause of social line interval Better Do. Action of the cause of social line interval Better Do. Action of the cause of social line interval Better Do. Action Do.			NOCE .	Salis	bury	Cre	mato				Sali	sbury	7, MD	
Solidary Solidary	21. SIGNATURE OF FUNERAL S	ERVICE LICE	NSEE	1		22.	HAME A	1 OW	ess of FA	ineral H	Home			
23. ART 1. Enter the diseases, or complications that causes for death. Do not enter the mode of dying, such as cardiac or respiratory arrest, above, or heart felture. List only one cause of wich line. IMMEDIATE CAUSE (Final disease or condition resulting in death) BUMDIQ: BUMDIQ:	W CON	7 4	10011	1.75 4								ish	irv.	MD 21801
PART II. Other algnificant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 246. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 26. PLACE OF DEATH (Check only one) 27. MANNER OF DEATH 1 Hatural 28. PLACE OF DEATH (Check only one) 27. MANNER OF DEATH 28. PLACE OF HAJBYY (Month, Day, Year) 28. PLACE OF INJURY — At home, farm, street, factory, office 28. PLACE OF INJURY — At home, farm, street, factory, office 28. CERTIFIER (Check only one) 28. PLACE OF INJURY — At home, farm, street, factory, office 28. CERTIFIER (Check only one) 28. PLACE OF INJURY — At home, farm, street, factory, office 28. CERTIFIER (Check only one) 28. PLACE OF INJURY — At home, farm, street, factory, office 28. CERTIFIER (Check only one) 28. PLACE OF INJURY — At home, farm, street, factory, office 28. CERTIFIER (Check only one) 28. PLACE OF INJURY — At home, farm, street, factory, office 28. CERTIFIER (Check only one) 29. CERTIFIER	CAUSE (Disease or injury C. MGTASTATIL PROJTATE C9. 1M017													
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 26. PLACE OF DEATH (Check only one) 27. MANNER OF DEATH 1 HOSPITAL: 1 None; Pending Investigation 2 A Coldent 2 DATE OF INJURY 2 DATE OF INJURY 3 DATE OF INJURY 4 Homicide 2 DATE OF INJURY 5 Pending Investigation 3 Suicide 4 Homicide 2 DATE OF INJURY At home, farm, street, factory, office 2 DATE OF INJURY At home, farm, street, factory, office 2 DATE OF INJURY At home, farm, street, factory, office 2 DATE OF INJURY AT WORK? (Month, Dey, Year) 2 DATE OF INJURY At home, farm, street, factory, office 2 DATE OF INJURY AT Home, farm, street, factory, office 2 DATE OF INJURY AT Home, farm, street, factory, office 2 DATE OF INJURY AT HOME, farm, street, factory, office 3 DATE OF INJURY AT HOME, far	reaulting in death) LAST	d.	contributing to	deeth but not re	eaulting i	in the u	nderlyln) ceuse	given in				24b.	
EXAMINER? 1 YES 2 NO 1 YES 2 NO 27. MANNER OF DEATH 27. MANNER OF DEATH 28. Pending Investigation 2 Accident Sulcide									COMPLETION OF CAUSE OF DEATH?					
EXAMINER? 1 YES 2 NO 1 YES 2 NO 27. MANNER OF DEATH Hetural 5 Pending Investigation 2 ER/Outpetient 3 DOA 4 Hursing Home 5 Residence 6 Other (Specify) 28b. TIME OF INJURY AT WORK? 1 YES 2 NO 28c. PLACE OF INJURY — At home, farm, street, factory, office 28t. LOCATION (Street and Number or Rural Route Number, City or Town, Stete) 28e. PLACE OF INJURY — At home, farm, street, factory, office 28t. LOCATION (Street and Number or Rural Route Number, City or Town, Stete) 28e. PLACE OF INJURY — At home, farm, street, factory, office 28t. LOCATION (Street and Number or Rural Route Number, City or Town, Stete) 28e. PLACE OF INJURY — At home, farm, street, factory, office 28t. LOCATION (Street and Number or Rural Route Number, City or Town, Stete) 28e. PLACE OF INJURY — At home, farm, street, factory, office 28t. LOCATION (Street and Number or Rural Route Number, City or Town, Stete) 28e. PLACE OF INJURY — At home, farm, street, factory, office 28t. LOCATION (Street and Number or Rural Route Number, City or Town, Stete) 28e. PLACE OF INJURY — At home, farm, street, factory, office 28t. LOCATION (Street and Number or Rural Route Number, City or Town, Stete) 28e. PLACE OF INJURY — At home, farm, street, factory, office 28t. LOCATION (Street and Number or Rural Route Number, City or Town, Stete) 28e. PLACE OF INJURY — At home, farm, street, factory, office 28t. LOCATION (Street and Number or Rural Route Number, City or Town, Stete) 28e. PLACE OF INJURY — At home, farm, street, factory, office 28t. LOCATION (Street and Number or Rural Route Number, City or Town, Stete) 28e. PLACE OF INJURY — At home, farm, street, factory, office 28t. LOCATION (Street and Number or Rural Route Number, City or Town, Stete) 28e. CERTIFIER														
27. MANNER OF DEATH	EXAMINER?			m =50			R:							
Hatural S Pending Investigation S Quident S Could not be determined See. PLACE OF INJURY — At home, farm, street, factory, office 28t. LOCATION (Street and Number or Flural Floute Number, City or Town, Stele) CERTIFYING PHYSICIAH: To the best of my knowledge, death occurred at the tima, date and place, and due to the cause(e) and manner se stated. One		- 1							leeldence			u mor con	unce	
4 Homicide 4 Homicide 4 Homicide 5 Geterrify Higher Description 29a. CERTIFYING PHYSICIAH: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) and manner es stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICEMSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) MAHESH MOONDRA STATE SIGNED (Month, Day, Year) 21 Sales block of the state of the time, data and place, and due to the cause(e) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICEMSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 11/14/Py 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) MAHESH MOONDRA STATE SIGNED (Month, Day, Year)	1 Hatural 5 Pending (Month, Day, Year) IHJURY WORK? 1 YES 2 NO													
(Check only one) 2 MEDICAL EXAMINER: On the bast of my knowledge, death occurred at the time, date end place, and due to the cause(e) and manner ee stated. 29b. SIGNATURE AND TITLE OF CENTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) MAHESH MOONDRA - 547 FRIVENSIDE DRIVE SALUBLETY 218	4 Homicide determined building, etc. (Specify) City or Town, Stete)													
MAHESH MOONDRA. 547 ERIVENSIDE DRIVE Sales bure of DEATH (TEM 27) (Type, Print)	(Check only) end manner ee state
MAHESH MOONDRA. 547 ERIVENSIDE DRIVE Salesburg 218	leaun	U	-0					A	32	.014.		D 1	1/19	4/84
STATE ELED WARD OF MAIL OF MAI	30. NAME AND ADDRESS OF P	ERSOH WHO	COMPLETED CAUS	E OF DEATH (ITEM	27) (Type,	Print)				N -	0	al	6.	mp
TO THE RUNDY (ALOND THE WAY) I DO DECISTABLE CLOUDTING.	MAHESH	17100	NOR	+, 74	7 E	KI1	EV	10	8	UKIVE	2)	ue)	na	K71 218
	31. DATE FILED (Month, Day, Yes	ir)	32. REGISTRA	S SIGNATURE	1.11									
NOV 16 1994 Julia d'avident hardelle	NUVI	6 1994	Jana a	ACCOUNTED TO	4 CALA									

64 Au

	1	1. DECEDENT'S NAME (First,				2. DATE OF DEATH DAY YEAR 3. TIME OF DEATH 11/15/1994									
		4. SOCIAL SECURITY NUMB		5. SEX	6. AGE (In yrs. Is	st birthday)	IF UNDER			R 24 HRS.	7 DATE OF B	IRTH	8. BIRTH Countr	IPLACE (State or Foreign	
9		213-24-43		1 🗆 M 2 🔀 F	64	YRS.	MONTHS	DAYS	HOURS	MIN.		7/1929		ryland	
2, 3 should	S S	9a. FACILITY NAME (# not in Dorcheste			ospita	L	9b. CITY		amb			9c. CO	Dor Dor	chester	
	DIRECTOR	RESIDENCE OF DEC	EDENT 10b. COUNT	ry		10c. CITY, TOWN OR LOCATION								10d. INSIDE CITY	
permit. Pages		Maryland	D	orchest	er		Fis		ng C					LIMITS?	
isi	UNERAL	100. STREET AND NUMBER	Roa	d		101. ZIP CODE 21634					1	10g. Cl	U.S	WHAT COUNTRY?	
215-0020 attending physician. se as the burial-transit	BY FUN	11. MARITAL STATUS 1 Never Married 2 3 Widowed 4 Divo			T EVER IN U.S. A YES 2 A MAR OR OATES	2 ANO If yea, specify Cuban, Maxica					n, Puerlo Ricen	pecify Yea or No , atc.)	Speci	E — American Indian, k, Whita, atc. hy: Ihite	
215- attendin	TED		EDENT'S EDI	UCATION le completed)	(1)	16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working					16b. KIN	D OF BUSINESS/IN		mice	
AND 2121 the hospital or att detached for use once.	PLET	Elementary/Secondary (0	-12)	College (1-4 or 5	+)	Bridge Tender						tate G	over	nment	
3 5 Z	BE COMPL	17. FATHER'S NAME (First, M. George L.		nce Flo		18. MOTHER'S NAME (First, Middle, Maiden Surname) Lillian Grant									
MA retain 5 sho	10	19a. INFORMANT'S NAME (Type/Print) Heidi Rhea Adams 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) MD P.O. Box 394, 104 Goodwill St., Sec													
IORE, e 6 may be ector, page		209. METHOD OF DISPOSITION WA Burles 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of commetcy, cramatory or other place) HOSIET MEMBERS OF FACILITY 22c. LOCATION — City or Town, State 22c. LOCATION — City or Town, State 22c. MAME AND ADDRESS OF FACILITY 22c. NAME AND ADDRESS OF FACILITY													
ALTIN death. Pag furieral dir xaminer		21. SIGNATURE OF FUNERAL	SERVICE	LYDU-T	Romin	1001	/ C1	NAME A	nd ADDRE	SS OF FAC	vell F	uneral	Hom	e, P.A.	
X 68760, executed within cours after of n and completely filled in by the to burial, cremation, or removal.	CATION														
DS, P.O. BOX 68: he death certificate be execute the attending physician and or Mental Hygiene prior to buria njury, or other traumatic	CERTIFICAL														
CORI	MEDICAL	Dianel Hyperto	es	ns contributing to	death but not	resulting in the underlying cause given in Part i.						WAS AN AUTOPSY PERFORMED? YES 20 NO	24b	WERE AUTOPSY FINDINGS ANAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
F VITAL RE SICIAN: The law req certificate has been the State Dept. of the State Dept. of	SICIAN:	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	HOSPITAL:			OTHE		LACE OF D	DEATH (Che	eck only one)			, 0/1	
OF VITAL RE PHYSICIAN: The law requires certificate has been with the State Dept. of thed, or item 23 sho	PHYS	1 VES 2 NO 27. MANNER OF DEATH Natural 5	Pending	1 Inpetiant 2	INJURY	28b. TI	4 🗆 Nur	28c. IN. WC	JURY AT ORK?		8 Other (Spe 28d. DESCRIE	ecity) BE HOW INJURY O	CCURED		
OFFICE AND COMPANY OF STREET, AND COMPANY OF	ED BY	2 Accident 3 Suicide 8	nvestigation Could not be letermined	28a. PLACE (building,	OF INJURY — At h	ome, term,	street, fec		YES 2 [NO	28f. LOCATION	N (Street and Numb wn, State)	er or Rural F	Route Number,	
(多)	MPER	10		SICIAN: To the best of	4									s) and manner as stated.	
TO THE HOSE OF THE PLANT	E COM	296. SIGNATURE AND TITLE				Illeanigan	on, at my	opinion, (ENSE NUM				(Month, Day, Year)	
THE THE DE FILED F	10 BE	30, NAME AND ADDRESS OF	PERSON	HO COMPLETED CAN	DE DE DEATH (T	1	4		1	27	1409	> /	1-2	1.94	
5		Lawrence Bohan M.D., 606 Dutchmans Lane, Easton, MD. 21601													
		31. DATE FILED (Month, Day, NOV 2 3	1994	32 REGISTRA	AR'S SIGNATURE	cl-11									
		~ 0	.001	- 9	30	- darl								DHMH-18 Rev 1/89	

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

													TIEG. NO.			
		1. DECEDENT'S NAME (First,	, Middle, Last)									2. DATE	OF OEATH	AV	YEAR 3.	TIME OF DEATH
		Wi	lliam	Scott Ro	hert	2							ber 25			7 · // 3 A M
		4. SOCIAL SECURITY NUME		5. SEX		(In yrs. lesi	t birthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DATE	OF BIRTN			ACE (State or Foreign
	1 1	213-09-810	2	1 X M 2 □ F		83	YRS.	MONTHS	DAYS	HOURS	MIN.	(Mont	h, Day, Year)	1	Country)	
용	1 1	90. FACILITY NAME (If not in											. 4, 19		Mary]	
3 should	œ							.96. CITY	, TOWN	OR LOCATI	ON OF D	EATN		9c. COUN	TY OF DEAT	ГН
2, 3	Ö	Kent & Quee	n Anne	e's Hospi	tal	Inc.		Che	ste	rtown	1			Ken	t	
← **	CTO	RESIDENCE OF DEC	CEDENT													
Pages	12		10b. COUNTY					Y, TOWN							10	d. INSIDE CITY
	ā	Maryland	Queen	Anne's			Su	dler	svi.	lle					1	X YES 2 NO
permit.	ERAL	100. STREET AND NUMBER							1	Of. ZIP COD	E			10g. CITIZ	EN OF WHA	T COUNTRY?
	🖫	114 East 1			2166	R			United States							
020 physician. burial-transit	FU	11. MARITAL STATUS	N U.S. ARI	MED	13	WAS DE			NIC OBIGII	1? (Specify Yes			American Indian,			
020 physician burial-tra		1 Never Married 2	Merried	2 N	10		If yes, s	specify Cube	m, Mexica	in, Puerto	Rican, etc.)	0.10	Black, W	/hite, etc.		
	8	3 Nidowed 4 Divo	rced	WW I		ATES			1 🗌 YE	S 2 1 NO	Specifi	y:			Specify:	Mhite
	8	15 DEC	EDENT'S EDU		<u> </u>	100 DE	CEDENT'S	Herrar o	COLIDAT	2001						
			y highest grade			(GI	ve kind of a	work done	during n	nost of workir	ng	180	. KIND OF BUS	SINESS/INDU	STRY	
ital or 1 for 1		Elementary/Secondary (0	1-12)	College (1-4 or 5	+)								Connic	0		
AND te hospit setached	불			3			Mana,	ger		Grain Operation					1.	
The hospital or detached for u	COMPL	17, FATHER'S NAME (First, M			18. MOTNER'S NAME (First, Middle, Meiden Surname)											
क विव	l w l	Austin Rol					Ma	ry C	. Ro	e						
MAR retained 5 should notified	8	19e. INFORMANT'S NAME (7	196	. MAILING	ADDRES	S (Street			_	ber, City or Tow	r Stata Zin (Code)				
≥ 2 ° 5	일	Mary Ann Ma								arylan		037				
- 2 % 4		20e. METHOD OF DISPOSITI						ewat		7						
OKE 6 may ector, par must b		t 🗆 Buriel 2 🛴 Cremetic	n 3 🗆 Rem	oval from State	netery, crer	natory of o	OF DISPOS ther place)	SITION //			DAT		CATION — C			
Page 6 m director,		4 Donetion 5 Other	apit	o1 C				<u>0/26</u>		Dov	er, D	<u>elawa</u>	ire			
- 4 - 2		21. SIGNATURE OF FUNERAL	L SERVICE LIC	CENSEE						AND ADDRE					-	11 (= 1
4 2 2 ×		1 16.	. /.	10				F	ΞΥΤċ	ows F	uner	al H	ome, P .,Mill	.A.		71921
	\vdash	22 PART I February	2 Te	ROUS				3	/U V	v. Cy	pres	s St	.,M111	ingto	n,Mar	yland
in t		23. PART I. Enter the of ehock, or he	eart failura.	List Drily Dria Cer	uaa on e	a tha ge: ach line.	ath. UD i	ot enter	tha m	oda of dyl	ing, auc	h aa car	diac or reapi	ratory arre	at,	Approximate interval Between
		IMMEDIATE CAUSE (Fin	nai				_	.000								Doset and Death
age =		disease or condition resulting in death)	+	a. Re	nel		Da	lu	0							
ed within ompletel il, crema event,		readiting in coatin)		DUE TO	(OR AS	CONSEC	UENCE O	F):								
	-															
OX 68 be executed in the property of the prop	CATION	Sequentially list conditi		DUE TO	(OR AS /	CONSEC	UENCE O	ก:	_							
or t	AT	If any, laading to immed cause. Entar UNDERLY						,-								İ
certificate ding physical sygiene pri	유	CAUSE (Disease or Inju		c	(OB 45 /	CONSEQ	LIENCE O	3.								
S Sie a Sie S	CERTIFI	thet initietad eventa resulting in daath) LAS	,	502 10	(OH AS A	CONSEG	DENCE O	-):								
J E 8 - 0	ᇤ	Total III and III and III		d												
that the death the by the attempt that and Mental any Injury,		PART II. Other eignifice	nt condition	a contributing to	death h	uit not n	neulting	in the ur	dorivi	20 001100	alson In	Dort I	00- WHO 444	ALFTONOV	I	
	MEDICAL	0011	-				-						24a. WAS AN PERFOR	0.4550		ERE AUTOPSY FINDINGS AILABLE PRIOR TO
luires that signed by Health and Dws any	품	0 1722	porce	uniorn	2	<u>(3)</u>	MA	ligs	reem	rin	elas	Marie	1 TYES 2	□ NO		OMPLETION OF CAUSE DEATH?
Sign Heal	Ę.	3 CODD		old a	WA	2										YES 2 NO
law requires been sept. of the 23 show	-	DID TOBACCO U	SE CONTI	RIBUTE TO CA	USE C	F DEAT	ГН ҮЕ	SII	NO [T UNC	ERTAI	NП				
4 m E U _	AN:	25. WAS CASE REFERRED TO					E OF DEA					•				
- the state -	SICI,	EXAMINER?		HOSPITAL:] ED (0.			OTHER	3:		0.75	se				
SICIAN: The Certificate the State	Σ	27. MANNER OF DEATH				patient 3			_	me 5 🗆 Re	eldence					
DION OF VI	PHY	_/	Pending	28e. DATE OF (Month, E			28b. TIM INJ	URY	W	JURY AT ORK?		28d. DES	CRIBE NOW II	NJURY OCCU	RED	
After the death	BY		investigation					М		YES 2	NO					
de A D	2 Accident Investigation 3 Suicide 8 Could not be determined 28e. PLACE OF INJURY — At home, ferm, street, fectory, office building, etc. (Specify) 28s. PLACE OF INJURY — At home, ferm, street, fectory, office building, etc. (Specify) 28s. PLACE OF INJURY — At home, ferm, street, fectory, office city or Town, State)										e Number,					
2 是信息																
5 5 5 5	4	290. CERTIFIER	TEVING DAVE	CIAN: To the heat of	l and beauti	tadas da	45			101.		2 m 5				
# 14 B	9			CIAN: To the best of												
/聖春夏百	2	2 MEDI	CAL EXAMINE													nd menner es stated.
Description of the last	m l	296. SIGNATURE AND TITLE	OF CERTIFIEF	1						29c. LICE	NSE NUM	ABER		29d. DATE	SIGNED (M	onth, Day, Year)
M P P P	96	1611.	Ulu	u, MI	>					10:	213	13		10	1/25	19v
FFB	임	30. NAME AND ADDRESS OF	PERSON WN	O COMPLETED CAU	SE OF DE	ATH (ITEM	27) (Tupo	Print)			- 01	_			100	67
	l l		K. W.	1101	7/	4 /	151	C/	1	/ -	- 1			1	-/	
				O COMPLETED CAU WW 32. REGISTRA	4	0 /	rgh	18	. 0	cust	wo	wn	me	1, 20	020	
	10	31. DATE FILED (Month, Day,		A 32. REGISTRA	S SIGN	DIME	The The	ndell								
		UU UU	27 '94	7	LOTULOK	JUN TUNO	211									



DIWISION OF VITAL RECORDS, P.O. BOX 68760,

PATE VONG PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

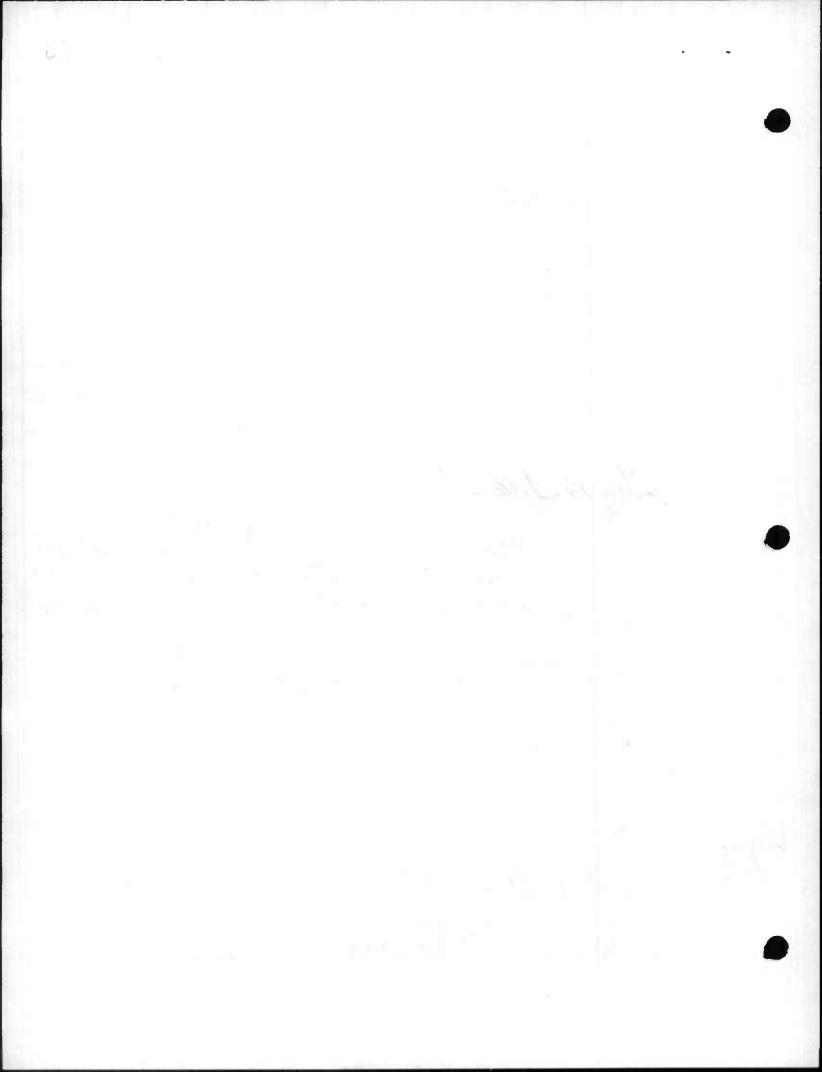
In the state this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be attentioned by the attending physician prior to burial, cremation, or removal.

In the state begt, or Health and Mental Hygiene prior to burial, cremation, or removal.

In the state begt, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
REGISTRAR	CERTIFICATE OF DEATH	REG. NO.
	STATE	STATE STATE STATE OF MARTLAND / DEPARTMENT OF HEALTH AND MENTAL

_	HEGISTHAR			HIIF.	CALE	UF	DEA	1 [RE	EG. NO.				
1	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF D				3. TIME OF DEATH	
	Joseph E. Rhoa	ds. Sr.							Octobe:	r 22.	19	94	5:43 A M	
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. lest	birthday)	IF UNDER	1 YEAR	IF UNDER	$\overline{}$	7. DATE OF B				IPLACE (State or Foreign	
	163-03-4695	1 TM 2 TF	83	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, Day	Year)		Countr	γ)	
	9a. FACILITY NAME (If not institution, give	- 41	- 03						Dec. 2				sylvania	
~					96. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DE							EATH		
DIRECTOR	Kent & Queen Anne	s Hospita	al		Chestertown Kent									
5	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNT													
<u>E</u>				10c. CIT	Y, TOWN O	OR LOCAT	ION						10d. INSIDE CITY LIMITS?	
		nt		C	hest	erto	wn						TYX YES 2 NO	
₹I	10e. STREET AND NUMBER					101	ZIP CODE	E			10g. CIT	IZEN OF Y	VHAT COUNTRY?	
FUNERAL	200 Morgnec Rd						21	620				USA		
5	11. MARITAL STATUS	12. WAS DECEDENT			13. 1	WAS DEC	ENDENT C	F HISPAN	IC ORIGIN? (Sp	ecify Yes o	or No-	14, RACE	- American Indian.	
	1 Never Married 2 Merried	FORCES? 1 IF YES, GIVE W	YES 2XN	0					, Puerlo Rican,	atc.)	1:00		— American Indian, k, White, etc.	
m 3 Widowed 4 Divorced														
												WILL CO.		
(Specify only highest grade completed) (Give kind of work done during most of working life. Do NOT use retired.)														
Elementary/Secondary (0-12) College (1-4 or 5+) Plant Superintendent Oil Company														
2 Traine Depertmeendent Off Company														
	T 1 T 70 1 1													
띪	Joseph E. Rhoads Margaret Campbell 19a. INFORMANT'S NAME (Type/Print) 19b. MAILINO ADDRESS (Street and Number or Purel Route Number, City or Town, State, Zip Code)													
၉											State, Zip	p Code)		
7	Charles E. Rhoa	ds 3651 K	Caren Dr	. Che	esape	eake	Bea	ch, l	Md. 207	732				
	20a. METHOD OF DISPOSITION	oval from State	20b. PLACE A	NDDATE	F DISPOS	ITION (Ne	me of		OATE	20c. LOCA	ATION —	City or To	wn, State	
	Commetter Comm													
	21. BIGNATURE OF FONERAL SERVICE LI	CENSEE			22. NAME AND ADDRESS OF FACILITY									
- 1	Fellows - Wells Funeral Home													
-	July 15	Leur	_		41	13 H	igh	St. (Chester	ctown	Me	d. 2	1620	
	23. PART I. Enter the diseases, or shock, or heart fellure	complications that	caused the de	eth. Do n	ot enter	the mo	de of dyl	ing, auch	as cerdiec	or reepira	tory an	rest.	Approximate	
J	ahock, or heert feliure. List only one ceuse on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) a. BANCHO MULLIMATE CAUSE (Finel disease) a. BANCHO MULLIMATE CAUSE (Fi													
i	resulting in death)	DUE TO	OR AS A CONSEC	UNINCE OF	7:	i			-0/	- 0	V		~ NV	
,	_	Rord	1	MI	01	201	-Tu	200	tri	001	à		15 days	
ᅙ	Sequentially list conditions, if any, leading to immediate	DUE TO	OR AS A CONSEC	HENCE OF	1	CALC	-	0	rug		-1		1.00	
CERTIFICATION	cause. Enter UNDERLYING	A80	MA	01	2/13	4							WORKA	
Ĕ	CAUSE (Disease or Injury that Initiated events	DUE TO	OR AS A CONSEQ	UENCE OF	1	-							172000	
E 1	resulting in deeth) LAST	27											19	
ᄬᅵ		α									-		1	
	PART II. Other significant condition	e contributing to	deeth but not re	sulting i	n the un	derlylne	ceuse (lven in i	Part I. / 24s.	WAS AN AL		24b.	WERE AUTOPSY FINDINGS	
DICAL	Turn	02 1/1	len	~ 1	m	d	cap	NR	al .	PERFORM			AVAILABLE PRIOR TO COMPLETION OF CAUSE	
W		1/	8				1	- 0, 0		YES 2	KNO		DF DEATH?	
PHYSICIAN: M		U	- 1										1 TES 2 NO	
A N	25. WAS CASE REFERRED TO MEDICAL													
ਹੁ ∥	EXAMINER?	HOSPITAL:			OTHER		ACE OF D	EATH (Che	ck only one)					
Z	1 TES 2 NNO	1 Qinpatient 2 🗆	ER/Outpatient 3	□ DOA			9 5 □ Re	eldence (6 Other (Spe	city)				
표	27. MANNER OF OEATH 1 Statural 5 Pending	28e. DATE OF (Month, De		28b. TIMI INJ		28c. INJ	URY AT		28d. OESCRIB	E HOW INJ	URY OC	CURED		
à	1 Accident 5 Pending investigation				M	1 🗌 1	ES 2 [NO						
9	3 Suicide 8 Could not be	28e. PLACE Of building.	FINJURY — At horate. (Specify)	ne, farm, e	treet, facto	ory, office			28f. LOCATION City or Tow	(Street end	d Number	r or Rurel R	loute Number,	
	4 Homicide determined								Only Dr 70W	nr, State)				
Ę	29a. CERTIFIER 1 CERTIFYING PHYS	CIAN: To the best of	my knowledge des	th occurre	d at the ti	me dete	and place	and due l	to the course (a)					
COMPLET	(Check only one) a MEDICAL EXAMINE	R: On the beels of ex	aminetion end/or in	rvestinatio	n in my o	ninian d	with occur	and at the t	lime data and a	one manne	er ee stat	ted.	\	
					n, m my o	pinnon, o	ratii occur	ed at the t	inne, date end p	place, end	aue to In	ne cause(e) end manner es etated.	
BE	29b. SIGNATURE AND TITLE OF CENTIFIE	. //	0/1/	PI	nn	1	29c. LICE	NSE NUM	BER	, 1	29d. OAT	E SIGNED	(Month, Day, Year)	
0	JIVV	Trance	IN	rl1	VV	//	L	1/6	1001		1/0	1-2	4-14	
-	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUS	E OF DEATH (ITEM	27) (Type,	Print)									
	31. DATE FILED (Month, Day, Year)	32. REGISTRAF	R'S SIGNATURE								-			
	OCT 24'	94	Julia David	lans 7	Darl.	0								
	001 2 7	7.11	1 - worker	WOY V-/	unal	کد								

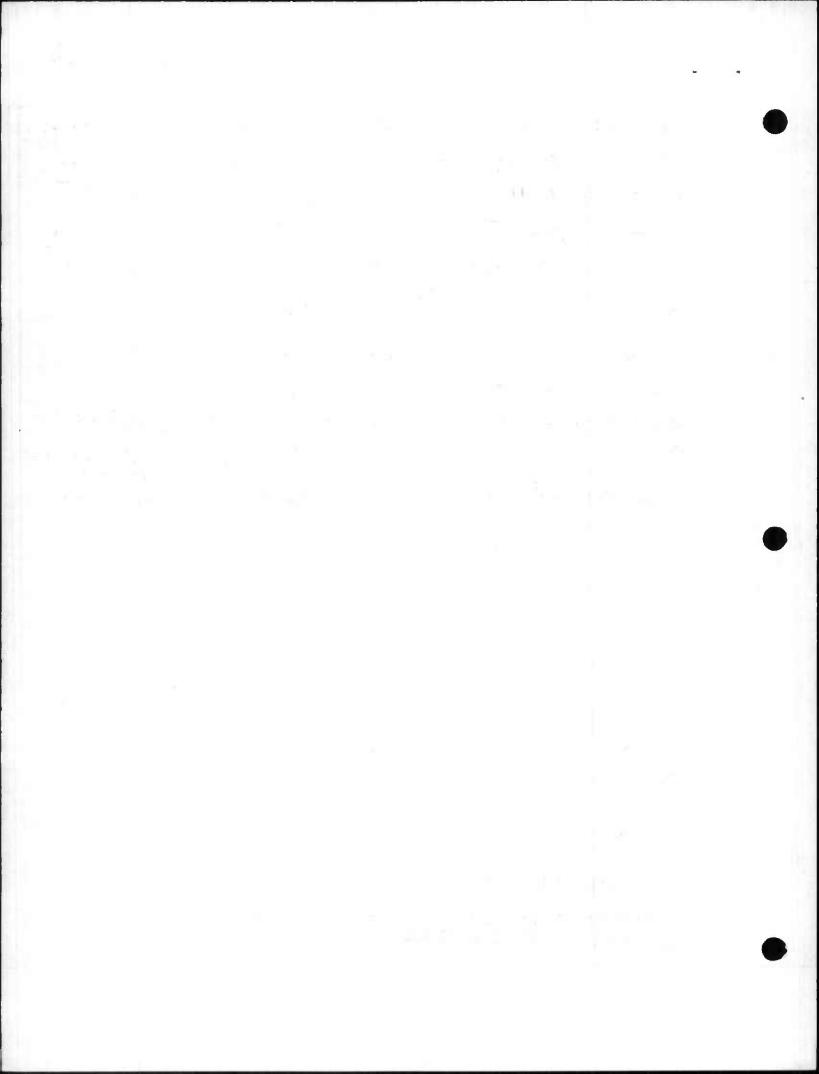


BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

ter death. Page 6 may be retained by the hospital or attending physician.	the funeral director, page 5 should be detached for use as the burial-transit permit, Pages 1, 2, 3 should	wal.	si examiner must be notified at once.	
TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL CHECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlal-transit permit, Pages 1, 2, 3 should	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

	1 - STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.											
	1. DECEDENT'S NAME (First, Middle, Lest) GENEVA	LEE ROL	ser1s		2. DATE OF DEATH MONTH	DAY 19	S. TIME OF DEATH					
	4. SOCIAL SECURITY NUMBER 2 12 - 32 - 0464		yrs. last birthday) IF UR YRS. MONTH	IDER 1 YEAR IF UNDER 24 HRS. 16 DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 9/23/		BIRTNPLACE (State or Foreign Country)					
POR	MA9NOI, A	HATINURSIN		TY, TOWN OR LOCATION OF E		9c. COUNTY	LENT					
DIRECTOR	10e. STATE 10b. COUNT	KENT		HORLOCATION ESTERTOL	24		10d. INSIDE CITY LIMITS? 1 YES 2 NO					
FUNERAL	10e. STREET AND NUMBER	EO RGETO	wr. Rd	101. ZIP CODE 2/6	20	10g. CITIZE	OF WHAT COUNTRY?					
BY FUN	11. MARITAL STATUS 1 Never Married 2 Merried 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN U FORCES? 1 YES IF YES, GIVE WAR OR DAT	2 NO	13. WAS DECENDENT OF NISPI If yes, specify Cuben, Maxic 1 YES 2 NO Spec	en, Puerlo Rican, etc.)	See or No — 14	RACE — American Indian, Black, White, etc.					
COMPLETED	15. DECEDENT'S EDI (Specify only highest grad	College (1-4 or 5 +)	8e. DECEDENT'S USUA (Give kind of work de life. Do NOT use retire	one during most of working		16b. KIND OF BUSINESS/INDUSTRY CAFE TER: A						
COMP	17. FATNER'S NAME (First, Middle, Last) EMMONS BROWN 16. MOTHER'S NAME (First, Middle, Meiden Surneme) HENR											
TO BE	19a. INFORMANT'S NAME (Type/Print) GELMAIN	-111-1	19b. MAILING ADDR	ESS (Street and Number or Russ EORAE /U	Route Number, Emyror R	own, Store, Zip Co	SERLOWING.					
	20a. METHOD OF DISPOSITION 1. Burlel 2 Crematton 3 Ren 4 Donation 5 Other (Specify)	noval from State 20b.P	LACEAND DATE OF DIS	CEMETERY	11/12/94	OCATION - CH	TER ZWHMd.					
	21. SIGNATURE OF FUNERAL SERVICE LI	Ot wall	20,	22. NAME AND ADDRESS OF F	FUNER	Al F	TOME					
	23. PART I. Enter the diseases, or ahock, or heart failure.	complications that caused to. List only one cause on each	he death. Do not er									
	iMMEDIATE CAUSE (Final disease or condition resulting in death)	= 440.131.5	EMA				Onset and Desth					
		DUE TO (OR AS A C	ONSEQUENCE OF):				1					
NOIT	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A C	ONSEQUENCE OF):									
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	CDUE TO (OR AS A C	ONSEQUENCE OF):			·						
	PART II. Other aignificant condition	ns contributing to death but	not resulting in the	underiving cause given in	Part I 240 MR 4	IN AUTOPSY	24b. WERE AUTOPSY FINDINGS					
PHYSICIAN: MEDICAL				and the second s		ORMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?					
W							1 Tes 2 No					
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	L OT	26. PLACE OF DEATH (C	heck only one)							
IXSI	1 TYES 2 NO 27. MANNER OF DEATN	1 Inpatient 2 ER/Output	lent 3 DOA 4	IER: Nursing Nome 5 - Residence								
	1 Netural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJURY AT WORK?	28d. DEŞCRIBE HOV	INJURY OCCUP	DED					
red BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, atc. (Specify	- At home, ferm, street,		281. LOCATION (Stree City or Yown, Ste	t end Number or le)	Rural Route Number,					
COMPLETED		SICIAN: To the best of my knowled					ause(a) and manner as stated					
BE CC	296. SIGNATURE AND TITLE OF CERTIFIE			29c, LICENSE NU			IGNED (Month, Day, Year)					
TO B	30, NAME AND ADDRESS OF PERSON W	HO COMPLETED CALIFOR OF THE	WATEN OR ALL OF	D41	581	11.	-11-94					
	HEIENA	NO BE	122	SPEERR	d.Che	SIEFIC	00315 Pol 14 mg					
3	11. DATE FILED (Month, Day, Year)	932 REGISTRAR'S SIGNAR	andell									



THE MARKA DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 55 hours after death. Page 6 may be retained by the hospital or attending physician.

THE HAREAL URECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlat-transit permit. Pages 1, 2, 3 should be constituted to the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.

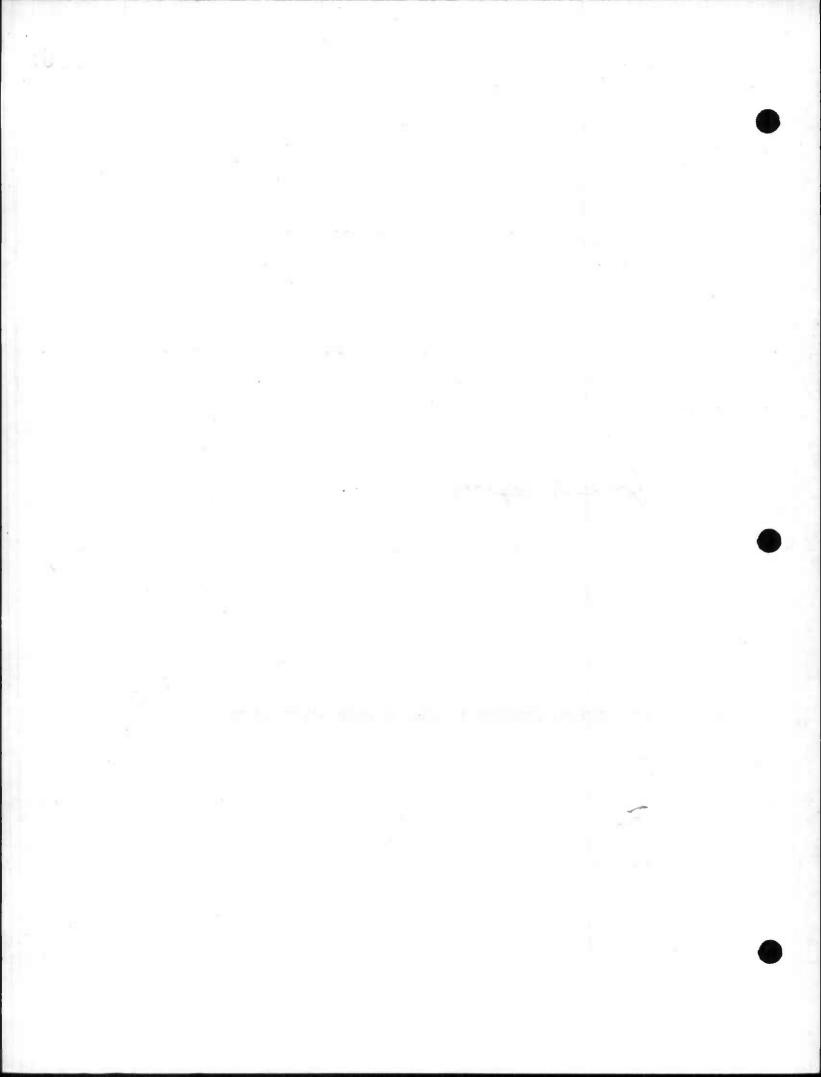
IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH DAY VEAB 3. TIME OF DEATH														
	C	harles	Llewell	yn Ri	ichard	lson				Nove	mber 2	6, 1	994	2:00 A M	
	4. SOCIAL SECURITY NUME	ER	5. SEX	6. AGE (h	n yrs. last birti		NDER 1 YEAR	_	R 24 HRS.	7. DATE	OF BIRTH			HPLACE (State or Foreign	
	220-09-7601		1 🔀 M 2 🗆 F		72 ×	RS. MONT	HE DAYS	HOURA	MIN.	Jan.	25, 1	922	Mar	yland	
_	9e. FACILITY NAME (If not in		treet and number)			9b. (CITY, TOWN	OR LOCAT	ION OF D	EATH			INTY OF E		
5	6507 Bowie						Sharp	sburg	5			Wa	Vashington		
[[[RESIDENCE OF DEC	10b. COUNTY	1		10	c. CITY, TOV	VN OR LOC	ATION				10d, INSIDE CITY			
DIRECTOR	Maryland	Wash	ington			Shar						LIMITS?			
	10e. STREET AND NUMBER							Of. ZIP COD	E			10g. CIT	IZEN OF	WHAT COUNTRY?	
ER/	6507 Bowie	Road			21782					U.S				Α.	
FUNERAL	11. MARITAL STATUS		12. WAS DECEDER	IT EVER IN	U.S. ARMED 13. WAS DECENDENT OF HISPAN 14. Yea, specify Cuban, Maxica					NIC ORIGIN? (Specify Yas or No.— 14. F				E — American Indian,	
BY F	1 Never Married 2 🔀 3 Widowed 4 Divo		FORCES?	MAR OR DA		-		pecify Cubi S 2 📉 NO			Rican, etc.)			k, White, etc.	
8 0			W.W.									<u> </u>	WILLE		
COMPLETED	(Specify onl	EOENT'S EDUC y highest grade	completed)	16a. DECEO	ENT'S USUA nd of work di VOT use retin	L OCCUPAT	ION lost of world	ing	16b	. KIND OF BUS	INESS/IN	DUSTRY			
7	Elementary/Secondary (6	1-12)	College (1-4 or 5	+)	sheet						manuf	actu	ire		
M	17. FATHER'S NAME (First, M	iddle, Last)						I 16 MOT	HED'S N	AME /Eint I					
			Llewelly	n Ric	hards	lson Mother's Name (First, Middle, Meiden Surmame) Mary Elizabeth Trace						е			
BE	19a. INFORMANT'S NAME (7	ype/Print)			19b, MA	ALING ADDE	ING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)								
5												21782			
20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION —											CATION — City or Town, Stata				
- 1	Cremeton 2 Cremeton 3 Removal from State Cremetory or other place Removal from State Cremetory or other place Hagerstown Crematory 11-28-94 Hagerstown 11-28-94 Hagerstown Removal from State												m, Maryland		
	21, SIGNATURE OF FUNERA	L SERVICE LIC	ENSEE D				22. NAME AND AGORESS OF FACILITY Minnich Funeral Ho								
													wn, MD 217		
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest.													Approximate	
	shock, or heart fallura. List only one cause on each fine. IMMEDIATE CAUSE (Final Onset and Daeth														
	disease or condition														
	resulting in death) a. Arteriosclerotic Cardio Vascular Disease years OUE TO (OR AS A CONSEQUENCE OF):														
Z															
CERTIFICATION	Sequentially list conditions, If any, leading to immediate Course Forty INDED YIMO														
2	CAUSE (Disease or Injury Due TO (OR AS A CONSEQUENCE OF):														
Ē	that initiated events Due TO (OR AS A CONSEQUENCE OF): resulting in death) LAST														
E		-	d											1	
AL	PART II. Other algolitica	nt condition	a contributing to	daath bu	ut not reaul	ting in the	underlyli	ng causa	given in	Part 1.	24a. WAS AN		246	. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO	
음										_	1 YES 2			COMPLETION OF CAUSE OF DEATH?	
MEDICAL														1 YES 2 NO	
	_ DID TOBACC	O USE	CONTRIBUT	E TO	CAUSE	OF D	EATH	YES [] N	0 🗆					
PHYSICIAN:	25. WAS CASE REFERRED T EXAMINER?	O MEDICAL	HOSPITAL:			OTI	28. F	PLACE OF E	DEATH (C)	heck only on	e)				
YS	1XXYES 2 NO		1 Inpetient 2		-	OA 4 🗆	Nursing Ho		esidence	6 🗆 Othe	(Specify)				
	27. MANNER OF DEATH 1 X X Neturel 5	Pending	28e. OATE Of (Month, L	ay, Year)	261	b. TIME OF INJURY	W	JURY AT ORK?	_	28d. DES	CRIBE HOW I	NJURY OC	CURED		
BY	2 Accident	Investigation	280 PLACE	VE IN III III Y	At been 4	Common and the		YES 2	NO						
E		Could not be determined	28e. PLACE (building.	atc. (Speci	— At nome, I	arm, atreet,	tactory, on	Ca			ATION (Street a or Town, State)	ind Numbe	r or Rural	Route Number,	
9	29a. CERTIFIER														
3 Suicide 8 Could not be determined building, etc. (Specify) 29e. CERTIFIER (Check only one) 3 Suicide 8 Could not be determined building, etc. (Specify) 29e. CERTIFIER (Check only one) 3 Suicide 8 Could not be determined building, etc. (Specify) 29e. CERTIFIER (Check only one) 3 Suicide 8 Could not be determined building, etc. (Specify) 29e. CERTIFIER (Check only one) 3 Suicide 8 Could not be determined building, etc. (Specify) 29e. CERTIFIER (Check only one) 3 Suicide 8 Could not be determined building, etc. (Specify) 29e. CERTIFIER (Check only one) 3 Suicide 8 Could not be determined building, etc. (Specify) 3 Suicide 8 Could not be determined building, etc. (Specify) 4 Suicide 8 Could not be determined building, etc. (Specify) 4 Suicide 8 Could not be determined building, etc. (Specify) 4 Suicide 8 Could not be determined building, etc. (Specify) 5 Suicide 8 Could not be determined building, etc. (Specify) 5 Suicide 8 Could not be determined building, etc. (Specify) 6 Suicide 8 Could not be determined building, etc. (Specify) 7 Suicide 8 Could not be determined building, etc. (Specify) 7 Suicide 8 Could not be determined building, etc. (Specify) 7 Suicide 8 Could not be determined building, etc. (Specify) 7 Suicide 8 Could not be determined building, etc. (Specify) 8 Suicide 8 Could not be determined building, etc. (Specify) 8 Suicide 8 Could not be determined building, etc. (Specify) 9 Suicide 8 Could not be determined building, etc. (Specify) 9 Suicide 8 Could not be determined building, etc. (Specify) 9 Suicide 8 Could not be determined building, etc. (Specify) 9 Suicide 8 Could not be determined building, etc. (Specify) 9 Suicide 8 Could not be determined building, etc. (Specify) 9 Suicide 8 Could not be determined building, etc. (Specify) 9 Suicide 8 Could not be determined building, etc. (Specify) 9 Suicide 8 Could not be determined building, etc. (Specify) 9 Suicide 8 Could not be determined building, etc. (Specify) 9 Suicide 8 Could not be determined building, etc.															
8				DOM/TRICHERSON	and/or inves	agation, in t	my opinion,	death occu	red at the	i ilme, deta	and place, sn	d due to f	he cause(:	s) and manner as stated.	
BE	296. SIGNATORE AND TITLE	OF CERTIFIER	27,						ENSE NU					(Month, Day, Year)	
9	30. NAME AND ADDRESS OF	_ W K	O COMPLETED OF	SE OF AL	TH # *** ***	(Fm - C : -		l D	0106	2		- 1	1/28	/94	
·							h	0 0-		U. ~ -		Ma	2	1740	
	Edward W. D		II, M.I		217 W	. Was	ningt	on S	ι.	nager	stown	, Ma		1740	
	NOV 28 199		I Dande	n-Kan	dall										



ding physician. the burial-transit permit. Pages 1, 2, 3 should BALTIMORE, MARYLAND 21215-0020

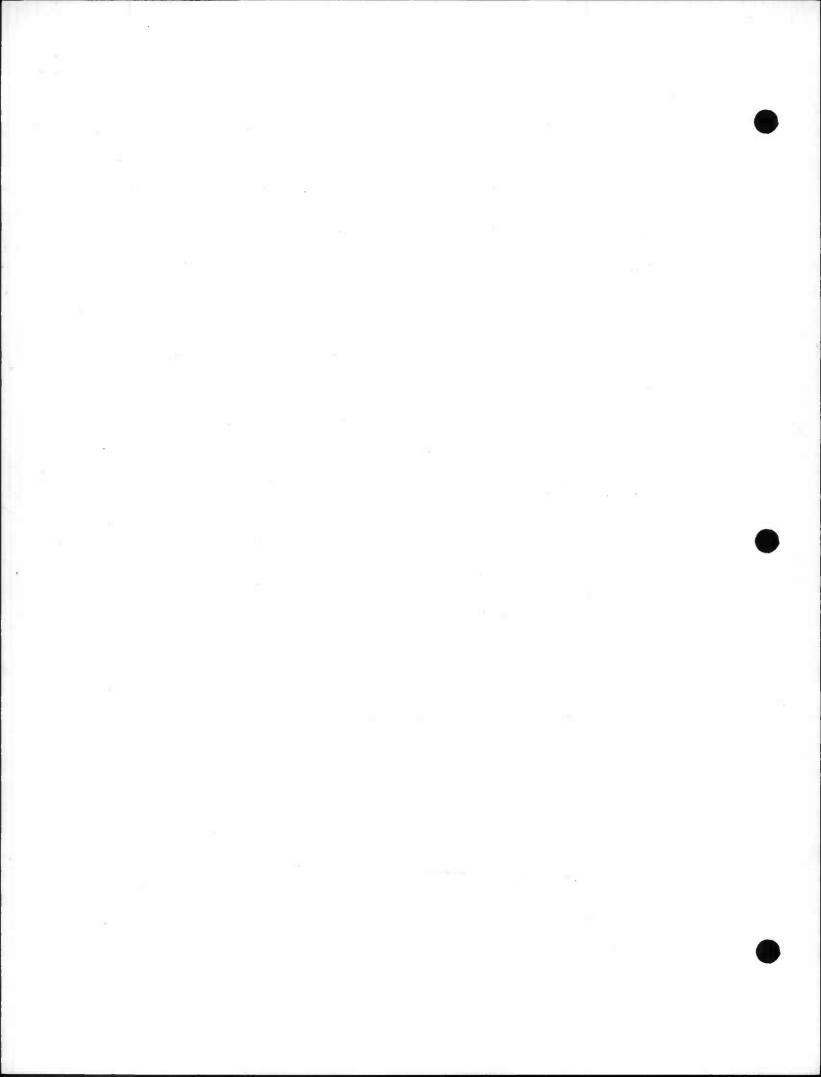
FOR

CHIVISION OF VITAL RECORDS, P.O. BOX 68760

ACTENDING PAYSICIAN. The law requires that the death certificals be executed within mours after death. Page 6 may be retained by the hospital or attending	After this certificate has been support by the attending physician and competing filled in by the funeral director, page 5 should be detached for use as the	De haid within 72 hours after death with the State Legit, or health and winter hypere prior to huma, cremation, or removal.	MPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
death certificate be a	attending physician	ental Hygene prior to	ary, or other traum
w requires that the	been signed by the	pr. of meam and w	3 shows any inj
PHYSICIAN: The I	this certificate has	with the State Lie	rked, or Item 2
HENE OF STENDING	DAY DIRECTOR After	n 72 hours affer ogain.	E If Nem 28 is ma
TO THE MOS	四年五	De ning within	MPORTAN

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYCIENE

	1 - STATE CERTIFICATE OF DEATH REG. NO.												
	1. DECEDENT'S NAME (First, Middle, Last)								E OF DEATH	-		, TIME OF DEATH	
	ROSA LORRAINE REEDER							HON	lember	24	YEAR	04:06 4 11	
	4. SOCIAL SECURITY NUMBER 5. SEX 6.	AGE (In yrs. lest	birthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DATI	E OF BIRTH			LACE (State or Foreign	
	220- 05- 6624 ¹□™²⊠F	75	YAS.	MONTHS	DAYS	HOURS	MiN.	(Mor	7, 19	119	Country)	RYLAND	
	9e. FACILITY NAME (If not Institution, give street end number)			9b. CITY.	TOWN C	R LOCATIO	ON OF DE		• // 1.	_	INTY OF DEA		
DIRECTOR	WASHINGTON COUNTY HOSPITA	L				HAGE					ASHIN	1942-117	
E	10a. STATE 10b. COUNTY		10c. CIT	Y, TOWN O	R LOCAT	ION					1	Od. INSIDE CITY	
8	MARYLAND WASHINGTO	N				NSBO	R()					LIMITS?	
	10a. STREET AND NUMBER	2.4	101. ZIP CODE							10a CIT		AT COUNTRY?	
FUNERAL	27 FORD AVENUE						2171	3			U.S		
	11. MARITAL STATUS 1 Never Merried 2 Merried 12. WAS DECEDENT E FORCES? 1	YES 2 N	2 NO If yee, specify Cuban, Mexice					n, Puerto		or No-	14. RACE - Black,	– American Indian, While, etc.	
3 Midowed 4 Divorced IF YES, GIVE WAR OR DATES 1 YES 2 NO Specify:											Specify:	WHITE	
	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16e. DEC	CEDENT'S	USUAL OC	CUPATIO	N .	0	16	b. KIND OF BUS	SINESS/IN	DUSTRY		
91	(Specify only highest grade completed) (Give kind of work done during most of working life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5 +)												
HOMEMAKER OWN HOME													
15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementarry/Secondary (0-12) 12 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) HOMEMAKER OWN HOME 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surmame)													
BE (LAWRENCE GILARDI					BE	SSIE	HE	ATER				
TO B	19e. INFORMANT'S NAME (Type/Print)	19b.	. MAILING	ADDRESS	(Street a	nd Number	or Rural F	Route Nur	nber, City or Town	n, State, Zi	p Code)		
۲	EDWARD J. REEDER SR. 13420 CHERRI TREE CIRCLE, HAGERSTOWN, MD 21742												
	20s. METHOD OF DISPOSITION 1 K Burlai 2 Cremetion 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of cemetary cremetary												
- 1	BOONSBORO CEMETERY 11/26/94 BOONSBORO, MARYI												
	John H. Bast Jr. BAST FUNERAL HOME 7606 Old National Boonsboro, MD 2171												
	23. PART i. Shter the diseases, or complications that co	used the dea	eth. Do i	not anter	the mo	te of dvi	na suci	h as ce				Approximate	
	23. PART i. Sher the diseases, or complications that caused the deeth. Do not snter the mode of dying, such as cerdiac or respiratory errest, shock, or heart fellure. List only one ceuse on esch line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) s. Auct Myscartial Marattern Due to (or as a consciousness of):												
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST												
MEDICAL	PART ii. Other significant conditions contributing to de							Pert i.	24a. WAS AN PERFOR 1 YES 2	MED?	0	VERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? YES 2 NO	
ÿ	DID TOBACCO USE CONTRIBUTE	TO CAUS	SE OI	DEAT					1				
<u>5</u>	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:		1	OTUE		ACE OF D	EATH (Che	ock only o	one)				
YSI	1 YES 2 NO 1 Inpetient 2 EF	/Outpatient 3	□ DOA	OTHER 4 Nurs		5 🗆 Re	sidence	6 🗆 Oth	er (Specify)				
PHYSICIAN:	27. MANNER OF DEATH 28a. DATE OF INJ (Month, Day, 1)		28b. TIM	E OF JURY	28c. INJI	JRY AT		28d. DE	SCRIBE HOW II	JURY OC	CURED		
2 Accident Investigation M 1 YES 2 NO													
LIII	3 Suicide 6 Could not be determined 28s. PLACE OF IN building, atc.	JURY — At hon (Specify)	ne, ferm,	atreet, facto	ery, office			28f. LO City	CATION (Street e or Town, State)	nd Numbe	r or Runti Rou	rte Number,	
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my 2 MEDICAL EXAMINER: On the best of axam											and manner as stated.	
	29b. SIGNATURE AND TITLE DF CERTIFIER	/				29c. LICE						Aorith, Day, Year)	
BE	Mulins					D	325	18		1	1/24/	94	
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF	DE DEATH (ITEM		Print)	19	ha	he	<u>· </u>	ophus	11:11.	e M	1	
	31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S	SIGNATURE			1		1	- 1	1	VII.	7		



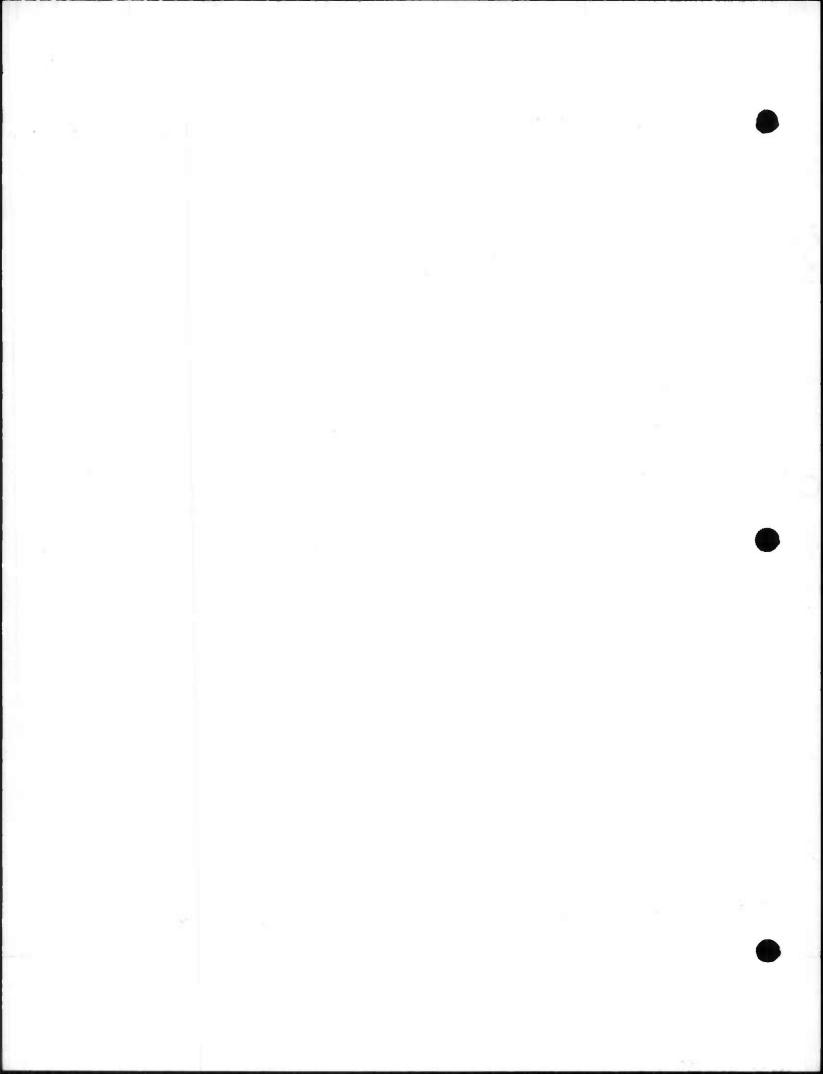
ined by the hospital or attending physician. nould be detached for use as the burial-transit permit. Pages 1, 2, 3 should BALTIMORE, MARYLAND 21215-0020

6876	,
00	
9	
BOX	
0	•
$\mathbf{\alpha}$	
P.0	
12	1
Ś	
匹	
0	3
O	
Щ	
_	
A	
>	-
LL.	1
0	-1
Z	1
ō	1
SION OF VITAL RECORDS,	1

TO THE HOSP WAY PERFORMS. The law requires that the death certificate be executed within 24 hours and them, have 6 may be retained by the hosp	detache	be filed within 12 man are common to State Dept. of Health and Merrial Hygiene prior to burial, cremation. or remoral	IMPORTANT: In Juny 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	l
7	Pe		75	Н
8	용		20	L
tain	Sho		E	
9	5		30	ı
ay t	pad		P	l
E	Hor.		Nas.	ļ
10	Sep.		E	ľ
6.	Ħ		Ē	ı
H	3		ä	ı
li	ã	100	ä	H
55	30	E S	쓩	ŀ
100	pa pa	6	Ě	ı
17 U	ly fill	ation.	the	l
Ath	olete	rem	ent,	l
Pe	mo:	al, c	Š	
ecut	20	prin	afic	ł
8	an a	9	E	l
te b	Sici	prior	Ē	ı
ifica	F	elle.	her	L
Cert	ding	t you	10	
the safe	tten	tal }	0 ,	ı
e de	the a	Men	Ē	l
at th	3	and	y in	
S	Ded	£	and and	
uire	Sig	He	SMC	
160	been	1. 01	S.	
WE!	Jas	Depl	23	ı
The	ate	tate	E	
HAN	THE F	Ne S	10	
100	0.0	6	ď,	ı
-	£	3 6	븁	
X	ğ	ĕ	E	
12	à	ì	8	
	g	1	1.2	į.
9	Ŕ	冕	툪	ŝ
100	N. S.	融	-	P
98	UNE	ithi	M	
프	IE FI	A Di	H	
I	1	file	APC.	1
F	Ħ	ă	=	

35867 94 1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1. DECEDENT'S NAME (First,		71.51/					2. DATE C	F DEATH	AV	YEAR	3. TIME OF DEATH	
ŝ	Thomas Edu	vara K	ILEY					Nove	mber"	9, 1	994	1:05 A. M	
- 9	4. SOCIAL SECURITY NUMB	ER	5. SEX	8. AGE (In yrs. last		F UNDER 1 YEAR		7. DATE O			8. BIRTH	IPLACE (State or Foreign	
	577-42-197	'8	1 X M 2 F	60	YRS.	ONTHE DAYS	HOURS MIN.		30.	1934	Count	mshington,D.C	
	90. FACILITY NAME (# not in	stitution, give s	treet and number)		9	b. CITY, TOWN	OR LOCATION OF DE		,		NTY OF D		
DIRECTOR	Doctors Ho					Lanh	am			Prin	ice G	eorges	
ا ا	10e. STATE	10b. COUNTY	,	-	10c, CITY,	TOWN OR LOC	ATION 10d, INSIDE CIT						
<u>ڄ</u> ا	МО	Princ	e George		Unne	r Marl	boro		LIMITS?				
	10e. STREET AND NUMBER	, , , ,,,,,,,	,c		Оррс		of. ZIP CODE		100 CIT	1X YES 2 NO			
FUNERAL	16 Sutton	Court	:		20772						10g. CITIZEN OF WHAT COUNTRY?		
ΞĮ	11. MARITAL STATUS	000, 0		IT EVER IN U.S. ARI	4FD	12 WHS D	CENDENT OF HISPAI						
T	1 Never Merried 2 🖹	Married	FORCES?	YES 2 N	0	If yes, s	specify Cuben, Mexico	m, Puerto Ri	can, etc.)	or No-	Blac	E — American Indien, k, White, etc.	
B	3 ☐ Wildowed 4 ☐ Olvorced										ily: Slack		
COMPLETED	15. DEC	EDENT'S EDU	CATION	16a. DEC	EDENT'S US	BUAL OCCUPAT		16b.	KIND OF BUS	SINESS/INI		1001	
<u>.</u>	Elementary/Secondary (0	highest grade	College (1-4 or 5	Miles	re kind of wor Do NOT use r	k done during n etired.)	nost of working						
립	11th				l Car	rier		Ιu.	S. Po	stal	Ser	vice	
8	17. FATHER'S NAME (First, M	iddle, Last)					18. MOTHER'S NA	ME (First, Mi	iddle, Maiden	Sumame)			
	Daniel Ril	ey					Catheri	ine Ga	aines				
BE	19e. INFORMANT'S NAME (7)	ype/Print)		195	MAILINO A	DORESS (Street				n, State, Zia	Code)		
임	196. INFORMANT'S NAME (Type/Print) 196. INFORMANT'S NAME (Type/Print) 196. Suret and Number or Rural Route Number, City or Town, State, Zip Cod 16 Sutton Court 197. MAILING ADDRESS (Suret and Number or Rural Route Number, City or Town, State, Zip Cod 16 Sutton Court 198. MAILING ADDRESS (Suret and Number or Rural Route Number, City or Town, State, Zip Cod 198. MAILING ADDRESS (Suret and Number or Rural Route Number, City or Town, State, Zip Cod 198. MAILING ADDRESS (Suret and Number or Rural Route Number, City or Town, State, Zip Cod 198. MAILING ADDRESS (Suret and Number or Rural Route Number, City or Town, State, Zip Cod 198. MAILING ADDRESS (Suret and Number or Rural Route Number, City or Town, State, Zip Cod 198. MAILING ADDRESS (Suret and Number or Rural Route Number, City or Town, State, Zip Cod 198. MAILING ADDRESS (Suret and Number or Rural Route Number, City or Town, State, Zip Cod 198. MAILING ADDRESS (Suret and Number or Rural Route Number, City or Town, State, Zip Cod 198. MAILING ADDRESS (Suret and Number or Rural Route Number, City or Town, State, Zip Cod 198. MAILING ADDRESS (Suret and Number or Rural Route Number, City or Town, State, Zip Cod 198. MAILING ADDRESS (Suret and Number or Rural Route Number, City or Town, State, Zip Cod 198. MAILING ADDRESS (Suret and Number or Rural Route Number, City or Town, State, Zip Cod 198. MAILING ADDRESS (Suret and Number or Rural Route Number, City or Town, State, Zip Cod 198. MAILING ADDRESS (Suret and Number or Rural Route Number, City or Town, State, Zip Cod 198. MAILING ADDRESS (Suret and Number or Rural Route Number, City or Town, State, Zip Cod 198. MAILING ADDRESS (Suret and Number or Rural Route Number, City or Town, State, Zip Cod 198. MAILING ADDRESS (Suret and Number or Rural Route Number, City or Town, State, Zip Cod 198. MAILING ADDRESS (Suret and Number or Rural Route Number, City or Town, State, Zip Cod 198. MAILING ADDRESS (Suret and Number or Rural Route Number or Rural Route Number or Rural Route Number or Rural Route Number or Rural Route												
	20a. METHOD OF DISPOSITI					DISPOSITION (OATE	_	CATION —	City or To	wn, State	
- 1	1⊠ Buriel 2 ☐ Crematio 4 ☐ Donetion 5 ☐ Other		oval from State	- Harmo	natory or otha	morial	Park	111/	14 1 =	andov	er.	MD.	
- 1	21. SIGNATURE OF FUNERAL	L SERVICE LIC	ENSELY A		,	Fune	ral Home						
- 1	4217 9th Street, N.W.												
\dashv	22 04001 5000000	11/4	SA KON			Wash	<u>inaton, D</u>	J.C.	20011				
- 1	23. PART I. Enter the di shock, or he	eart failure.	List only one car	use on each line.	itn. Do not	enter the m	lode of dying, suc	h as cardi	ac or respi	ratory an	rest,	Approximate Interval Between	
	IMMEDIATE CAUSE (Final disease or condition resulting in death) 8. Care bro vascular accident												
	resulting in death)	→ ,				uxai	acco de	Y				903	
			DUE TO	(OR AS A CONSEO	UENCE OF):	_							
S I	Sequentially list conditi	ona,	b	(OF AS A CONSEO	eus je	Dec .							
CERTIFICATION	If any, leading to immed cause. Enter UNDERLYI		002 10	(OH) CONSEC	DENCE OF:								
은	CAUSE (Disease or inju		OUE TO	(OR AS A CONSEO	UENCE OF):								
	resulting in death) LAS	т 🌓											
<u>u</u>			d									+	
4	PART II. Other algnifica	nt condition	s contributing to	death but not re	aulting in	the underlyl	ng cause given in	Part I.	24a. WAS AN PERFOR		24b	WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO	
MEDICAL									1 YES 2			COMPLETION DF CAUSE DF DEATH?	
										X		1 TES 2 NO	
_ "	DID TOBACCO U	SE CONTI	RIBUTE TO CA	USE OF DEAT	'H YES	□ NO I	UNCERTAIN	v 🗆					
Ϋ́	25. WAS CASE REFERRED TO EXAMINER?					Check only one							
2	1 TES 2 NO		HOSPITAL:	ER/Outpatient 3		THER: Nursing Ho	me 5 🗆 Rasidence	8 🗌 Other	(Specify)				
PHYSICIAN	27. MANNER OF DEATH		28e. DATE OF		28b. TIME C	OF 28c. IN	JURY AT	28d. OE\$C	RIBE HOW I	NJURY OC	CURED		
1 Netural 5 Pending 2 Accident Investigation (Month, Day, Year) INJURY WORK? M 1 YES 2 NO													
	2 - 2000	Could not be	28a. PLACE C	F INJURY — At hon atc. (Specify)	ne, ferm, stre	et, factory, off	ce				or Rural F	Route Number,	
4		determined	Julium y,	ate. (opecity)			ĺ	City or	Town, State)				
ן ב	290. CERTIFIER	IFYING PHYSIC	CIAN: To the best of	my knowledne des	th occurred	et the time de	le end plece, end due	to the saus	-(-)				
COMPLETED) and manner as stated.	
	290. SHINATURE AND TITLE		_	2	7/	1.00		CHOUSE PRESE			III. Carriera	Maria Commenter	
╏	THE BOOKEN ONE AND THEE	OF CENTIFIED	auch	X	KIN	2	296. LICENSE NUN	(O)	< 1	29d. DAT	E SIGNED	(Mylven, Day, Year)	
2	30. NAME AND ADDRESS OF	PERSON	COMPLETES COM	DE OF OFFICE	11.		010	171		-1/	17	146	
	and the same of th	1/2	1011	21 1			٥ /		117	1 ~	, ,	10	
	James J. 31. OATE FILEO (Month, Day,	Man Man	, /06°	14 Cary	us u	by o	S., barg	01	MI		0%	12	
	NOV 1		A Sellie	AR'S SIGNATURE	Pandela	-	1						
71	MILIM I		11.00		-								



THE HOSPITAL OFFICE AND THE Law requires that the death certificate be executed within A hours after death. Page 6 may be retained by the hospital or attending physician.

THE FUNERAL, DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should reflew within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 MISTON OF VITAL RECORDS, P.O. BOX 68760,

FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO.

	TIEGIOTITATI				>EINIII	IOAII	_ 01	DEA	9 1 1	REG. NO				
	1. DECEDENT'S NAME (First, I		D	D 1	1.					2. DATE OF DEATH DOWNTH DO		YEAR :	3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBE	lary	R.	Reynol 6. AGE (In yrs.		IF UNDER		IF UNDER		11/10/94	-		1:35 P M	
	578-40-2975		1 🗆 M 2 🔯 F	66	YRS.	MONTHS	DAYS	HOURS	MIN,	7. DATE OF BIRTH (Month, Pay, Year) 3/8/28		8. BIRTHPI Country)		
	9a. FACILITY NAME (If not inst	itution, give st	- 12	00		9h CITY	TOWN (OR LOCATI	ON OF DE		1 0. 0011	NTY OF DEA	MD.	
Œ			,							AIN				
DIRECTOR	215 N. Huron					101	est	Heig	nts		Pri	nce G	eorge's	
R							OR LOCAT					1	IOd. INSIDE CITY	
		LITHCE	George	deorge's Forest				est Heights				VXX YES 2 □ NO		
FUNERAL	10e. STREET AND NUMBER							ZIP COD			_		AT COUNTRY?	
N N	215 N. Hu:	ron Di			_			2074				SA		
	1 Never Married 2 N	larried	12. WAS DECEDEN FORCES? 1	YES 2	ARMED	- 1	If yes, sp	ecify Cube	n, Mexicer	IC ORIGIN? (Specify Yes	or No-	14. RACE - Black,	– American Indian, White, etc.	
B	3 💢 Widowed 4 🗌 Divorc	ed	IF YES, GIVE W	WAR OR DATES			1 TYES	2 XX	Specify			White	e	
COMPLETED	15. DECEI (Specify only i	DENT'S EDUC		16a. I	DECEDENT'S	USUAL O	CCUPATIO	ON		16b. KIND OF BUS	SINESS/IND			
	Elementary/Secondary (0-1		College (1-4 or 5	·) [(Give kind of ville. Do NOT us			St of World	ng					
MP	12th			L	oan 0	ffic	er					nk of	Washington	
	17. FATHER'S NAME (First, Mid							_		ME (First, Middle, Maiden	Surname)			
BE	John D. Ri		-						_	ne Morgan				
2	Raymond E. Re		l c							oute Number, City or Tow			207//	
	20a, METHOD OF DISPOSITIO	N			EANDDATE				DI . 1	Ft. Washin		City or Town		
ŀ	1 X Buriel 2 Cremation 4 Donation 5 Other (S	3 🗌 Remo Specify)	wal from State	Md .	Vetera	ther place)	Cem	eter	v 11	/15/94 Che	1tenl	nam. I	Md .	
	21. SIGNATURE OF FUNERAL	SERVICE LICI	ENSEE			22.	NAME AN	D ADDRE	SS OF EAC	as Funeral	Uome			
	Den 1	P. Ko	clas A			6:	160	Oxon	Hill	l Rd. Oxon	hill	e L. Md	. 20745	
	23: PART I. Enter the dis-	eases, or c	omplications the	t caused tha	death. Do n								Approximeta	
	IMMEDIATE CAUSE (Fina		ist only one cau	ise on each iii	na.								Interval Batween Onset and Death	
	disesse or condition reaulting in death)		. Arteri	osclero	otic C	ardi	.ovas	scula	ar Di	sease				
			DUE TO	(OR AS A CONS	SECUENCE OF	F):								
NO.	Sequantially list conditio		DUE TO	(OR AS A CONS	SEQUENCE OF	n.							-	
CERTIFICATION	It any, leading to immedicause. Enter UNDERLYIN	G	1211-6-14	(5)		,							1 1	
Ĕ	CAUSE (Disease or Injury that initiated eventa	' ì "	DUE TO	(OR AS A CONS	EOUENCE OF	-							1	
	resulting in death) LAST													
2	PART II. Other aigniticent	conditions	contributing to	death but not	t resulting i	in the un	deriving	Cause (niven in i	Part I. 24a. WAS AN	VOCATILA	246.14	/ERE AUTOPSY FINDINGS	
EDICAL	Diabetes M							, 00000	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	PERFOR	MED?	A	WAILABLE PRIOR TO	
										1 TYES 2	XNO	۰	F DEATH?	
Σ.	DID TOBACCO US	E CONTR	IBUTE TO CA	USE OF DE	ATH YE	s \square i	VO K	Y LINC	FDTAIN			'	YES 2 NO	
¥	25. WAS CASE REFERRED TO				ACE OF DEAT			2 0140	LKIAII	, ,				
Sign	EXAMINER?		HOSPITAL:	ER/Outpatient	3 DOA	OTHER	R: ping Hom	• 5 X Re	sidence (8 Other (Specify)				
PHYSICIAN:	27. MANNER OF DEATH		28e. DATE OF (Month, D	INJURY my, Year)	28b. TIM	E OF URY	28c. INJ	URY AT		28d. DESCRIBE HOW II	NJURY OCC	CURED		
₽	1 X Natural 5 Pe	inding vestigation				М	1 🗆 1	/ES 2 [NO					
		ould not be	28a. PLACE O building,	F INJURY — At I etc. (Specify)	home, term, s	dreet, tect	ory, office			281, LOCATION (Street a City or Town, State)	nd Number	or Rural Rou	rte Number,	
COMPLETED	29a. CERTIFIER VIV													
MP	(Check only									to the cause(a) end man				
8			: On the basis of s)	Camination and/o	r investigatio	n, in my o	pinion, d			lime, data and place, an	d due to the	e cause(a) a	nd manner as stated.	
H H	29b. SIGNATURE AND PITLE O	F CERTIFIER	neo	e, Mi)			d128	NSE NUM	BER		/11/9	fonth, Day, Year)	
2	30. NAME AND ADDRESS OF F	ERSON WHO				Oviet)		4120	,,,		▶ 11	./ TT/ 5	7 -	
	Alfonso Vall						°90.	Md.	2077	72				
	21 DATE EN ED West Day V	1					60,							
N	NOV 1	4 1994	4 juli	A'S SIGNATURE	n-Mand	والالب								

		physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit. Pages 1, 2, 3 should
5-0020	iding physician.	s the burial-transit per
BAL IIMURE, MARYLAND 21215-0020	mours after death. Page 6 may be retained by the hospital or attending phy-	e detached for use a
RE, MARY	may be retained by	or, page 5 should b
BALLIMO	after death. Page 6	by the funeral direct
BUX 68/60	ficate be executed with	physician and completely filled in by the
BOX.	ficate be ex	physician a

BALTIMORE, MARYLAND	TO THE HOSP and an amount a mirisolative. The law requires that the death certificate be executed with frouts after death. Page 6 may be retained by the host	TO THE FUNE TO THE FUNE TO THE FUNE TO THE CONTINUE TO THE FUNE THE FUNE TO THE FUNE TO THE FUNE TO THE FUNE TO THE FUNE TO THE FUNE THE F		IMPORTANT: if new 28 in marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
17	y the	e de		10 14
RY	d be	Din.		pa
AM	etain	sho		otif
ui	8	age 5		реп
E E	Hay	0°, p		ust
M	ge 6	Sirect		E
Ē	F.	eral (nine
AL	deat	fun i	_	еха
8	after	y the	THOVA!	cal
	DULTS	ii.	or re	ned
	Ē	filled	0n, (he r
	100	etely	эшар	at, t
292	W P	фшо	l, cre	eve
68	ecute	o pu	buria	atic
×	Se ex	an a	r to	mm.
BO	ate t	ysici	prio :	r tra
Ö	rtific	ng pr	giene	othe
9	th co	tendi	H H	6
S	e des	he at	Ment	Juny,
RD	at th	Dy t	and	y in
0	es th	paud	alth	s an
Ĕ	equir	en Si	of He	how
	J ME	s bec	ppt.	3 8
A	The	le ha	te De	m 2
 	AN:	tifical	e Sta	r Ite
DIVISION OF VITAL RECORDS, P.O. BOX 68760	SICI	cent	be filed within where the common that State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	d, 0
2	丰	Ę	3	arke
0	W.	Į.	See	£
350	F	占	ille.	2
3	Ď	豐	á	ġ
6	H	7	Ž	=
	SP	INE	thin	Ä
	E H	FF	M D	E
	O TH	E O	e file	MPO
	been	been	23	-

	1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTM CERTIFIC			MENTAL HYGIEN			
	1. DECEDENT'S NAME (First, Middle, Lest) LLOYD	SMITH			Ν	2. DATE OF DEATH DOWNTH DOVEMBER 8	AY YE		
	4. SOCIAL SECURITY NUMBER 232-42-2398	5. SEX 6. AGE (In	MOR	UNDER 1 YEAR NTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	8. B	IRTNPLACE (State or Foreign ountry) Intington, WV	
OR	96. FACILITY NAME (If not institution, give street and number) 96. COUNTY OF DEATH 96. COUNTY OF DEATH Prince Geo								
DIRECTOR		10b. COUNTY 10c. CITY, TOWN OR LOCATION Prince Georges Bowie							
FUNERAL (100. STREET AND NUMBER 15610 Elsmere Ct.		DOWLE		ZIP CODE 20716		10g. CITIZEN	1 ∑ YES 2 ☐ NO OF WHAT COUNTRY?	
BY FUNI	11. MARITAL STATUS 1 Never Married 2 X Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 ⊠ YES IF YES, GIVE WAR OR DAT	2 NO	If yee, spe-		NC ORIGIN? (Specify Yes in, Puarto Rican, etc.)	or No- 14.	RACE — American Indian, Black, White, etc.	
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	completed) College (1-4 or 5 +)	16a. DECEDENT'S USU (Give kind of work life. Do NOT use rel	done during mos tired.)	t of working	16b. KIND OF BU			
	17. FATHER'S NAME (First, Middle, Last) A.J. Smith	4Yrs.	Electric	cal Eng	18. MOTHER'S NA	ME (First, Middle, Meiden		ication Com.	
TO BE	19a. INFORMANT'S NAME (Type/Print) Katherine R. Smi	th	196 MAILING ADD 15610 E Bowie,	press (Street and		B Howard Route Number, City or Tow	n, State, Zip Code	»)	
	20a. METNOD OF DISPOSITION 1	oval from State cemet	PLACE AND DATE OF DI Pery, cremetory or other I 111ams Mc	ISPOSITION (Nam place) Drtuary	ne of	11/10 Hun	cation — city o	n. WV.	
	PL BIGHATURE OF FUNERAL SERVICE LIC	ushall		Mazutu	gton, D.	c. 20011	l's Fur	neral Home	
	23. PARTA. Enter the diseases, or centre of the control of the con	complicatione that ceused in Liet only one ceuse on eed	the deeth. Do not on the line.	enter the mod	le of dylng, euc	h es cerdiec or reepi	ratory arrest,	Approximate interval Between Onset and Deeth	
CERTIFICATION	Sequentielly liet conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO JOR AS A C	CONSEQUENCE OF:	inf	anch	non			
MEDICAL C	PART II. Other significent condition	e contributing to deeth but	t not resulting in th	he underlying	ceuse given in	Part I. 24a. WAS AN PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
	DID TOBACCO USE CONTR		DEATH YES		UNCERTAIN	N D		7, 123 2, 110	
PHYSICIAN:	EXAMINER? 1 YES 2 NO 27. MANUER OF DEATN	HOSPITAL: 1 ☑ Inpatient 2 ☐ ER/Outpat 28a. DATE OF INJURY				6 Other (Specify) 28d. DESCRIBE NOW II	LILIEV COCUES		
BY PI	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJURY	M 1 Y		Zed. DESCRIBE NOW R	NJOHT OCCORE		
ETED	3 Suicide 6 Could not be detarmined	28e. PLACE OF INJURY – building, atc. (Specif)	- At home, farm, stree	t, lactory, offica		281. LOCATION (Street a City or Town, State)	and Number or Ru	ral Route Number,	
COMPL		CIAN: To the best of my knowled R: On the besis of examination of						se(a) and manner as stated.	
O BE	296. SIGNATURE AND TITLE OF CENTIFIER	- , ,	y, p.		29c, LICENSE NUM	3/8	29d. DATE SIG	NED (Month, Dry, Year)	
-	Catevenis, M.D.			rt)			/	/	
	31. DATE FILED (MEND) Pay. 1947) 5	32. REGISTRAN'S SIGNAT	idson-Randal	æ.					

30	with
(87	executed
\approx	20
O. BC	certificate
S, D	death
ö	the
SH	that
RECC	requires
	34
Z	The
DIVISION OF VITAL RECORDS, P.O. BOX 68760.	IN THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with
ISION	TENDING
≥	RA
	0 7
	HOSPITA
R	THE THE

5

Augusto P. k

31. Date Filed (Month, Day, Year)

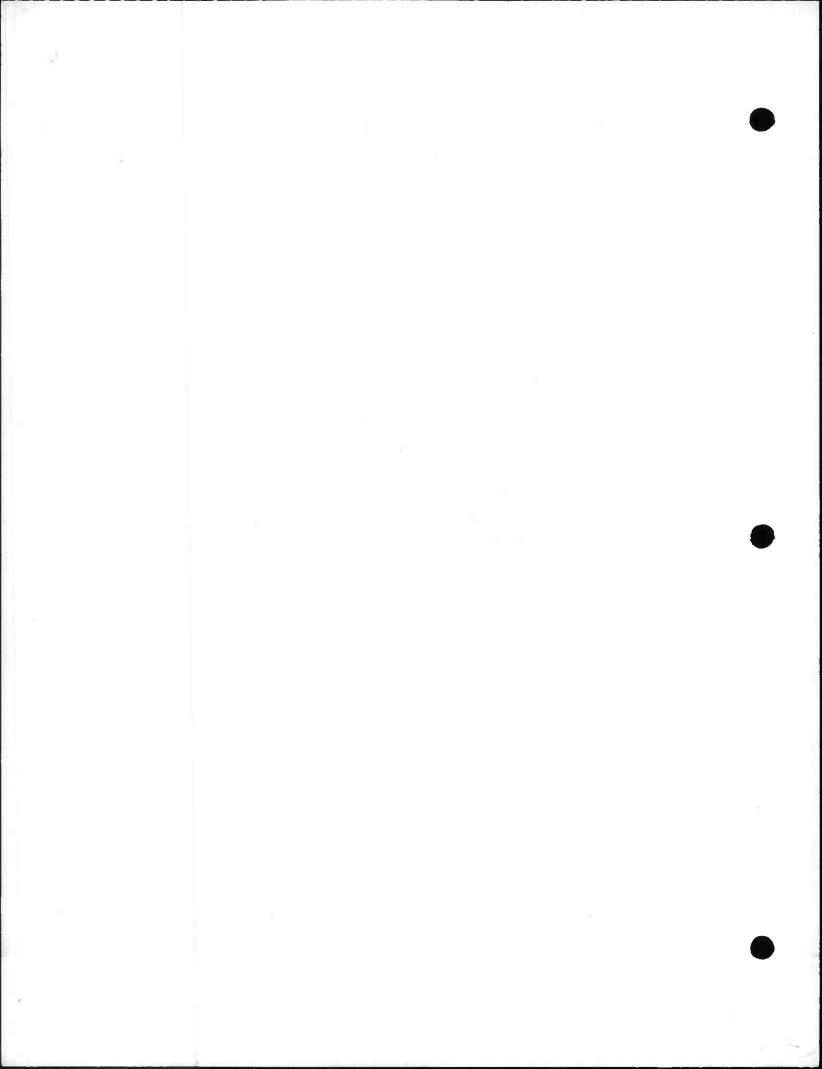
NOV 1 5

Rodri

	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE	OF DEATH		3. TIME	OF DEATH
	SHARON	DENISE	SMITH				No V	ember	4 1	994 11	p.m.
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. las		UNDER 1 YEAR	IF UNDER 24 HRS.	/Mont	OF BIRTH		8. BIRTHPLACE (S Country)	itate or Fore
	219-72-6344	1 🗌 M 2 🟝 F	34	YRS.	THS DAYS	HOURS MIN.	May	18, 1	960	Washing	ton,I
~	9a. FACILITY NAME (If not institution, give	and the second s				OR LOCATION OF E			9c. COUN	ITY OF DEATH	
ECTOR	12602 Lampton Lane Ft. Washington Prince George								rges		
EC									10d. INS	IDE CITY	
DIR	D.C.	V/A		Wash	ingtor	1			15		ITS?
ERAL	10e. STREET AND NUMBER				10	H. ZIP CODE			10g. CITI	ZEN OF WHAT CO	INTRY?
Ë	329 54th Street	N.E.				20019				USA	
FUN	11. MARITAL STATUS 1 Never Married 2 Married		YES 2XX			CENDENT OF HISPA			or No-	14. RACE — Amer Black, White,	ican India
BY	3 Widowed 4 Divorced	IF YES, GIVE W	AR OR DATES			S 2 NO Spec				Specify:	
ED	15. OECEDENT'S EDI		téa, DE	CEDENT'S USU	AL OCCUPATI	ON	166	KIND OF BUS	INESS/IND	BLACK	
Ш	(Specify only highest grad	College (1-4 or 5 -	170	ive kind of work of Do NOT use reti	done during m ired.)	ost of working					
COMPL	11th			erk				Smiths	oniar	n Instit	ute
Ö	17. FATHER'S NAME (First, Middle, Last)		16. MOTHER'S NAME (First, Middle, Meiden Surname) Snowdean Cobb								
H	Elijah L. Holla	and									
2	19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)										
	Howard Smith				-						
	14 Buriel 2 Cremation 3 Ren 4 Donation 5 Other (Specify)	novel from State	cemetery, cre	matory or other pony Memo	SPOSITION (N	Dork	11-			er, MD.	
	21. SIGNATURE OF FUNERAL SERVICE L	CENSEE	Harmo	Try Ment		ND ADDRESS OF F					Home
	1217 9th St., N.W. Washington, D.C. 20011										
23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or heart failure. List only one cause on each line.											proximat
	IMMEDIATE CAUSE (Final	List Drily Ona Cau	se un aach iina	•							arvsi Bsi
	disesse or condition reaulting in death)	. Cance	er of t	he ce	rvix						
	DUE TO (OR AS A CONSEQUENCE OF):										
ON	Sequentially list conditions, Due to (OR AS A CONSEQUENCE OF):										
Buriel 2 Cremation 3 Removel from State 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Marshall's FACILITY MARSHALL'S FACILITY MARSHALL'S FACILITY MARSHALL'S FACILITY											
Ä	CAUSE (Disease or Injury that initiated events	DUE TO	(OR AS A CONSEC	DUENCE OF):							
IFICAT											
RTIFI	resulting in death) LAST	d								A45 WERE II	
- CERTIFICAT	resulting in death) LAST	d.	death but not r	eaulting in th	e underlyla	a cause alven le	Dort I	OA- MACO AND	ALCOOPEN		THE REAL PROPERTY.
L CERTIFI	PART II. Other significant condition	d.	death but not re	eaulting in th	e underlyln	g causa givan ir	Part I.	PERFOR	MED?	AMILABI	E PRIOR TO
EDICAL CERTIFI	resulting in death) LAST	d.	death but not re	eaulting in th	e underlyin	g causa givan ir	Part I.	24a, WAS AN PERFOR 1 YES 2	MED?	COMPLE OF DEAT	E PRIOR TO TION OF CA H?
MEDICAL CERTIFI	PART II. Other significant condition							PERFOR	MED?	COMPLE OF DEAT	E PRIOR TO TION OF CA H?
AN: MEDICAL CERTIFI	PART II. Other significant condition HIV DID TOBACCO USE CONT	RIBUTE TO CA	USE OF DEA		□ NO [UNCERTA		PERFOR	MED?	COMPLE OF DEAT	E PRIOR TO TION OF CA H?
SICIAN: MEDICAL CERTIFI	PART II. Other significant condition HIV DID TOBACCO USE CONT		USE OF DEA	TH YES [NO [UNCERTA	— N	PERFOR	MED?	COMPLE OF DEAT	E PRIOR TO TION OF CA H?
SICIAN: MEDICAL CERTIFI	PART II. Other significant condition HIV DID TOBACCO USE CONT 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 A YES 2 NO 27. MANNER OF DEATH	RIBUTE TO CA HOSPITAL: 1 Inpetiant 2 28e. DATE OF	USE OF DEA 26. PLAC ER/Outpetlent 3 INJURY	TH YES [E OF DEATH (C) DOA 4 28b. TIME OF	NO [heck only one) HER: Nursing Hon 28c. IN.	UNCERTAI	N 1	PERFOR	MED?	AMAILABI COMPLE OF DEAT 1 YE	E PRIOR TO TION OF CA H?
PHYSICIAN: MEDICAL CERTIFI	PART II. Other significant condition HIV DID TOBACCO USE CONT 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1.1 YES 2 NO	RIBUTE TO CA HOSPITAL: 1 Inpetlent 2 28e. DATE OF (Month, Date of	USE OF DEA 28. PLAC ER/Outpetlent 3 INJURY sy, Year)	TH YES E E OF DEATH (C) DOA OT 4 28b. TIME OF INJURY	NO [heck only one) HER: Nursing Hon 28c. IN, W t	UNCERTAL DURY AT PES 2 NO	N 1	PERFOR 1 YES 2	MED?	AMAILABI COMPLE OF DEAT 1 YE	TOPSY FINI E PRIOR TO FION OF CA H? S 2 NE
BY PHYSICIAN: MEDICAL CERTIFI	PART II. Other significant condition HIV DID TOBACCO USE CONT 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be	RIBUTE TO CA HOSPITAL: 1 Inpetient 2 28e. DATE OF (Month, Di	USE OF DEA 26. PLAC ER/Outpetlent 3 INJURY	TH YES E E OF DEATH (C) DOA OT 4 28b. TIME OF INJURY	NO [heck only one) HER: Nursing Hon 28c. IN, W t	UNCERTAL DURY AT PES 2 NO	6 Othe 28d. DES	PERFOR 1 YES 2 F (Specify) CRIBE HOW IF	MEDS	AMAILABI COMPLE OF DEAT 1 YE	E PRIOR TO TION OF CA H? \$ 2 \(\) NE
ETED BY PHYSICIAN: MEDICAL CERTIFI	PART II. Other significant condition HTV DID TOBACCO USE CONT 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 A YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 2 Accident Investigation 3 Suicide 8 Could not be determined	RIBUTE TO CA HOSPITAL: 1 Inpetient 2 28e. DATE OF (Month, Di	USE OF DEA 26. PLAC 27. PLAC ER/Outpetient 3 INJURY ay, Year) FINJURY — At hor	TH YES E E OF DEATH (C) DOA OT 4 28b. TIME OF INJURY	NO [heck only one) HER: Nursing Hon 28c. IN, W t	UNCERTAL DURY AT PES 2 NO	6 Othe 28d. DES	PERFOR 1 YES 2 F (Specily) CRIBE HOW IN	MEDS	AMALABI COMPLETOF DEAT 1 YE	E PRIOR TO TION OF CA H? \$ 2 \(\) NE
PLETED BY PHYSICIAN: MEDICAL CERTIFI	PART II. Other significant condition HIV DID TOBACCO USE CONT 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined consecutive.	RIBUTE TO CA HOSPITAL: 1 Inpetient 2 28e. DATE OF (Month, Did Month, Did Month) 28e. PLACE Of building, ICIAN: To like best of	USE OF DEA 26, PLAC ER/Outpetlent 3 INJURY sy, Year) FINJURY — At horetc. (Specify) my knowledge, dea	TH YES E E OF DEATH (O DOA 4 28b. TIME OF INJURY	NO Check only one) HER: Nursing Hon 28c. IN, W t , factory, office	UNCERTAI	6 Othe 28d. DES	PERFOR 1 YES 2 F (Specily) CRIBE HOW IN ATION (Street a or Town, State)	MED? A NO IJURY OCC INDICATE OF STATE	AMALABI COMPLETOF DEAT 1 YE URED Or Rural Route Num	E PRIOR TITION OF CA
OMPLETED BY PHYSICIAN: MEDICAL CERTIFI	PART II. Other significant condition HIV DID TOBACCO USE CONT 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined	RIBUTE TO CA HOSPITAL: 1 Inpetient 2 28e. DATE OF (Month, Did Month, Did Month) 28e. PLACE Of building, ICIAN: To like best of	USE OF DEA 26, PLAC ER/Outpetlent 3 INJURY sy, Year) FINJURY — At horetc. (Specify) my knowledge, dea	TH YES E E OF DEATH (O DOA 4 28b. TIME OF INJURY	NO Check only one) HER: Nursing Hon 28c. IN, W t , factory, office	UNCERTAI	6 Othe 28d. DES	PERFOR 1 YES 2 F (Specily) CRIBE HOW IN ATION (Street a or Town, State)	MED? A NO IJURY OCC INDICATE OF STATE	AMALABI COMPLETOF DEAT 1 YE URED Or Rural Route Num	E PRIOR TITION OF CA
MPLETED BY PHYSICIAN: MEDICAL CERTIFI	PART II. Other significant condition HIV DID TOBACCO USE CONT 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined consecutive.	RIBUTE TO CA HOSPITAL: 1 Inpetient 2 28e. DATE OF (Month, Did 28a. PLACE Of building, ICIAN: To like best of exercises.	USE OF DEA 26, PLAC ER/Outpetlent 3 INJURY sy, Year) FINJURY — At horetc. (Specify) my knowledge, dea	TH YES E E OF DEATH (O DOA 4 28b. TIME OF INJURY	NO Check only one) HER: Nursing Hon 28c. IN, W t , factory, office	UNCERTAI	6 Othe 28d. DES 28l. LOC City e to the case time, data	PERFOR 1 YES 2 F (Specily) CRIBE HOW IN ATION (Street a or Town, State)	MED? NO NO NUMBER NO NUMBER NO NUMBER NO NUMBER NO NO NUMBER NO NO NUMBER NO NO NO NO NO NO NO NO NO N	URED OF Paral Route Num od. a cause(s) and mar SIGNED (Month, L	E PRIOR T ITON OF CA 17 \$ 2 \(\text{N} \) N

5009

Rayburn Ct. Camp Springs, MD



BALTIMORE, MARYLAND 21215-0020	death certificate be executed with hours after death, Page 6 may be retained by the hospital or attending physician.	attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-tran
		y fille
3, P.O. BOX 68760.	death certificate be executed with	attending physician and completely filled in by the

nsit permit. Pages 1, 2, 3 should TOTAL SOLVENON OF VITAL RECORDS, P.O. BOX 68760.

TO THE HOSPITAL OR ATTANOING PHYSICIAN: The law requires that the death certificate be executed with foours after death. Page 6 may be retained by the hosp TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to buriful, cremation, or removal.

IMPORTANT: If Heam 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND	MENTAL HYGIENE
CERTIFICATE OF DEATH	REG. NO.

	FOR 1 - STATE REGISTRAR	STATE OF MARYLAND / I		OF HEALTH AND	MENTAL HYGIEN		
	1. DECEDENT'S NAME (First, Middle, Last)			O. DEATH	2. DATE OF DEATH		3. TIME OF DEATH
	Marv	Louise	Spa	lding	November		R
	4. SOCIAL SECURITY NUMBER 5	SEX 6. AGE (In yrs. lest			7. DATE OF BIRTH	8. Bi	IRTHPLACE (State or Foreign
	213-74-7657	□ M 2 😾 F 95	DAYS HOURS MIN.	Feb 13, 18	399 M	ountry) arvland	
	9+. FACILITY NAME (If not institution, give street	EATH I	9c. COUNTY O				
DIRECTOR	St. Mary's Hospita	al	Leon	ardtown		St. Ma	ary's
10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION							10d. INSIDE CITY LIMITS?
۵	Maryland St. Mar	ry's	Ridge				1 TYES XX NO
FUNERAL	10e. STREET AND NUMBER			101. ZIP CODE		10g. CITIZEN (OF WHAT COUNTRY?
Ä	Star Rt. Box 125			20650		U.S.A	<i>4.</i>
5	11. MARITAL STATUS 13 1 Never Merried 2 Merried	2. WAS DECEDENT EVER IN U.S. ARM FORCES? 1 YES 2 NO	ED 13. W	AS DECENDENT OF HISPA yes, specify Cuben, Mexico	NIC ORIGIN? (Specify Yes	or No- 14. R	IACE — American Indian, Black, White, etc.
ВУ	3 🔀 Widowed 4 🗌 Divorced	IF YES, GIVE WAR OR DATES		☐ YES 2 NO Specif		1	nite
	15. DECEDENT'S EDUCAT	ION I I III DEC	EDENT'S USUAL OCC		I was some one out		
COMPLETED	(Specify only highest grade con	mpleted) (Give	e kind of work done du Do NOT use retired.)	ring most of working	16b. KIND OF BUS	SINESS/INDUSTR	Y
7	Elementary/Secondary (0-12) (College (1-4 or 5 +)	ousewife		Home		
₹ I	17. FATHER'S NAME (First, Middle, Last)		DUSCWIIC	10 MOTHER'S ALL	ME (First, Middle, Maiden	S	
ŭ	Arthur	Raley		Anna	Florin		Guy
BE	19e. INFORMANT'S NAME (Type/Print)		MAII ING ADDRESS (Street and Number or Rural			
2	Ruth S. Drury			x 125, Ridg			
- 1	20a METHOD OF DISPOSITION	201 21 405 44	D DATE OF DISPOSIT			CATION — City o	
	1 Burlel 2 Cremetion 3 Remova 4 Donation 5 Other (Specify)	from State cemetery crem	atory or other place!				
	21. SIGNATUPE OF FUNERAL SERVICE LICEN			metery 1.		maruto	wn, Maryland
	The of	291.		tingley-Gar		ral Hon	ne, P.A.
_	1 Juchael a	Fardiner	P.C	. Box 270,	Leonardtow	n, Mary	yland 20650
	23. PART I Enter the diseases, or com shock, or heart fallure. Lis	nplicetions that caused the dea it only one cause on each line.	th. Do not enter the	he mode of dying, auc	h ss cerdlec or respl	ratory arrest,	Approximate interval Between
	IMMEDIATE CAUSE (Final	- / ' 1	,		•		Onset and Death
	disease or condition reaulting in death) s	Renal Laix	me.	Sepsis,	muary		
		DUE TO (OP AS A CONSEOU	JENCE OF):				
Z	Sequentially list conditions, b.	mychunco					
Ĕ	if any, leeding to immediate	DUE TOWN AS A CONSEQU	ENCE OF):				
2	CAUSE (Disease or injury	DUE TO OD AS A COURSE					
Ë	that initiated events rasulting in deeth) LAST	DUE TO (OR AS A CONSEOU	PENCE OF):				
CERTIFICATION	d						
AL (PART II. Other significent conditions of	ontributing to deeth but not re-	eulting in the und	erlying cause given in			24b. WERE AUTOPSY FINDINGS
S	A seros Cerotic)	react Disease	E A fre	el Fibrill	PERFOR		AVAILABLE PRIOR TO COMPLETION OF CAUSE
E I	Demender-		Luply			***	OF DEATH? 1 ☐ YES 2 🔂 NO
=	DID TOBACCO USE CONTRIB			O UNCERTAI	N KI	1	
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL	28, PLACE	OF DEATH (Check on				
SIC		OSPITAL:	DOA 4 Nursir	g Home 5 🗆 Residence	6 Other (Specify)		
Ĭ	27. MANNER OF DEATH	28e. DATE OF INJURY	28b. TIME OF 2	Sc. INJURY AT	28d. DESCRIBE HOW II	NJURY OCCURED)
ВУР	1 ✓ Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJURY M	WORK?			
	2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE OF INJURY — At hom	e, ferm, street, factor	y, office	281. LOCATION (Street e	nd Number or Ru	ral Route Number,
Ĕ	4 Homicide determined	building, atc. (Specify)			City or Town, State)		
COMPLETED	290. CERTIFIER 1 K CERTIFYING PHYSICIA	N: To the best of my knowledge, dest	h occurred at the firm	e date and place and due	to the source(s) and made		
ž		On the besis of exemination end/or im					se(s) and manner as stated
	296. SIGNATURE AND TITLE OF CERTIFIER						
BE	AAA)			29c. LICENSE NUI			NED (Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO C	OMPLETED CAUSE OF DEATH (ITEM	27) (Type Page)	0013	80	h h 10	- 1 4
	John F. Fenwick,	M.D.		dtown, Mary	land 2065	0	1
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNATURE					
	NOV 21 1994	Jalin Davidson Re	irdall				

1 - FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

		1. DECEDENT'S NAME (First,	Addated a form						Ξ.					
		~									2. DATE OF DEA MONTH	DAY	YEAR	3. TIME OF DEATH
	1 1	Grace 4. SOCIAL SECURITY NUMBER		argaret		ythe:	_		1		Novembe		1994	9:40 A M
				5. SEX	8. AGE (In yrs. ias		IF UNDER	1 YEAR DAYS	HOURS	MIN.	7. DATE OF BIRT (Month, Day, Y		8. BIRTHP Country)	PLACE (State or Foreign
밀		212-56-0395		1 M 2 F	44	YRS.					January	3, 195	0 Mã	aryland
should	_	9e. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH								9c. COU	9c. COUNTY OF DEATH			
2, 3	p	St. Mary's Hospital Leonardtown St.									t. Ma	m/s		
€,	[[[RESIDENCE OF DEC	10b. COUNT			40. 017			11/02/07					
28	DIRECTOR						Y, TOWN C						1	10d. INSIDE CITY LIMITS?
permit. Pages		Maryland 10e. STREET AND NUMBER	St.	Mary's		Н	ollyv							1 TYES 2 NO
	FUNERAL	100. STHEET AND NUMBER						10	f. ZIP COD	E		10g. CIT	ZEN OF WI	HAT COUNTRY?
an. ransi	W	Rt. 1 Box 3	185						20630				S.A.	
DZU physician. burial-transit	<u> </u>	11. MARITAL STATUS 1 Never Merried 2	Mandad	12. WAS DECEDED FORCES?	NT EVER IN U.S. AR	MED					IIC ORIGIN? (Speci n, Puerto Ricen, at		14. RACE Black.	- American Indian, White, etc.
5-0020 nding physic as the burial	i in in in in in in in in in in in in in	3 Widowed 4 Divo	_		MAR OR DATES				2 🔯 NO			,	Specify Whi	
as ti		15 DEC	EDENT'S EDU	CATION	44. 25	05051110								e
or atte	COMPLETED	(Specify only	y highest grade	completed)	(Gi	ve kind of a Do NOT us	work done	during m	ost of working	ng	16b. KIND C	F BUSINESS/INC	USTRY	
pital of for	2	Elementery/Secondary (0	-12)	College (1-4 or 5	+)						RV F	usiness	3	
the hospit e detached	N N	12th Grade 17. FATHER'S NAME (First, M.	iddle Leet		ISeci	retai	ry/Tr	eas						
YLAND 21215-0020 by the hospital or attending physician be detached for use as the burial-trar at once.		William	ioure, Last)	Dudley	ı Ta	acey			Mai Mai		ME (First, Middle, M Els		Kn.	ott
E Se L	BE													JLL
retained 15 should notified	일	Richard Lee		ners	19k	. MAILING	ROX	(Street	end Number	or Rural I	Route Number, City	or Town, State, Zip	2063	6
		20e. METHOD OF DISPOSITI				_			_	TTAM				
ALL I INCKE, Jeath. Page 6 may be funeral director, page xaminer must be		1 N Burlel 2 - Cremetio	n 3 🗌 Rem	oval from State	20b. PLACE A cemetery, crei	natory or o	of DISPOS ther place)	TION (N	ame of	4.	DATE 20 1/26/94	c. LOCATION —	Cify or Tow	n, State
9 9		4 Doneflon 5 Other		ENSEE /	- [Charle	es Me	emori	al	ND ADDRE	ens L	1/26/94 .	Leonard	town,	MD
ALTIN death. Pag tuneral di i. examiner		2000	0	26	0.		Ma	tti	ngle	y-Gai	rdiner F	uneral	Home	, P.A.
or de fu		1 / Juche	rel 9	Sk	dine	1					Leonard			
ted within hours after completely filled in by the fial, cremation, or removal.		23. PART I. Enter the di	seases, Dr	complications the	at caused the de	ath. Do r	not enter	the mo	ode of dy	ing, auci	h aa cardlac or	reapiretory ar	rest,	Approximate
led in b		IMMEDIATE CAUSE (Fin												Onset and Death
within pietely fille cremation,		disease or condition reaulting in death)	→	. (arci	· NO	w	_	01	-	10 NG			i
ed within ompletely if, crema		readiting in death)	•	DUE TO	(OR AS A CONSEC	DUENCE OF	F):							1
executed with and complete b burial, crem	z			b,	an	d	1	25	Pi	7 -	tory	Fal	10:	16)
	ERTIFICATION	Sequentially list conditi If any, leading to immed	diata	DUE TO	(OR AS A CONSEC			-		-				
death certificate be attending physician ental Hygiene prior iny, or other trau	<u>8</u>	cause. Enter UNDERLYI CAUSE (Disease or Inju		C										
nding phy Hygiene p	=	that initiated events		DUE TO	(OR AS A CONSEC	UENCE OF	F):							
death certification attending in the Hygier ry, or oth	EH	reaulting in death) LAS	' (d										
the death y the attend of Mental	၂ပ၂	PART II. Other algolifica	nt condition	s contributing to	death but not r	neultina i	in the un	derlylo		alican la	Dord 1		1	
in the state of	MEDICAL				death but libt li	southing :	an the un	ueriyiii	y cause (Aisan in		REFORMED?	1	WERE AUTOPSY FINDINGS MAILABLE PRIOR TO
uires that signed by Health an Nws any	ă										1 🗆 Y	ES 2 NO		COMPLETION OF CAUSE OF DEATH?
requires been signe of Health	H													T YES 2 NO
law ras be as be Dept.	ä	DID TOBACCO U		RIBUTE TO CA	USE OF DEAT	TH YE	S 🔲 1	10 E	UNC	ERTAIN	1 🗆			
V: The cate has State D	SICIAN:	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	HOSPITAL:	28. PLAC	E DF DEAT	TH (Check of		-					
PHYSICIAN: The law req man certificate has been with the State Dept. of next, or item 23 sho	XSI	1 TES 2 NO			ER/Outpetlent 3	□ DOA			ne 5 🗆 Re	sidence	8 Other (Specify)		
E PE E	РНҮ	27. MANNER OF DEATH 1 Natural 5	Pending	26e. DATE OF (Month, E		28b. TIM INJ	IURY		JURY AT DRK?		28d. DESCRIBE I	IOW INJURY OC	CURED	
	B≺		investigation				M		YES 2	NO				
TENDING DR: After the death	ED		Could not be	28e. PLACE (building,	OF INJURY — At hor atc. (Specify)	ne, ferm, s	atreet, fect	ory, offic	00		281. LOCATION (S City or Town,	treet and Number State)	or Rural Ro	ute Number,
2 2 2		4 Homicide	determined]				
1	<u> </u>	29e. CERTIFIER (Check only	FYING PHYSI	CIAN: To the best of	my knowledge, dea	ith occurre	ed at the ti	me, date	end place	, end due	to the cause(e) en	d menner es atal	ed.	
CAN	COMPL													end menner es ateted.
P.M.		29b. SIGNATURE AND TITLE								ENSE NUN				Month, Day, Year)
2	B	11	none	eff.		20	1				206		_	
P 2 3 X	임	30. NAME AND ADDRESS OF	7		SE OF DEATH (ITEN	27) (Type.	Print)		<i>D</i> .	200		1. /,	1//	184
		Kiran Mehta						Cor	nter	Loc	nardtow	n Max-	ا محمة	20650
				62. REGISTRA	AR'S SIGNATURE	. I-JCU	ucal	Cel	icer,	тес	TIALULOW.	ii, Mary	Tand	20650
		31. DATE FILED (Month, Day, NO V 28	1994	22. REGISTA	edura-Randa	Ц								
/ -				//										

BALTIMORE, MARYLAND 21215-0020

_	. 3
	4
o o	d with
9,	P
œ	8
9	98
×	e
8	92
-	je.
0	ent
۵.	5
à	death certi
OF VITAL RECORDS, P.O. BOX 68760,	requires that the d
~	that t
0	=
S	ires
m	Bdu
-	3
7	60
	Ē
5	S
	100
5	¥.
-	P
5	N
=	×
DIVISION OF	IR ATTENDING PHYSICIAN
2	R
\supset	07
	HOSPITA
	I

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE REGISTRAR CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF OEATN BERNARD PM SMITH NOVEMBER 994 7:22 4. SOCIAL SECURITY NUMBER S. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR 8. BIRTHPLACE (State or Foreign IF UNDER 24 HRS. 7. DATE OF BIRTH HOURS (Month, Day, Ye DAYS MIN. 1 M 2 | 1 YRS. 24 578-92-6624 4 20 70 WASHINGTON, D.C. 9e. FACILITY NAME (if not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATN Pages 1, 2, 3 DIRECTOR WASHINGTON ADVENTIST HOSPITAL SILVER SPRINGS MONTGOMERY 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d, INSIDE CITY LIMITS? MD TEMPLE HILL 1 X YES 2 NO permit. 10e. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 20604 use as the burial-transit 3001 BRANCH AVENUE UNITED STATES after death. Page 6 may be retained by the hospital or attending physician 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yee or No-14. RACE — American Indien, Black, White, etc. Never Married 2 Merried If yes, specify Cuben, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: IF YES, GIVE WAR OR DATES BY Specify. 3 Widowed 4 Divorced BLACK ED 18e. DECEOENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY COMPLET in by the funeral director, page 5 should be detached for removal. lege (1-4 or 5+) Elementary/Secondary (0-12) EATREAX COUNTY COVERNMENT ASSISTANT DIRECTOR once. 17. FATNER'S NAME (First, Middle, Last) 18, MOTNER'S NAME (First, Middle, Maiden Surname) WILLIE MEBANE DEBORAH SMITH BE notified 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING AODRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 9 410 OGDEN AVENUE, #1A JERSEY CITY, N.J. 07307 DEBORAH SMITH 2 20e. METHOD OF DISPOSITION

11 Buriel 2 Cremellon 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State OATE must GLENWOOD "CEMETERY 11/12/94 WASHINGTON, D.C. 4 ☐ Donation 5 ☐ Other (Specify) medical examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY PACON STREET, N. W. WASH, D. C. 20010 12 276 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory streat, Approximate ehock, or heart failure. List only one cause on each line. Interval Betwe ŏ filled IMMEDIATE CAUSE (Finel Onset and Death completely filled rial, cremation, o the diseese or condition Wounds of Chest and Head Gunshot event, reaulting in deeth) OUE TO (OR AS A CONSEQUENCE OF) hysician and com prior to burial, traumatic CERTIFICATION Sequentielly list conditione, DUE TO (OR AS A CONSEQUENCE OF). If sny, leeding to immediate physician cause. Enter UNDERLYING CAUSE (Disease or injury the attending phy: 1 Mental Hygiene p or other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST Injury, PART II. Other significent conditions contributing to deeth but not resulting in the underlying ceuse given in Part i. 24a. WAS AN AUTOPSY MEDICAL 24b. WERE AUTOPSY FINDINGS and t AVAIL ARLE PRIOR TO shows any COMPLETION OF CAUSE OF DEATH? been signed t, of Health a 1 YES 2 NO YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO WUNCERTAIN PHYSICIAN: has be Dept. 23 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF OEATH (Check only one) or item State 1 HOSPITAL: OTHER: TY YES 2 NO 1 Inpetient 2 KER/Outpetient 3 IDOA 4 Nursing Home 5 Residence 8 Other (Specify, the 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED with (marked. 1 Natural 5 Pending 187P H subject shot 11-5-94 1 YES 2 NO After 8 2 Accident
3 Suicide 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) Fon by St at 410 69 ETED. 8 Could not be DIRECTOR: hours after 4 M Homicide 28 14 Hem COMPL 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end marrier ee stated. TO THE HOSPITAL OF THE FUNERAL COMPOSITION TO THE FUNERAL COMPOSITION TO THE IMPORTANT: It is (Check only one) 2 MEDICAL EXAMINER: On the beele of examination end/or investigation, in my opinion, death occured at the time, date end place, end due to the ceuse(e) end menner se stated, 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 38 29d. OATE SIGNED (Month, Day, Year) NOVEMBER 7, 1994 O.C.M.E. ite 100 enn 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) DENNIS J. CHUTE 111 Penn Street, Baltimore, Maryland 21201 M.D.

32. REGISTRAR'S SIGNATURE

31. DATE FILEO (Month, Day. 1 5 1994

DHMH-16 Rev 1/89

:-

3. TIME OF DEATN

REG NO

2. DATE OF DEATH

STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

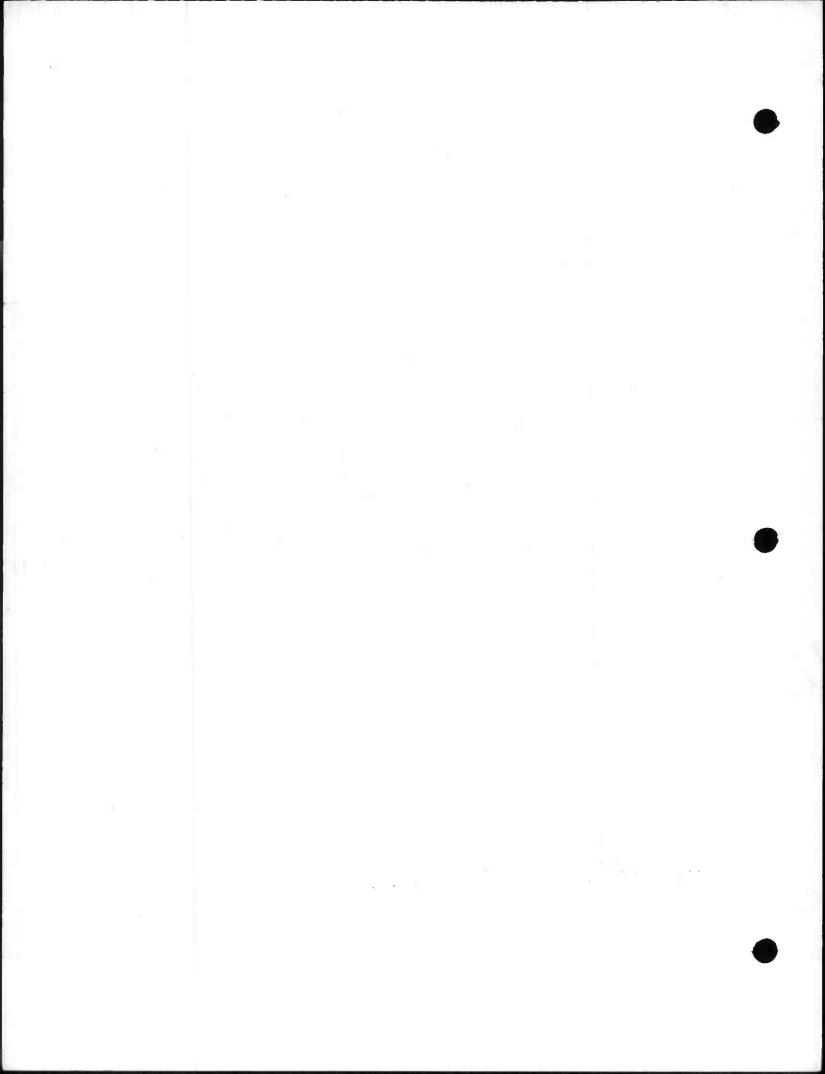
1 -

	- 5
	8
	- 2
•	
٠	м
5	- 1
5	3
-	- 2
0	t
Ó	8
	3
	9
)	-
ń	- 2
	- 3
	- 5
)	- 6
)	-
4	- 1
-	death cartific
9	
3	ě
DLC CAL	
7	4
J	an consisse th
)	. 8
1	12
Ξ	3
-	
J	- 8
r	
-	6
=	٠,
7	3
	AVCIONA
-	Ü
5	- 2
-	ō
7	61
ξ.	- 2
,	2
7	10
-	ATTENDIAL
•	V
	g
_	12
	15
	- 13

2"35 0 4. SOCIAL SECURITY 6. AGE (In yrs. last birthday) 8. BIRTNPLACE (State or Foreig IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. DATE OF BIRTH 19 1 🔀 M 2 🗌 F HOURS 216-17-0079 YRS 12,1975 Mav Maryland Pages 1, 2, 3 should Sa. FACILITY NAME (If not institution, give street and number, 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATN DIRECTOR Suburban Hospital MONTGOMERY Bethesda RESIDENCE OF DECEDENT 10h COUNTY 10c. CITY, TOWN OR LOCATION 10a STATE 10d. INSIDE CITY Maryland Montgomery Silver Spring 1 YES 2 XNO permit. FUNERAL 10a. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 14727 Blanton Road 20905 U.S.A. burial-transit Page 6 may be retained by the hospital or attending physician. Il director, page 5 should be detached for use as the burial-tran 12. WAS DECEDENT EYER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11 MARITAL STATUS 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yes or Noif yes, specify Cuban, Maxican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. 1 X Never Married 2 Merried 1 YES 2 NO Specify: Specify: BY Black 3 Widowed 4 Divorced 18e. DECEDENT'S USUAL OCCUPATION COMPLETED 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5 +) 9th Laborer None once. 17. FATNER'S NAME (First, Middle, Last) 18 MOTHER'S NAME /First Middle Meiden Sumame notified at Andre Richardson Sharon Gross 8 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Sharon Stewart (Mother) 14727 Blanton Rd., Silver Spring, MD 20905 be 20g. METNOD OF DISPOSITION
1 ABurial 2 Cremetion 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State must the funeral director, Mutual Memorial Cem. 4 ☐ Donation 5 ☐ Other (Specify) 11/16 Sandy Spring, MD medical examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSES 22. NAME AND ADDRESS OF FACILITY SNOWDEN FUNERAL HOME, P.A. 00 20850 ROCKVILLE, MD 23. PART I. Enter the discess, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory errest, in by Approximats shock, or heert Interval Between 6 Pilled IMMEDIATE CAUSE (Final Onset and Death the and completely fille burial, cremation, disesse or condition RHUMIA ULTIPLE resulting in death) or other traumatic event, DUE TO (OR AS A CONSEQUENCE OF CERTIFICATION Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF) prior to if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO JOR AS A CONSEQUENCE OF that initiated events the attending p resulting in death) LAST PART II. Other significant conditions contributing to deeth but not recuiting in the underlying ceuse given in Part i. 24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? MEDICAL 24s. WAS AN AUTOPSY signed by the Health and I shows any 1 TYES 2 TLNO 1 YES 2 NO been . DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN PHYSICIAN: has be 23 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATN (Check only one) Item certificate h HOSPITAL: OTHER: 1 YES 2 NO 4 Nursing Nome 5 Residence 8 Other (Specify) 10 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH TIME OF 28c. INJURY AT 28d. DESCRIBE NOW INJURY OCCURED marked, with w 1 Natural 5 Pending М 1440 1 YES 2 NO After 1 death BY 2 Accident Investigatio 28a. PLACE OF INJURY — building, atc. (Specify) At home, ferm, streef, factory, office 3 Suicide 281. LOCATION (Street and Number 65 COMPLETED 8 Could not be + RANDOLPH DIRECTOR: hours after 2 28 4 Homfelde Item 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my kno wiedga, death occurred at the time, date and place, and due to the ceuse(s) and menner as attated RUNERAL within 72 = 2 MEDICAL EXAMINER: On the besis of TO THE HOSPITA
TO THE FUNERA
TO BE RED WITHIN 7 n, in my opinion, death occured at the time, data and place, and due to the cause(s) and manner as stated, AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, 29c. LICENSE NUMBER 器 0 TED CAUSE OF DEATH (ITEM 27) (Type, Print) 4KINUC. 31. DATE FILED (Month, Day, Lulia Davidson-Randalle NOV

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

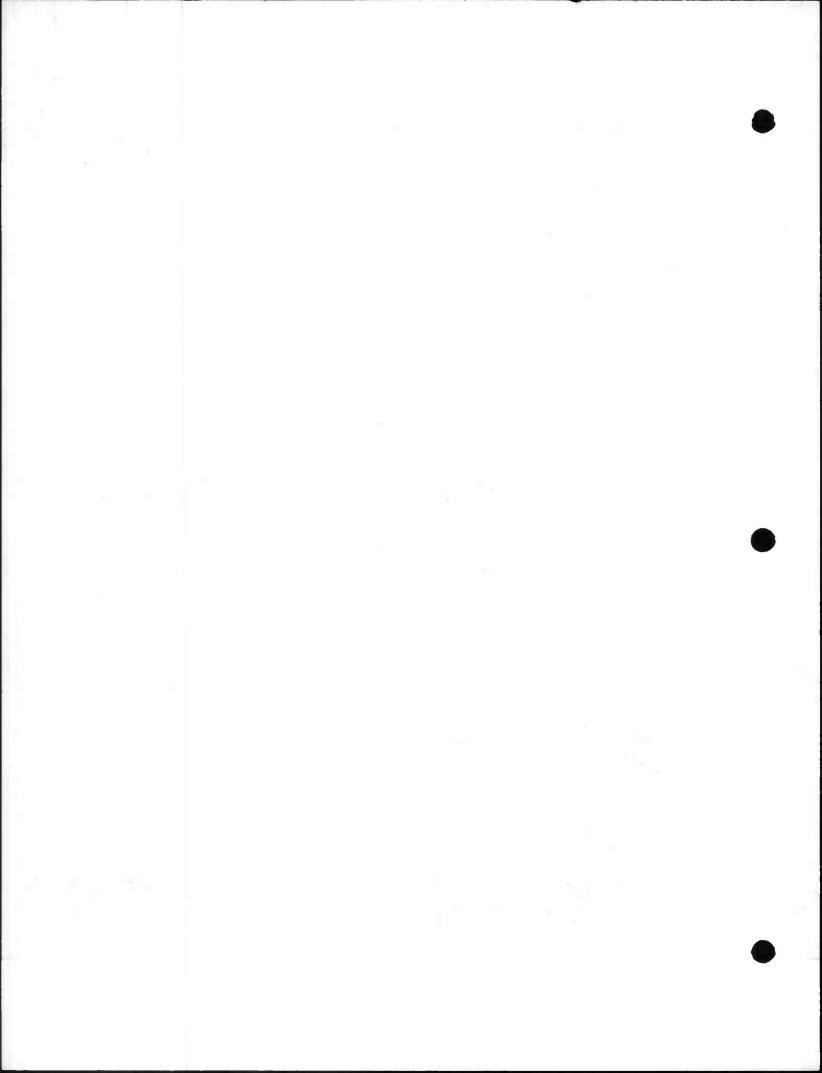


BALTIMORE, MARYLAND 21215-0020	ther death, Page 6 may be retained by the hospital or attending physician.	the funeral director, page 5 should be detached for use as the burial-transit permit, Pages 1, 2, 3 should
020	physician.	burial-trar
215-0	attending	se as the
YLAND 212	by the hospital or	d be detached for us
MAR	retained	5 shoul
LTIMORE,	ath. Page 6 may be	uneral director, page
BA	ter de	the fu

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. Jours after death, Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filed within 72 hours after death with the State Dept, of Health and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	l
	the	de	5	
	100	d b	9	
	lined	houl	ffee	ı
	e reta	5 5	not	
•	ay be	page	be	
	E 9	ctor,	Bun	
	Page	dire	ler I	1
	ath.	rinera	mi	
	er de	he fu	ex.	L
	s aft	DY 1	dica	Г
	OUL	o in	Ē	
		y fille	the	ı
,	with	pletel	ent,	
	ted \	comi	2	
	noex	and	atic	ı
	pe e	clan or to	UNE.	l
	cate	e pri	er ti	l
	ertifi	Ing	#	ı
	£	tend al H	0	ı
	e de	he at	luny,	
	at th	by t	y in	L
	s th	alth is	an	
	quire	in sign	10W	
	W re	bee	38	
	he la	e has	E 2	ı
	N: I	ficat	r ite	
	SICI	cert the	1, 0	
	F	this	rkec	
	HNG	After	E	
	ENG	DR: A	8	
	A	ECT Is al	11 2	
	L DR	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the 1 be filed within 72 hours after death with the State Dept, of Health and Mental Hyglene prior to burial, cremation, or removal.	ite	
	PITA	RAL 72	T: 19	
	HOS	FUNE	AN	
	뿚	He	PO	
	0	5 3	M	

	1 - FOR STATE REGISTRAR	STATE OF MARYLAND /	DEPARTM	MENT OF I	EALTH AND ME	NTAL HYGIEN		33013
	1. DECEDENT'S NAME (First, Middle, Last)	Simi	215	JR		DATE OF DEATH	14/9	3. TIME OF BEATHS
	579-50-4293 b	SEX 6. AGE (In yrs. las		UNDER t YEAR	HOURS MIN.	DATE OF BIRTH (Month, Day, Year) OV. 19,	Cou	DIPLACE (State or Foreign ntry) hington, D. (
TOR	9a. FACILITY NAME (If not institution, give street PRINCE GEORGE'S HOS RESIDENCE OF DECEMENT		9t	Cheve	OR LOCATION OF DEAT		9c. COUNTY OF	
DIRECTOR	10a. STATE 10b. COUNTY District of Columbi	ia		own on Local				10d. INSIDE CITY LIMITS? 1 X YES 2 NO
FUNERAL	155 U Street, N. E.			10	ZOOO2			States
В	11. MARITAL STATUS 1 Never Merried 2 🔀 Married 3 Wildowed 4 Divorced	. WAS DECEDENT EVER IN U.S. AR FORCES? 1 YES 2 H IF YES, GIVE WAR OR DATES	MED NO	If yes, sp	ENDENT OF HISPANIC ecity Cuban, Maxican, F XX NO Specify:		Bla Spe	CE — American Indian, lock, White, afc. scity: Black
COMPLETED	15. DECEDENT'S EDUCATE (Specify only highest grade com Elementary/Secondary (0-12)	college (1-4 or 5 +)	ive kind of work . Do NOT use re	·		16b. KIND OF BUS	SINESS/INDUSTRY	DIUCK
COME	11 17. FATHER'S NAME (First, Middle, Last) Louis Simms, Sr.	[Tr	cuck Di	civer	18. MOTNER'S NAME Kathlee	Priv (First, Middle, Maiden n Bailey		
BE (19a. INFORMANT'S NAME (Type/Print)	191	b. MAILING AD	DRESS (Street a	and Number or Rural Rout		n, State, Zip Code)	
7	Rosa Simms	15	55 U St	reet,	N. E., Was	hington,	D. C.	20002
	20a. METNOD OF DISPOSITION 12 Burlel 2 Cremation 3 Ramoval 4 Donation 5 Other (Specify)	20b.PLACE	AND DATE OF D	isposition (Ne place) 1 Ceme t	ment	DATE 20c. LO	CATION — City or	
	21. BURNINGE OF FUNERAL SERVICE LICENS	unit 11	,	STEWA	RT FUNERA Benning R	L HOME	E. Washi	ngton, D. C.
	ART I. Enter the diseases, or com shock, or heart failure. List IMMEDIATE CAUSE (Finsi disease or condition resulting in death)	plications that caused the de conly one cause on each line DUE TO (OR AS A COMBEC).	enter the mo	de of dying, such s			Approximate Interval Between Onset and Desth
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST	DUE TO (OR AS A CONSECUTION OF TO (OR AS A CONSE	DUENCE OF):	/				
PHYSICIAN: MEDICAL (PART II. Other significant conditions co	ontributing to death but not r	eauiting in t	he underlyin	g cause given in Par	24a. WAS AN PERFOR	MED?	Ib. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO CDMPLETION OF CAUSE OF DEATH?
AN: W	DID TOBACCO USE CONTRIB 25. WAS CASE REFERRED TO MEDICAL		TH YES		UNCERTAIN			1 TES 2 NO
EXAMINER? 1 YES 2 NO HOSPITAL: 1 Inpetient 2 ER/Outpetient 3 DOA 4 Nursing Nome 5 Residence 8 Other (Specify)								
ВУ РН	27. MANNED F DEATN 1 Natural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME OI INJURY	WO	URY AT 26 PRK? /ES 2 NO	d. DESCRIBE NOW II	NJURY OCCURED	
	3 Suicide 8 Could not be 4 Homicide determined	28s. PLACE OF INJURY — At hol building, atc. (Specify)	NJURY — At home, ferm, street, factory, office 281 c. (Specify)		If. LOCATION (Street a City or Town, State)	and Number or Rura	l Route Number,	
3 Suicide 4 Homicide 5 Could not be detarmined 5 Could not be detarmined 6 City or Town, State) 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occured at the time, data and placa, and								(a) and manner as stated.
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIER	Parguy 1	M		HUZ 3	d /	POD DATE SIGNE	DyMonth, Day, Year)
	30. NAME INVITADORESS OF PERSON 1910 CO	OMPLETED CAUSE OF DEATH (ITEI	100 9 S	Paydo	on Cot. E	ASM-	Me	0748
	MUV 1 7 1994 4ul	d Debroson-Randell	400	-	V	U		



TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a flowing after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

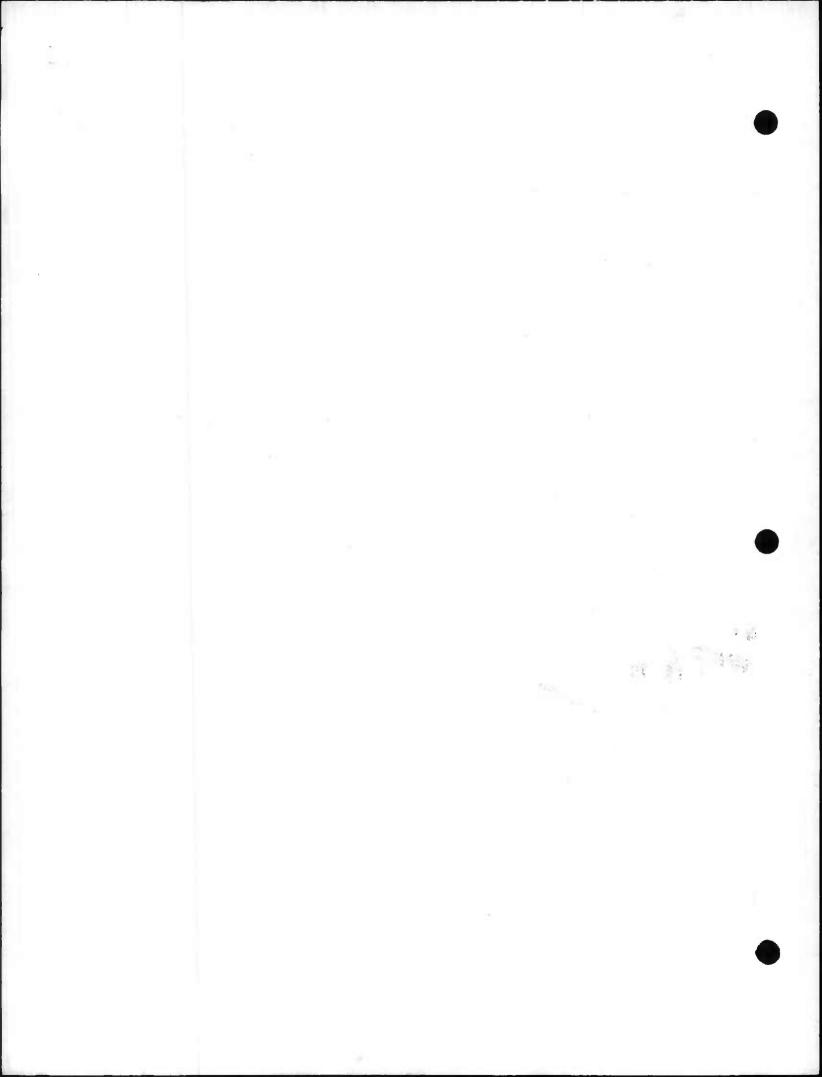
IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

1	-	FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

_	REGISTRAR		CERTIF	CALE	OF DEATH	REG. NO		
	1. DECEDENT'S NAME (First, Middle, Last) NINNE	SE	BE			2. DATE OF DEATH DO	2	YEAR 3. TIME OF DEATH A
	4. SOCIAL SECURITY NUMBER 5. SEX	6. AGE (In y	rs. lest birthday)	IF UNDER 1 Y		7. DATE OF BIRTH		8. BIRTNPLACE (State or Foreign
	215-44-3720 ¹□м²ѬF	84	YRS.	MONTHS D	AYS HOURS MIN.	Dec. 12,	1910	Maryland
	9a. FACILITY NAME (If not institution, give street and number)			9b. CITY, TO	WN OR LOCATION OF D			NTY OF DEATH
R	Holy Cross Hospital			Silve	er Spring		Mont	tgomery
5	RESIDENCE OF DECEDENT						-	-8002)
DIRECTOR	10s. STATE 10s. COUNTY			r, TOWN OR I				10d. INSIDE CITY LIMITS?
	Maryland Prince George	S	Нуа	attsvi				1 TES 2 NO
M.	10e. STREET AND NUMBER						ZEN OF WHAT COUNTRY?	
FUNERAL	6500 Riggs Road				20783 U.S.A.		.A.	
E	11. MARITAL STATUS 1 Never Merried 2 Merried FORCES? 1			13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yea or If yes, specify Cuban, Mexican, Puerto Rican, etc.)		or No —	14. RACE — American Indian, Black, White, etc.	
BY	3 ☐ Widowed 4 ☑ Divorced IF YES, GIVE W	AR OR DATE	S	1 [YES 2 NO Speci	ffy:		Specify: White
	15. DECEDENT'S EDUCATION	1 10	e. DECEDENT'S	USUAL OCC	DATION	Last Kind OF DIV		
Ë	(Specify only highest grade completed)			vork done duri	ng most of working	16b. KIND OF BUS	SINESS/IND	USTRY
7	Elementary/Secondary (0-12) College (1-4 or 5+		aycare	1	r	Daycare	Cont	tors
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		aycare	WOIRE		AME (First, Middle, Malden		LEIS
	George W. Jones					Mae Hayne	Ourrienne)	
BE	19a. INFORMANT'S NAME (Type/Print)	·	19b. MAILING	ADDRESS (S		Route Number, City or Tow	n State 7in	Code
2	Sharon S. Doucette							
	20a, METHOD OF DISPOSITION 1 A Burlel 2 Cremation 3 Removal from State	20b. PL	ACE AND DATE (OF DISPOSITION	ON (Name of	Street, Suite 103, Upper Marlboro, MD		
	1 N Buriel 2 Cremetion 3 Removal from State 4 Donation 5 Other (Specify)	Geo	ry, cremetory or of	her place)	n Cemetery 11/17/94 Adelphi, Maryland			
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	1000	I BC Wat	22 NA	ME AND ADDRESS OF E	ACILITY		
ŀ	N. B. Gard			Fra	ncis Gasch	n's Sons Fu		l Home, P.A. ville, MD 20781
	23. PART i. Enter the diseasea, or complicatione that	ceused th	e deeth. Do n					
	shock, or heert fellure. List only one cause	ee Dn each	ilne.					Interval Between
	disease or condition	1	000	/	- scale	1	1	1 3/1
j	disease pr condition e. Acute ceretrosacula Accident Bohrs. Due to (or as a consequence of): Sequentially list conditions. Descriptions. Descriptions.							
z	Arterio	scli		6	Lings	and of	1:50	46 20 Van
CERTIFICATION	Sequentially list conditione, If any, leading to immediate	DIJE TO (OR AS A CONSEQUENCE OR).						
CA	CAUSE (Disease or Injury							
E	thet initiated evente DUE TO	OR AS A CO	INSEQUENCE OF	7:				
E	reaulting in death) LAST							
	PART II. Other algnificant conditions contributing to	death but	not resulting i	n the unde	riving cause given in	Part i. 24s. WAS AN	AUTOPSV	24b. WERE AUTOPSY FINDINGS
EDICAL	Dialetes Meh				A, and a decided great in	PERFOR		AVAILABLE PRIOR TO COMPLETION OF CAUSE
	Jones de l'une	nu	<u> </u>			1 🗆 YES 2	UNO	OF DEATH?
Σ	DID 7001 000 1101 001 1701							1 TES 2 NO
DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN 26. PLACE OF DEATH (Check only one) OTHER: 1 No 25. PLACE OF DEATN (Check only one) OTHER: 1 No 26. PLACE OF DEATN (Check only one) OTHER: 1 No 27. MANNER OF DEATN 27. MANNER OF DEATN 28. DATE OF INJURY (Month, Day, 'hear) NORK?								
<u> </u>	EXAMINER? HOSPITAL:			OTHER:	26. PLACE OF DEATH (C	heck only one)		
\ ¥	1 YES 2 AND 1 Pripetient 2 27. MANNER OF DEATN 28a. DATE OF				Home 5 Residence			
	27. MANNER OF DEATN 28a. DATE OF (Month, De		28b, TIM	URY	c. INJURY AT WORK?	28d. DEŞCRIBE HOW I	NJURY OCC	URED
B	2 Accident Investigation	- 10.1 11 1170.7			YES 2 NO			
3 Suicide 6 Could not be determined 226. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State) 28f. LOCATION (Street and Number or Rural Richt) City or Town, State)							or Rural Route Number,	
							-	
296. CERTIFFIER (Check only one) 1 ORRIFFIED PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) and menner as stated.								
29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month,							a couse(s) and menner as stated.	
							E SIGNED (Month, Day, Year)	
D41931 11/12/94							1/12/94	
-	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUS	E OF DEATH			- /	1		
	K Shymacher M.D.	230		oren	reld Rd	. Wheat	on,	MD 20902
	31. DATE FILED (Month, Day, Year) 32. REGISTRAI	R'S SIGNATU	RE					
	NOV 1 7 1994 Julia Davidson-Randalle							



Ψ	
N-	
6876	
w	
9	
_	
BOX	
\sim	
$\mathbf{\circ}$	
m	
_	
<u> </u>	
u	
_	
P.0	
10	
RECORDS,	
\cap	
_	
\sim	
-	
\sim	
\sim	
()	
\sim	
ш	
=	
Œ	
_	
OF VITAL	
a.	
-	
9	
Separate Sep	
1.0	
-	
\circ	
7	
_	
\sim	
$\mathbf{\circ}$	
_	
S	
=-	
_	
-	
_	
DIVISION	

Pages 1, 2, 3 should permit. burial-transit Page 6 may be retained by the hospital or attending physician. use as the P funeral director, page 5 should be detached once. notified at pe must examiner after death. the medicai signed by the attending physician and completely filled in by Health and Mental Hygiene prior to burlal, cremation, or remo the event, traumatic 2 other 50 injury, any shows ; this certificate has been with the State Dept. of I 23 DR ATTENDING PHYSICIAN: 0 marked, DIRECTOR: After the hours after death v S 28 tem THE FUNERAL D filed within 72 hr THE HOSPITAL IMPORTANT: PBE

DIRECTOR

FUNERAL

BΥ

ED

E

COMPL

9

CERTIFICATION

MEDICAL

PHYSICIAN:

BY

COMPLETED

BE

2

29e. CERTIFIER

296. SIGNATURE AND TITLE OF CENTIFIER

94 35877 ITEM: 23 PART II, PER DR. FILM G-718 12/20/94 t.t STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE REGISTRAR CERTIFICATE OF DEATH REG NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH SHORTER KEVIN LIONEL NOVEMBER 1994 5:25 AM 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) 6. BIRTHPLACE (State or Foreign DAYS 35 1 X M 2 - F YRS. 579-84-1650 SEPT.10,1959 BETHESDA, MD 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH PRINCE GEORGE'S PRINCE GEORGE'S HOSPITAL CHEVERLY RESIDENCE OF DECEDENT 10b COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY FORESTVILLE MARYLAND PRINCE GEORGE'S XYES 2 NO 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 20747 USA 2810 KIRTLAND AVENUE 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 X NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or NoIf yes, specify Cuben, Mexican, Puerto Ricen, etc.)
1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2 1 Never Merried 2 Merried Specify: BLACK 3 Widowed 4 Divorced 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only high Elementery/Secondary (0-12) College (1-4 or 5+) PVT. 12th PRIMARY MAINTENANCE 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) JEAN MARIE KING RICHARD FRANCIS SHORTER, JR. 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 20747
2810 KIRTLAND AVENUE FORESTVILLE, MARYLAND 19e. INFORMANT'S NAME (Type/Print) CRYSTAL SHORTER/ WIFE 20a METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE 2 Cremetion 3 Removal from State HARMONY MEMORIAL PARK 11-19 LANDOVER, MARYLAND 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY S FUNERAL HOME 7474 LANDOVER ROAD LANDOVER, MD20785 KANXUK 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heart failure. List only one cause on each line. Interval Between IMMEDIATE CAUSE (Final Onset and Death disease or condition resulting in death) QUE TO (OR AS A CONSEQUENCE OF) neismone Sequentially list conditions. DUE TO (OR AS A CONSEQUENCE OF) if any, leading to immediate cause. Enter UNDERLYING 4 CAUSE (Disease or Injury OR AS A CONSEQUENCE OF that initiated eventa resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE 1 TYES 2 NO OF DEATH? 1 TYES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES 🔂 NO 📜 UNCERTAIN 🗆 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 TYES 2 TYNO 1 Nonpatient 2 ER/Outpatient 3 DOA ng Home 5 - Residence 6 - Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY 28b. TIME OF INJURY 26c. INJURY AT WORK? 26d. DESCRIBE HOW INJURY OCCURED 1 🔀 Natural 5 Pending м 1 YES 2 NO Investigation 2 Accident 26e. PLACE OF INJURY - Al home, ferm, atreet, fectory, office 3 Suicide 261. LOCATION (Street end Number or Rural Route Number, City or Town, State) 6 Could not be 4 Homicide

> 29c. LICENSE NUMBER 29d. DATE SIGNED (Month Pay, Ybar)

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) CATAVENIS HOSPITAL DRIVE

32. REGISTRAR'S SIGNATHUS DE

erre

2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(e) end menner se stated,

1 🔀 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the ceuse(e) end manner ee stated.

CHEVERLY, MARYLAND

20785

Al

REG NO

death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020 Te.

permit, Pages 1, 2, 3 should

use as the burial-transit

funeral director, page 5 should be detached for

百

notified

pe

must

medical examiner

⋖	8	-	×
D	ter	Pa th	7
	ig.	SE SE	Jic.
	DOUT	= 5	ne
1	Ť	P. iied	
		y fi	£
Š	E	ete	Ŧ,
5	*	Cre	Ž
>	rted	ial.	63
ŏ	900	절	Te
<	8	5 °	E
j	2	ior	ē
n	ate	S a	b-
÷	1	E S	2
ą.	8	23	0
L	6	8 %	ä
ń	8	阳景	č
5	2	8≥	픋
Ē	ũ.	40	Ξ
5	6	76	Ħ
5	18	6.5	2
ш	3	6.4	5
r	5	10	u
4	ā	田景	R
DIVISION OF VILAL RECORDS, P.O. BOX 88/80;	E	# B	E
=	-	38	뿄
*	R	든병	8
4	ĕ	8 5	Ti.
2	£	설설	2
2	g	当后	2
)	8	≥ 8	
ō	ē	医菌	60
É	Æ	E	24
-	集	黄星	H
3	4	- 2	=
	F	葉だ	=
	2	開報	暑
	Ŧ	正言	穒
	TO THE HOSPITAL OF ATTENDING PHYSICIAN. The law requires that the death certificate be executed within a nours after de	NTO THE FLINERAL DIRECTOR! Aner this certificate has been signed by the attentions physician and completely filled in by the fill be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT, If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical ex
	0	0 #	皇
	-	50	-

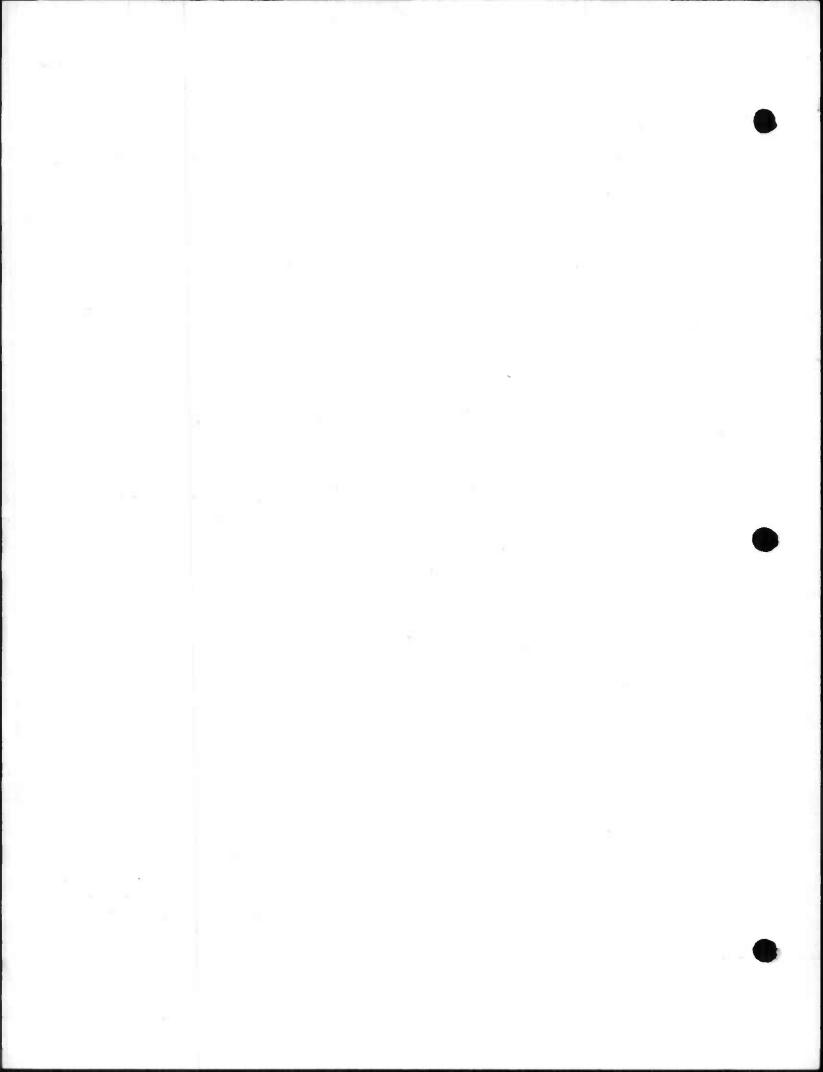
FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) **GEORGE SCARBOROUGH** 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 24 HRS. IF UNDER 1 YEAR DAYS 1 📉 M 2 🗌 F 578-38-2620 9a. FACILITY NAME (If not institution, give street and number) Prince George's Hospital Center Cheverly 10e. STATE 10c. CITY, TOWN OR LOCATION Washington, D.C. 10e. STREET AND NUMBER 10f. ZIP CODE 1622 Hobart Street, N.W. 20009 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ∑ YES 2 ☐ NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 1 Never Married 2 Married 1 YES 2 NO Specify: 3 Wildowed 4 Olvorced WW II 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highe Elementary/Secondary (0-12) College (1-4 or 5+) 6 Limousine Driver 17. FATHER'S NAME (First, Middle Last) Frank Davis 19a. INFORMANT'S NAME (Type/Print) Brenda Tinner 20b. PLACE AND DATE OF DISPOSITION (Name of

2. DATE OF DEATH 3 TIME OF DEATH NOVEMBER 14 1994 06A 7. DATE OF BIRTH (Month, Day, Year 8. BIRTHPLACE (State or Foreign August 21 1908 South Carolina 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Prince George's 1 YES 2 | NO FUNERAL 10g. CITIZEN OF WHAT COUNTRY? United States 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—tt yea, specify Cuban, Maxican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, atc. ΒY Black COMPLETED 16b. KIND OF BUSINESS/INDUSTRY Chemical Company 16. MOTHER'S NAME (First, Middle, Maiden Surname) Inez Collier BE 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 382 Harry S. Truman Dr., Largo, MD 20772 20a. METHOD OF DISPOSITION

1 Burial 2 Cremation 3 Re 20c. LOCATION - City or Town, State OATE 1X Burial 2 Cremation 4 Donation 5 Other (Specify) Arlington National Cem. 11/17/94 Arlington, Virginia 21. SIGNATURE OF FONERAL SERVICE LICENSEE 22. NAME AND AODRESS OF FACILITY Fort Lincoln Funeral Home, Inc. 3401 Bladensburg Rd., Brentwood, MD 20722 23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or reapiratory arrest, shock, or heart fallura. List only one cause on each line intarvei Between IMMEDIATE CAUSE (Final Adult Keshinatory Distress Synchome disease or condition resulting in death) CERTIFICATION Sequantially list conditions, DUE TO (OR AS A CONSEQUENCE OF) if any, leading to immediate OUE TO (OR AS A CONSEQUENCE OF): cause. Enter UNDERLYING CAUSE (Disesse or injury that initiated events resulting in death) LAST PART ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY MEDICAL 24b. WERE AUTOPSY FINDIN PERFORMED? AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO OF DEATH? t TYES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF OEATH (Check only one) HOSPITAL: 1 YES 2 NO Inpetient 2 - ER/Outpetient 3 - DOA 4 Nursing Home 5 Residence 6 Other (Specify) 27. MANNER OF OEATH 28b. TIME OF 28c. INJURY AT WORK? 28a. OATE OF INJURY (Month, Day, Year) 28d. DESCRIBE HOW INJURY OCCURED t Natural Pending 1 YES 2 NO BY Accident Investigation 28a. PLACE OF INJURY — At home, farm, street, tactory, office building, atc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Sulcida COMPLETED 6 Could not be determined 4 Homicide 29a, CERTIFIER t XCERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and menner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and piecs, and due to the cause(s) and manner as stated. ASE SIGNATURE AND TITLE OF CERTIFIE 29c. LICENSE NUMBER BE 29d, DATE SIGNED (Month Day Year) 2010 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print Rakesh Arora, M.D., 14300 Gallant Fos Lane, #222, Bowie, Maryland 20715 31. DATE FILEO (Month, Day, Year)

8 1994 NOV 1

J. REGISTBAR'S SIGNARUSE Julia Daydson-Rondell



burial-transit ours after death. Page 6 may be retained by the hospital or attending physician, BALTIMORE, MARYLAND 21215-0020 use as the funeral director, page 5 should be detached for filled in by the removal. ō cremation, ysician and completely prior to burial, cremati DIVISION OF VITAL RECORDS, P.O. BOX 68760, HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within

at

notified

pe

must

medical examiner

the

traumatic event,

the attending physician i Mental Hygiene prior to or other

signed by the

has been s Dept. of H

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The TO THE FUNERAL DIRECTOR: After this certificate to filed within 72 hours after death with the State IMPORTANT: If Item 28 is marked, or Item

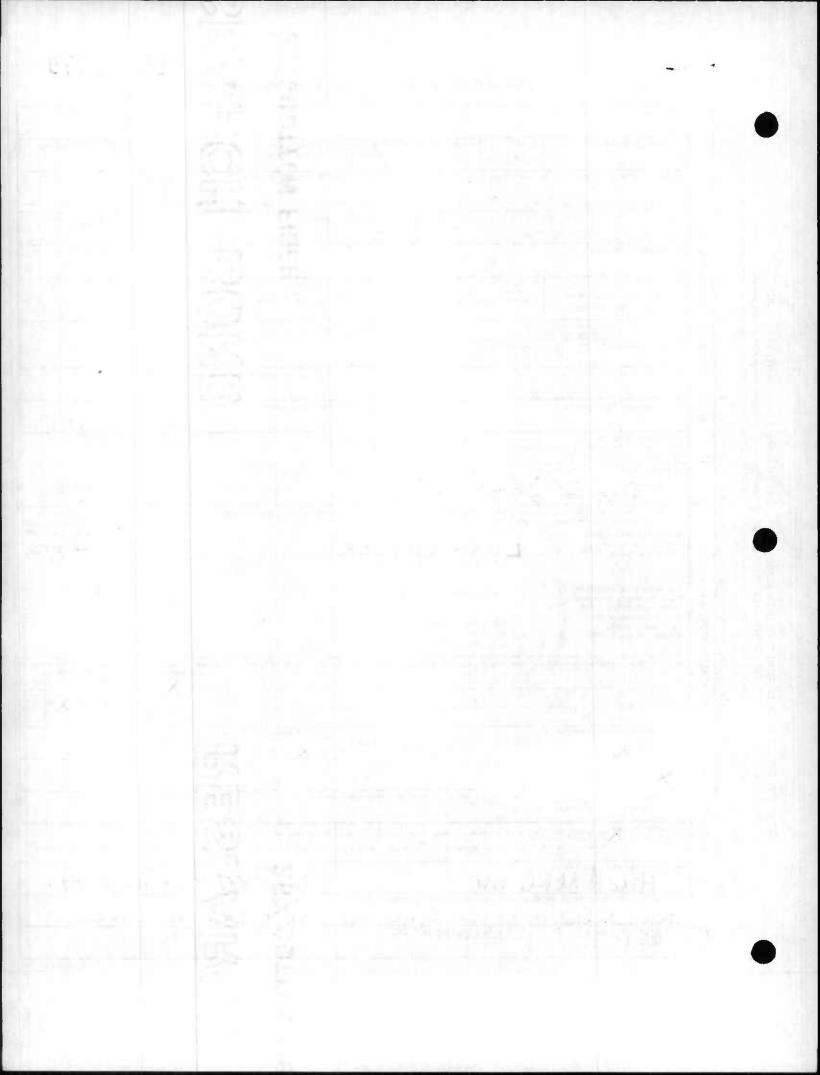
23

permit. Pages 1, 2, 3 should

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

1 - FOR STATE REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH DAY 1994 YEAR Sally Wilmot Stevens NOV. 7 8:15AM 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTN (Month, Day, Year 8. BIRTHPLACE (State or Foreign Country) DAYS HOURS 1 M 2 F 176-34-7491 67 YRS. 30 1927 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATN 9c. COUNTY OF DEATN DIRECTOR 29166 Belchester Rd. Kennedvville Kent RESIDENCE OF DECEDENT 10a. STATE 10c. CITY, TOWN OR LOCATION 10d, INSIDE CITY Maryland Kent Kennedyville 1 NES 2 NO COMPLETED BY FUNERAL 10s. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 29166 Belchester Drive 21645 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. If yes, specify Cuban, Maxican, Puarto Ri

1 YES 2 NO Specify: 1 Never Married 2 Married
3 Widowed 4 Divorced Specify White IF YES, GIVE WAR OR DATES 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY ntary/Secondary (0-12) College (1-4 or 5 +) Medical Secretary Medical 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) George L. Wilmot Genevive Boyle Wilmot BE 19a. INFORMANT'S NAME (Type/Print) 19b, MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zin Code) 2 John W. Stevens 9166 Belchester Dr. Kennedyville, MD. 21645 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION --- City or Town, Stata DATE Crematory 11/8 Baltimore, MD 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Helfenbein Funeral Home 130 Speer Kuk Road Chestertown, MD 21620 778-0055 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Interval Between **Onset and Death IMMEDIATE CAUSE (Final** disease or condition UNG CANCER urs reaulting in death) DUE TO (OR AS A CONSEQUENCE OF CERTIFICATION Sequentially list conditions, Sequentially lest contentions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): PART ii. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE MEDICAL 1 | YES 2 | NO 1 - YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATN (Check only one) OTHER:
4 | Nursing Nome | 5 | Rasidence | 6 | Other (Specify) HOSPITAL: 1 YES 2 NO Inpatient 2 - ER/Outpatient 3 - DOA 27. MANNER OF DEATN 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28d. DESCRIBE NOW INJURY OCCURED Natural 5 Pending 1 YES 2 NO BY 2 Accident 28a. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Sulcide 8 Could not be detarmined COMPLETED 4 Homicide 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and menner as stated. 2 MEDICAL EXAMINER: On the beals of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year) BE WW 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Speer 31. DATE FILED (MOON).

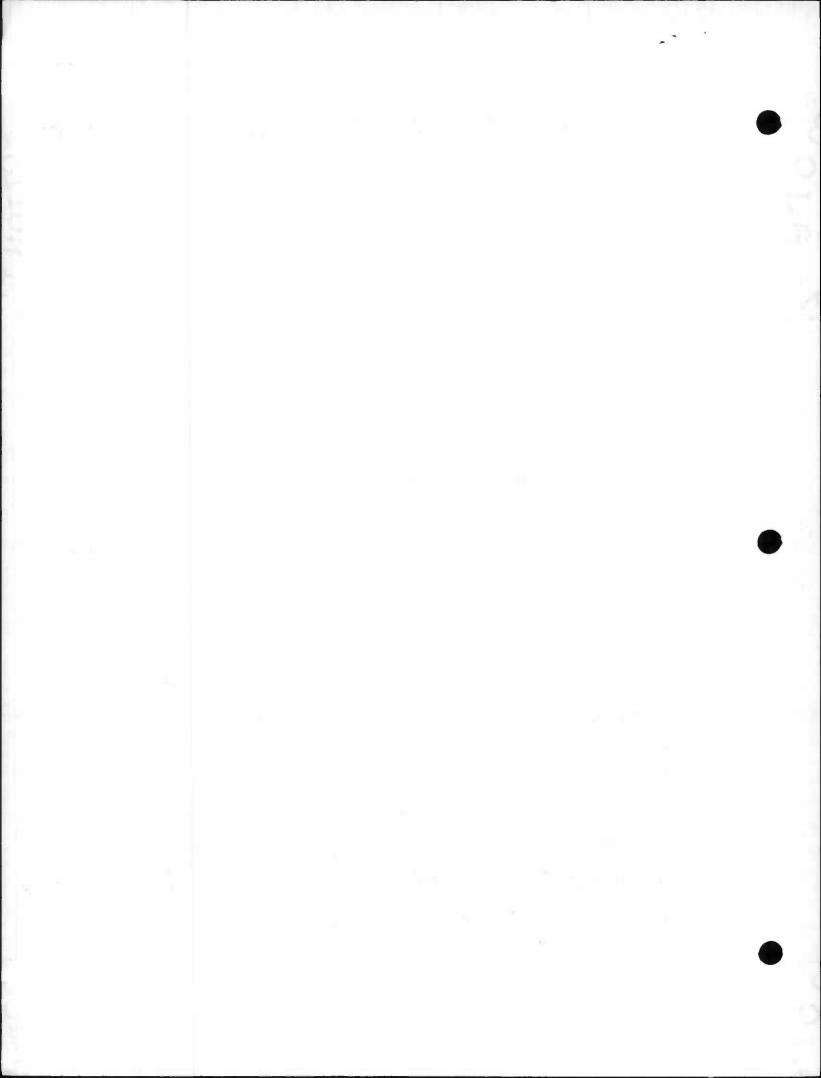


TO THE HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed with. Thous after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be defached for use as the burlal-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatte event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760

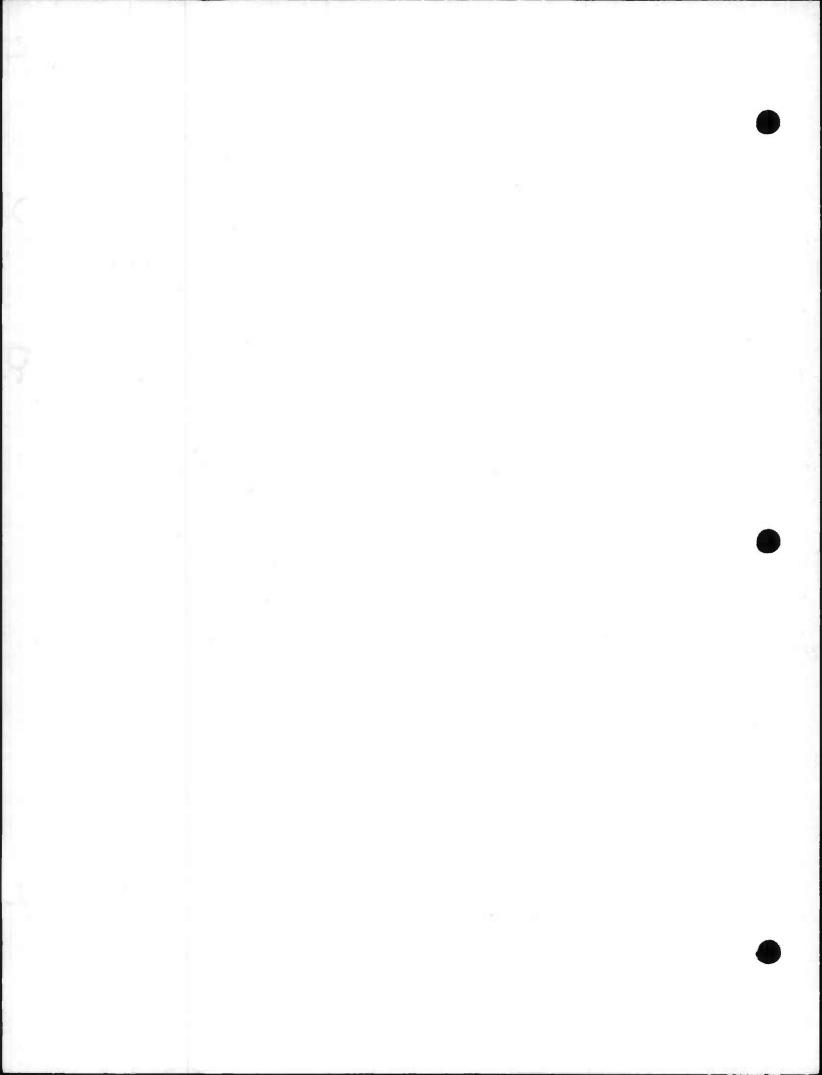
FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR CERTIFIC	ATE OF DEATH	REG. NO.	
- 3	1. DECEDENT'S NAME (Figst, Middle, Leat) **Example Deloris Spand	ent	2. DATE OF DEATH	3. TIME OF DEATH
3	7.07770)20	10VEMPEZ	13,1994 211A H
		UNDER 1 YEAR IF UNDER 24 HRS. NTHS DAYS HOURS MIN.	7. DATE OF BIFTH (Month, Day, Year)	8. BIRTHPLACE (State or Foreign Country)
	579-46-2171 1 M 2 XF 58 YRS. WO		July 22, 193	
œ	and the same of th	o. CITY, TOWN OR LOCATION OF D	EATH	9c. COUNTY OF DEATH
DIRECTOR	Laurel Regional Hospital RESIDENCE OF DECEDENT 10e. STATE 10e. COUNTY	Laurel		Prince Georges
E	Maryland Oueen Annes 10c. city, r	Chestertown		tod, INSIDE CITY LIMITS?
	10s. STREET AND NUMBER	101, ZIP CODE		1 VES 2 NO
FUNERAL	411 Caaentral Drive - Box 704	21620		United States
2	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECEDENT EVER IN U.S. ARMED 14. WAS DECEDENT EVER IN U.S. ARMED 15. WAS DECEDENT EVER IN U.S. ARMED 16. WAS DECEDENT EVER IN U.S. ARMED 17. WAS DECEDENT EVER IN U.S. ARMED	13. WAS DECENDENT OF HISPA If yes, specify Cubsn, Mexic		or No 14. RACE American Indian, Black, White, etc.
B	3 Widowed 4 Divorced IF YES, GIVE WAR OR DATES	1 YES 2X NO Speci		Specify: White
COMPLETED	15. DECEDENT'S EDUCATION 16a. DECEDENT'S USI (Specify only highest grade completed) (Give kind of work	UAL OCCUPATION done during most of working	16b. KIND OF BUSI	
9	Elementary/Secondary (0-12) College (1-4 or 5 +) life. Do NOT use re	tired.)	7 1	
MP	12 Legal Se		Legal	
8	George Fink		AME (First, Middle, Melden S Gussman	umame)
8		DRESS (Street and Number or Rural		Panta Tin Codes
2		Carrage Hill D		
	20e. METHOD OF DISPOSITION 1 Burlal 2 Acremetion 3 Harmoval from State 20b. PLACE AND DATE OF Dispeters, creaging or other	place) - November 16	DATE 20c. LOC	ATION City or Town, State
ì	4 Donetion 5 Other (Specify) .	22 NAME AND ADDRESS OF E	5, 1994 DOVE	er, belaware
	Dod di Lunda.	Fellows - Wel		
	William L. King Jr.			own, Maryland 21620
	23. PART I. Enter the diseases, or complications that caused the death. Do not ahock, or heart fallura. List only one cause on each line.	enter the mode of dying, suc	ch ss csrdiac or respira	ntory arrest, Approximate interval Batween
	IMMEDIATE CAUSE (Final disease or condition Jung Conce)			Onset and Death
1	resulting in death) a. Due to (or AS A CONSEQUENCE OF):			printes
	DUE TO (OR AS A CONSEQUENCE OF):			
CERTIFICATION	Sequentially list conditions, if any, leading to immediata DUE TO (OR AS A CONSEQUENCE OF):			
CA	Cause. Enter UNDERLYING CAUSE (Disease Dr Injury			
E	that initiated events DUE TO (OR AS A CONSEQUENCE OF):			
ER	resulting in death) LAST			
	PART II. Other significent conditions contributing to death but not resulting in t	he underlying cause given in	Part i. 24s. WAS AN A	UTOPSY 24b. WERE AUTOPSY FINDINGS
DICAL			PERFORM	COMPLETION OF CAUSE
Ē			1 TES 24	OF DEATH?
2	DID TOBACCO USE CONTRIBUTE TO CAUSE OF	DEATH YES I N	ОП	19,123 29,100
M	25. WAS CASE REFERRED TO MEDICAL.	26. PLACE OF DEATH (C		
PHYSICIAN: ME	1/2 YES 2 NO 1 Inpetient 2 FER/Outpetient 3 DOA 4	THER: Nursing Home 5 Residence	6 Other (Specify)	
H	27. MANNER OF DEATH 280. DATE OF INJURY (Month, Day, Year) 1 Netural 5 Pending		28d. DESCRIBE HOW IN	JURY OCCURED
B	2 Accident investigation	M 1 YES 2 NO		
8	3 Suicide 6 Could not be determined determined	et, factory, office	28f. LOCATION (Street an City or Town, State)	d Number or Rural Route Number,
COMPLET	29e. CERTIFIER			
Š	MEDICAL EXAMINER: On the besis of examination end/or investigation, is	n my opinion, death occured at the	time, date end place, end	due to the ceuse(s) end manner es stated,
ш	29h SIDNATURE AND TITLE OF CEPTIFIER	Dec. LICENSE NU	MBER	29d. DATE SIGNED (Month, Day, Year)
TO B	My word Prongue	A.717	50	Wemper 113, 1994
- 1	30. MAME AND ADDRESS OF MERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Pri	S A MIN-	C. hi	marice 1
	Much stor - Cary North 18 200 9 V	EYBUM CT. CP	· Sprand	HOTYX
	31. DATE FILED (Month, Day, Year) // 32. REGISTRAR'S SIGNATURE	/		
- 1	MUV / 44 Arena Daysdam Banda 00			



0
68760
N-
~
30
Φ
-
×
0
BOX
m
_
-
0
Τ.
ο.
_
- 6
S
0
CC.
_
\circ
1
\circ
RECORD
ITAL
d
-
_
>
100
4
~
0
_
Z
=
DIVISION
_
S
-
>
0
_

	1 - FOR STATE OF I		TMENT OF HEALTH AND	MENTAL HYGIENE REG. NO.	
ŝ	1. DECEDENT'S NAME (First, Middle, Lest) VERA I SU		era I Swann (Irene)	2. DATE OF DEATH MONTH DAY	194 YEAR 12 3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER $214-28-3203 \hspace{1cm} \text{1 } \square \hspace{1cm} \text{M 2 } \square \hspace{1cm} \text{F}$	6. AGE (In yrs. last birthday) 86 YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) Apr. 24 19	8. BIRTHPLACE (State or Foreign Country) 08 Pennsylvania
_	9e. FACILITY NAME (If not institution, give street end number)		96. CITY, TOWN OR LOCATION OF D		9c, COUNTY OF DEATH
DIRECTOR	Dorchester General Hos	spital	Cambridge		Dorchester
l Si	10e. STATE 10b. COUNTY		Y, TOWN OR LOCATION	-	10d. INSIDE CITY LIMITS?
	Maryland Dorchester		Cambridge		1 X YES 2 NO
FUNERAL	701 Race St.		101. ZIP CODE 21613		U.S.A.
N S	11. MARITAL STATUS 12. WAS DECEDED	T EVER IN U.S. ARMED	13. WAS DECENDENT OF HISPA	NIC ORIGIN? (Specify Yes o	r No. 14, RACE — American Indian,
BY F		MAR OR DATES	If yes, specify Cuben, Mexic 1 ☐ YES 2XXNO Speci		Black, White, etc. Specify: white
	15. DECEDENT'S EDUCATION		USUAL OCCUPATION	16b. KIND OF BUSIN	
ETI	(Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or S	Iffe. Do NOT us			
COMPLETED	17. FATHER'S NAME (First, Middle, Last)	non	ıemaker		
E CC		ison Schall	18. MOTHER'S N.	AME (First, Middle, Melden St Ida Mar	
TO BE	19e. INFORMANT'S NAME (Type/Print)		ADDRESS (Street and Number or Rural		
	Ruth Ann Adkins		Lucy Fish Rd.,		
	20g. METHOD OF DISPOSITION t Note: Burlet 2 Cremetion 3 Removal from State 4 Donetion 5 Other (Specify)		of Disposition (Neme of the place) larket Cemetery		ation - city or town, state ew Market Maryland
5	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	_ Last New 1	22. NAME AND ADDRESS OF FA	A CHI ITTH	Funeral Home
9	· Leveth & Thon	ma h.	700 Locust S		
DAID I	23. PART I. Enter the diseases, or complications the shock, or heart fallure. List only one ca	it ceused the death. Do r		-	itory arrest, Approximate
	IMMEDIATE CAUSE (Finel	use on each line.	, Acute Myocar	dial Infarc	tion interval Between Onset and Death
1	disease pr condition resulting in death) s.	CUTE M	, / •		One hour
	- Hy	(D) ANXON	History Of Rig		Adenoma
LIO	If any, leading to immediate , ,	OH AS A CONSEQUENCE OF	F):		ic
FICA	CAUSE (Disease Dr Injury thet initieted events	OF AS A CONSEQUENCE OF	History of Asc		
CERTIFICATION	resulting in deeth) LAST			Aneurysm	
AL CI	PART II. Other significent conditions contributing to	deeth but not resulting	in the underlying cause given in	Part I. 24s. WAS AN AL	UTOPSY 24b, WERE AUTOPSY FINDINGS
S				PERFORM 1 TYES 2	COMPLETION OF CAUSE
MEDIC					OF DEATH? 1 □ YES 2 NO
AN:	DID_TOBACCO_USE_CONTRIBUT	E TO CAUSE OF			\
PHYSICIAN:	2S. WAS CASE REFERRED TO MEDICAL EXAMINER? t YES 2 NO 1. Position: 2	☐ ER/Outpatient 3 ☐ DOA	26. PLACE OF DEATH (C		
HX	27. MANNER OF DEATH 280. DATE OF	FINJURY 28b. TIM		28d. DESCRIBE HOW INJ	JURY OCCURED
ВУ Б	1 Natural 5 Pending 2 Accident Investigation	Jey, reary	M 1 YES 2 NO		
COMPLETED	3 Suicide 8 Could not be 4 Homicide determined	OF INJURY — At home, farm, s , etc. (Specify)	street, fectory, office	281. LOCATION (Street and City or Town, State)	d Number or Rural Route Number,
PLE	29s. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of	f my knowledge, death occurr	ed at the time, data end placs, and du	s to the cause(e) and manne	er as stated.
NO.	One) 2 MEDICAL EXAMINER: On the besis of	xamination and/or investigation	n, in my opinion, death occured at the	e time, dete and place, end	due to the ceuse(e) end manner ee stated.
BE (296. SIGNATURE AND TITLE OF CERTIFIER Vinoc	lrai Mehta, N	1.D. 29c. LICENSE NU	=4.4	29d. DATE SIGNED (Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAL		0112	41.	11/20/94.
	Vinodrai Mehta, M.D.	40	00 Aurora Street	Cambri	dge, MD 21613
	31. DATE FILED (Month, Day, Year) 32, REGISTR	AR'S SIGNATURE			<u> </u>
	NOV 2 3 1994 Julia da	Designation of the Company			



								MON	TH D		YEAR	3. TIME OF OEATN
				& ACE (In um In	at hirthday	E INDER 4 VEAR	T	-		994		0650
						MONTHS DAYS		(Moi	nth, Day, Ybar)	1000	Country	
				/1		9b. CITY, TOWN (OR LOCATION OF		y 22,			yland
RO	Carroll Co	untv Ge	eneral Ho	spital						100	Carro	
5	RESIDENCE OF DI	ECEDENT			T							
E	A STATE OF THE STA				100							10d. INSIDE CITY LIMITS?
			roll	_	W	-			-	I son Citi		1 YES 2 TNO
RA	436 Hook P	hec										
BY FUN	11. MARITAL STATUS 1 Never Married 2	Married	FORCES?	YES 2	RMED	If yes, sp	CENCENT OF NISP ecify Cuban, Mex	ican, Puerto			14. RACE Black,	- American Indian, White, atc.
				16a. DI	ECEOENT'S	USUAL OCCUPATION	ON	16	b. KINO OF BU	SINESS/IND		Ice
E				100	Do NOT us	work done during mo se retired.)	ast of working	31				
Martin Luther Slagle 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. leaf birthday) 71 YRS. 6. AGE (In yrs. leaf birthday) 95. CITY, TOWN OR LOCATION OF DEATH 96. COUNTY 96. CITY, TOWN OR LOCATION OF DEATH 96. COUNTY 106. STATE 106. COUNTY 107. STATE 108. STATE 109. COUNTY 109. STATE 109.					Supe	rvisor		Book Distribution			on	
	140		ADDRESS (Over)									
5			10									
	20a, METHOD OF DISPOS	ITION		20b. PLACE								en State
			noval from State	cemetery, cri	ematory or o	ther place)						
	21. SIGNATURE OF FUNE	RAL SERVICE L			91001	22. NAME AI	ND ADDRESS OF	FACILITY		LIIINO	Darg	7 110
	> Kily	10	4. Mes	en								04477
	23. PART I, Enter the	diseases, or			eath. Do r	of enter the mo	IIIs St	, Wes	stminst	er, N	1D	21157
	shock, or	heart feilure	List only one cer	use on each line	8.							interval Between
	disease or condition	-inai	1/01	Trical	an	Acus	Sale					INSTAN
	resulting in death)		OUE TO	(OR AS A CONSE	QUENCE O	F):	7	1 / -				11 (3)
Z	6		· ATh	orosel	eroli(Hea	I DI	se	sec			
TIO	if any, leading to imm	nediate	DUE TO	(OR AS A CONSE	QUENCE O	F):						
3	CAUSE (Disease or Ir		C	(OR AS A COMPE	OHENCE OF	0.						
Ē		ST	DUE 10	(OH AS A COMSE	QUENCE O	r):						
			d									
CE		cant conditio	ns contributing to	death but not	resulting	in the underlyin	g cause given	in Part I.			24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
AL	PART II. Other signifi									□ NO		COMPLETION OF CAUSE OF DEATH?
AL	PART II. Other signifi											1 YES 2 NO
EDICAL	PART II. Other signifi											I Lis 2 NO
AN: MEDICAL												1 123 2 1 10
AN: MEDICAL	25. WAS CASE REFERRED EXAMINER?	TO MEDICAL	HOSPITAL:	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1		OTHER:						
SICIAN: MEDICAL	25. WAS CASE REFERRED EXAMINER? 1 YES 2.5.40	TO MEOICAL	1 Impatient 2		7	OTHER: 4 - Nursing Nor	ne 5 🗆 Residenc	8 OH	ner (Specify)			1 12 2 1 10
PHYSICIAN: MEDICAL	25. WAS CASE REFERRED EXAMINER? 1 YES 2 A AO 27. MANNER OF DEATN] Pending	1 Compatient 2 Date Of	FINJURY	25b. TIM	OTHER: 4 Nursing Norr E OF 28c. INJ	Ne 5 Residence	8 OH	ner (Specify)	INJURY OCC		
BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED EXAMINER? 1 YES 2 AO 27. MANNER OF DEATH 1 Netural 5	Pending Investigation	25e. DATE OF (Month, (FINJURY Day, Year) OF INJURY — At he	25b. TIM	OTHER: 4 Nursing Norr E OF 28c. INJ	ne 5 Residence	9 8 Ott	ner (Specify) ESCRIBE NOW		CURED	
ED BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED EXAMINER? 1 YES 2 5 NO 27. MANNER OF DEATN 1 Netural 5 [2 Accident 3 Suicide 8	Pending Investigation	25e. DATE OF (Month, (FINJURY Day, Year) OF INJURY — At he	25b. TIM	OTHER: 4 Nursing Norr E OF 28c. INJ	ne 5 Residence	28d. Di	er (Specify) ESCRIBE NOW CATION (Street	and Number	CURED	
ETED BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED EXAMINER? 1 YES 2 A PO 27. MANNER OF DEATN 1 Netural 5 [2 Accident 3 Suicide 8 [4 Homicide	Pending Investigation Could not be determined	25e. DATE OF (Month, L) 28e. PLACE C building.	FINJURY Day, Year) OF INJURY — At he, etc. (Specify)	25b. TIM INJ ome, farm,	OTHER: 4 Nursing Norr E OF 28c. INJ WC 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	IURY AT PRESIDENT OF THE PRESIDENT OF TH	28d. Di	es (Specify) ESCRIBE NOW CATION (Street y or Town, State	and Number	Or Rural Ru	
ETED BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED EXAMINER? 1 YES 2 A PO 27. MANNER OF DEATN 1 Netural 5 2 Accident 3 Suicide 8 4 Homicide 29e. CERTIFIER (Check only)	Pending Investigation Could not be determined	28e. DATE OF (Month, L) 28e. PLACE C building.	FINJURY Day, Year) OF INJURY — At Inc. (Specify) If my knowledge, do	25b. TiM INJ ome, ferm, i	OTHER: 4 Nursing Norr E OF 28c. (NJ. WY W C 1 1 1 1 street, fectory, office	DIE 5 Residence SURY AT SPIK? YES 2 NO	28d. Do	er (Specify) ESCRIBE NOW CATION (Street y or Town, State	and Number	or Rural Ru	oute Number,
COMPLETED BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED EXAMINER? 1 YES 2 AO 27. MANNEN OF DEATN 1 Netural 5 2 Accident 3 Suicide 8 4 Homicide 29e. CERTIFIER (Check only one) 2 Mile	Pending Investigation Could not be determined RTIFYING PHYSEDICAL EXAMIN	25s. DATE OF (Month, L) 28s. PLACE Of building. SICIAN: To the bast of a	FINJURY Day, Year) OF INJURY — At Indicate of the office	25b. TiM INJ ome, ferm, i	OTHER: 4 Nursing Norr E OF 28c. (NJ. WY W C 1 1 1 1 street, fectory, office	URY AT DRK? YES 2 NO	28d. Do	er (Specify) ESCRIBE NOW CATION (Street y or Town, State	and Number	or Rural Ru	oute Number, and manner as stated.

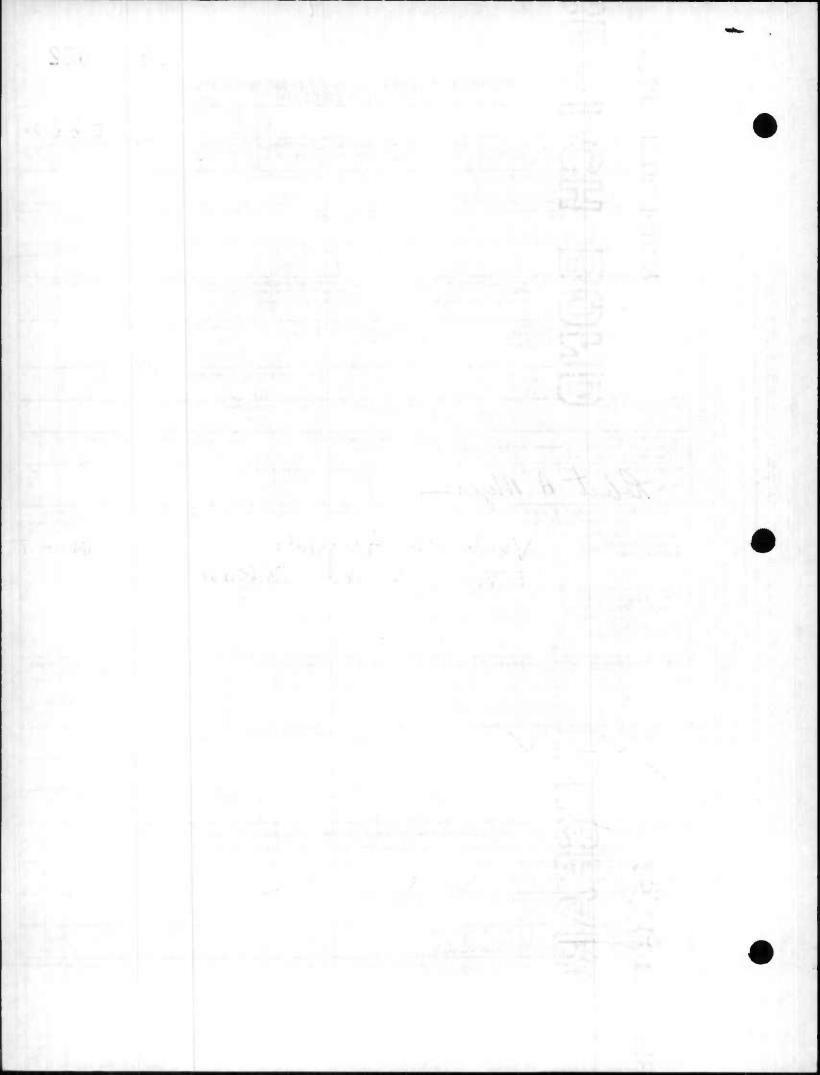
NUV23 1994 Junior and arredally

700-A Poole Road

C. Naganna, M.D.

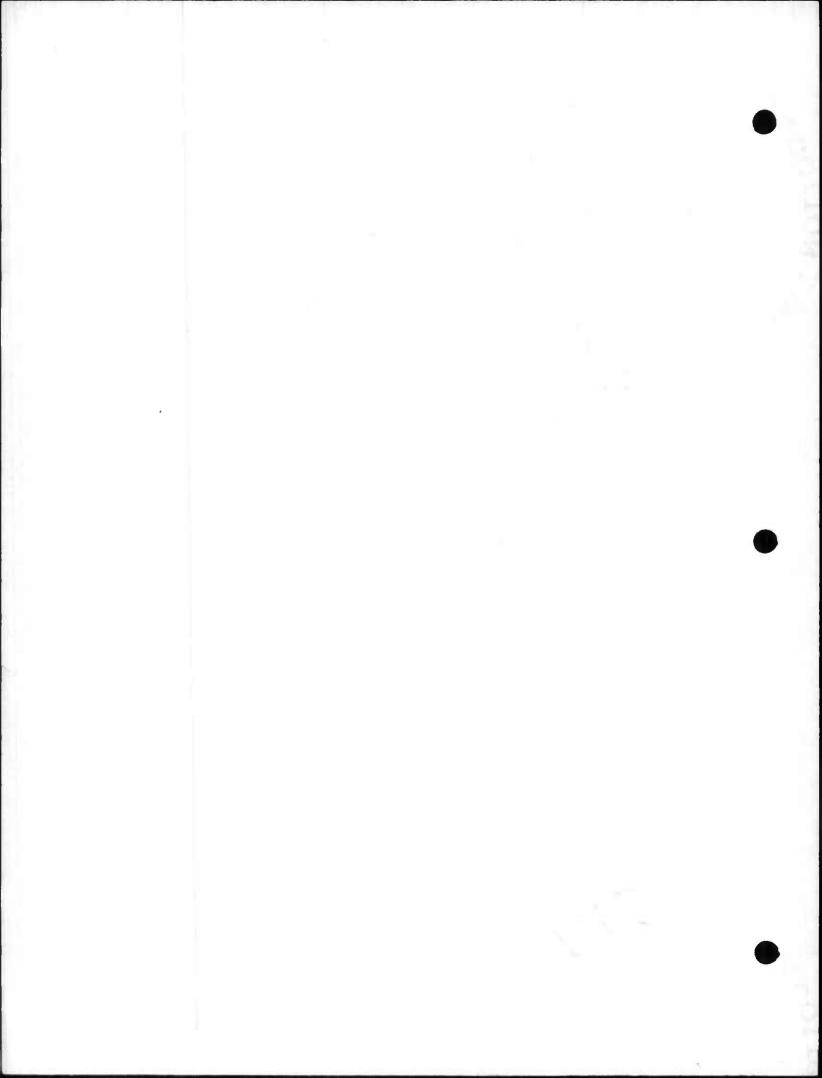
MD 21157

Westminster,



0	
9	-
-	7
8	3
w	1
×	-
0	4
$\mathbf{\omega}$	1
	200
Ö	
م	4
	1
S	7
	4
Œ	1
0	44
O	-
ш	i
Œ	
	-
⋖	1
	1
>	
l i	Š
0	5
_	č
Z	5
0	
S	-
=	Į
_	And the second control of the second control
DIVISION OF VITAL RECORDS, P.O. BOX 68760	6
	1000
	è

							DEATH AND	REG. NO	,	
1. DECEDENT'S NAM	TCAE	TAGNI I	FELIX	TCHE	TAGN	I		2. DATE OF DEATH MONTH D	AY 19	94 3. TIME OF DEATH 2:50 P
4. SOCIAL SECURIT	NUMBER	5. SEX	8. AGE (In yrs	. last birthday) YRS.	IF UNDER 1	YEAR DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) MARCA-		8. BIRTHPLACE (State or Foreign Country) Banga W. Afri
	(If not institution, give s	street and number)	20		40.		OR LOCATION OF D	EATH	9c. COU	INTY OF DEATH
HOLY C	HOLY CLOSS HOSPITAL					ER	SPRIN	'G	m	INTGOMERY
RESIDENCE O 10a. STATE MALYIAN	10b. COUNT				Y, TOWN OR				-	10d. INSIDE CITY LIMITS?
/		tgomery		51	lver		ring ZIP CODE		10g, CIT	XX YES 2 NO
	eren Roa						20901		We	st Africa
3 Widowed 4	2 Harried	12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	YES 2	ARMED NO	34	yes, spe	ENDENT OF HISPAI ecify Cuban, Maxica X X NO Specif	NIC ORIGIN? (Specify Year, Puerto Rican, etc.) y:	e or No—	14. RACE — American Indian, Black, Whita, atc. Specify; African
(Sn.	15. DECEDENT'S EDU	ICATION completed)	16a.	DECEDENT'S	work done du	CUPATIO	ON st of working	16b. KIND OF BU	SINESS/INI	DUSTRY
Elementary/Seco		College (1-4 or 5 Five Yea		We Do NOT u	se retired.)			Privat	e Iı	ndustry
Not Sta								ME (First, Middle, Maiden	Surname)	
100 INFORMANT'S				19b. MAILING	ADDRESS (Street a	Not S1	-acea Route Number, City or Tow	ın, Stata, Zij	ip Code)
T. A.	Agunbia	de, Fri								g Md. 20901
20a. METHOD OF DISPOSITION 120 Murlai 2 Cremation 3 M Name of the Computer of										
21. SIGNATURE OF F	UNERAL SERVICE LA	CENSEE	1/	1			D ADDRESS OF FA			& JENKINS In
- hors	4h /	5 Jens	hul	1						Wash., D.C200
snoci	c, or neert failure.	Complications the List only one car	it caused the	death. Do	not enter t	he mo	de of dying, suc	h ss csrdiac or resp	iratory ar	Approximate interval Between Onset and Death
iMMEDIATE CAU: disesse or condi resulting in desti		BR &	OR AS A CON	DE ISEQUENCE O	AT	1-				Onset sing posts
Sequentielly list	Sequentielly ilst conditions, If any, leading to immediate D. SUB ARACHINOID HEMORRHAGE DUE TO (OR AS A CONSEQUENCE OF):									
CAUSE (Disease	DERLYING or Injury	c. DUE TO	(OR AS A CON	ISEQUENCE O	in:					
that initiated eve resulting in deet		d		1120						
PART II. Other si	gnificant condition	ns contributing to	deeth but no	ot resulting	In the und	erlying	g ceuse given in	Part I. 24e. WAS AN		24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO
-								1 YES		COMPLETION OF CAUSE OF DEATH?
	ACCO USE	CONTRIBUT	E TO CA	USE OI	F DEAT	н ү	ES I NO			1 TES 2 NO
DID TOB						_				
25. WAS CASE REFE EXAMINER?	RRED TO MEDICAL	HOSPITAL:			OTHER:		ACE OF DEATH (C)	eck only one)		
25. WAS CASE REFE	RRED TO MEDICAL	HOSPITAL: 1 Inpatient 2 28e. DATE OF	INJURY	28b. TIN	4 Nurali	ng Hom	e 5 Rasidenca	8 Other (Specify) 28d. DE\$CRIBE HOW	INJURY OC	CCURED
25. WAS CASE REFE EXAMINER? 1 YES 2 2 27. MANNER OF DEA 1 W Netural 2 Accident	RRED TO MEDICAL	HOSPITAL: 1 Inpatient 2 28e. DATE OF (Month, L	INJURY Pay, Year)	28b. TIN	4 Nurali	ng Hom RBc. JNJ WO 1 \	e 5 Rasidenca URY AT RK? /ES 2 NO	8 Other (Specify) 28d. DESCRIBE HOW		
25. WAS CASE REFE EXAMINER? 1 YES 2 27. MANNER OF DEA	RRED TO MEDICAL NO ITH 5 Pending	HOSPITAL: 1 Inpetient 2 28e. DATE OF (Month, C	INJURY	28b. TIN	4 Nurali	ng Hom RBc. JNJ WO 1 \	e 5 Rasidenca URY AT RK? /ES 2 NO	8 Other (Specify) 28d. DESCRIBE HOW	and Numbe	or or Rural Route Number,
25. WAS CASE REFE EXAMINER? 1 VES 2 2 27. MANNER OF DEA 1 Netural 2 Accident 3 Suicide 4 Homicide 29a. CERTIFIER (Check only	NO TH S Pending Investigation Could not be detarmined	HOSPITAL: 1 Inpetient 2 E 28e. DATE OF (Month, L 28e. PLACE C building,	INJURY ay, Year) PF INJURY — Al etc. (Specify) my knowledge	28b. Till in.	4 Number of Street, lactor of the time of time of the time of time	ng Hom	e 5 Residence URY AT RK? /ES 2 NO e	8 Other (Specify) 28d. DESCRIBE HOW 28I. LOCATION (Street City or Town, State) to the cause(a) and me	and Numbe	er or Rural Route Number,
25. WAS CASE REFE EXAMINER? 1 VES 2 2 27. MANNER OF DEA 1 Netural 2 Accident 3 Suicide 4 Homicide 29a. CERTIFIER (Check only one) 2 [29b. SIGNATURE AN	RRED TO MEDICAL NO ITH 5 Pending Investigation 8 Could not be detarmined CERTIFYING PHYS MEDICAL EXAMINE D TITLE OF CERTIFIE	HOSPITAL: 1 Inpetient 2 E 28e. DATE OF (Month, L 28e. PLACE C building, ICIAN: To the best of a	INJURY AP, Year) FINJURY — A etc. (Specify) my knowledge xamination and	28b. Tillin. I home, farm, death occurring investigation	AE OF JURY M 2 street, lactor	ng Hom RSc. INJ WO 1 1 1 Ny, office	e 5 Residence URY AT RK? /ES 2 NO e and place, and due eath occured at the 29c. LICENSE NU	281. LOCATION (Street City or Town, State) to the cause(a) and matima, data and place, at	and Numbe	er or Rurel Route Number,
25. WAS CASE REFE EXAMINER? 1 VES 2 2 27. MANNER OF DEA 1 Netural 2 Accident 3 Suicide 4 Homicide 29a. CERTIFIER (Check only one) 2 [29b. SIGNATURE AN	RRED TO MEDICAL NO TH 5 Pending Investigation 8 Could not be detarmined CERTIFYING PHYS MEDICAL EXAMINE D TITLE OF CERTIFIE RESS OF PERSON WITH	HOSPITAL: 1 Inpetient 2 E 28e. DATE OF (Month, L 28e. PLACE C building, ICIAN: To the best of a	INJURY AP, Year) FINJURY — A etc. (Specify) my knowledge xamination and	28b. Till in.	AE OF JURY M 2 street, lactor	ng Hom RSc. INJ WO 1 1 1 Ny, office	e 5 Residence URY AT RK? /ES 2 NO e and place, and due	281. LOCATION (Street City or Town, State) to the cause(a) and matima, data and place, at	and Numbe	er or Rural Route Number, sted, the cause(a) and manner as stated,



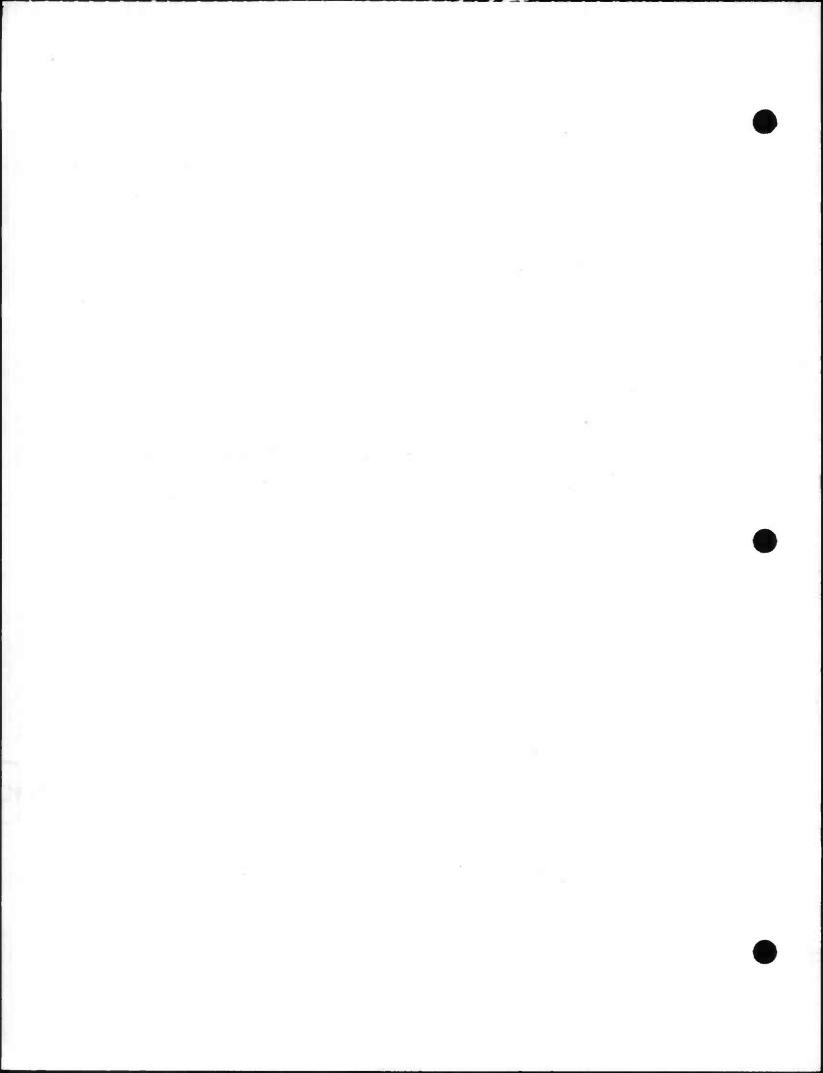
BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

BALLIMORE, MARTLAND 21213-0020	Phours after death. Page 6 may be retained by the hospital or attending physician.	s certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should the State Denry of Health and Mental Hyniene brifor to burial, cremation, or removal	e medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, T.O. BOX 98780	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within thours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fired within 72 hours after death with the State Dent of Health and Mental Hyolene prior to burial, cremation, or removal	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF	MARYLAND / DEPARTMENT OF	HEALTH AND	MENTAL HYGIENI
	CERTIFICATE OF	DEATH	REG. NO.

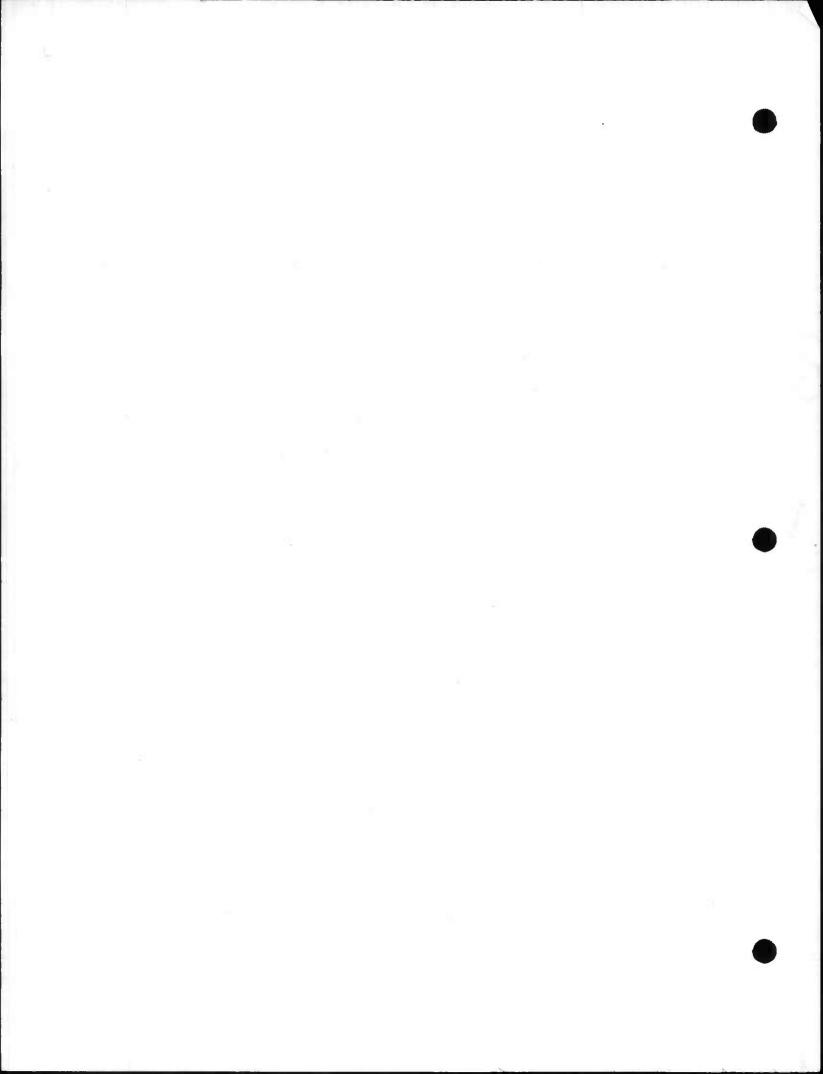
	FOR 1 - STATE REGISTRAR	STATE OF MARYLAND	/ DEPARTI	MENT OF HI	EALTH AND	MENTAL HYGIEN				
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3.	TIME OF DEATH	
	BYRON EUGEN	E TRAC	FY				14 19	YEAR O.L	2 45A M	
		SEX 6. AGE (In yrs.	last birthday)	F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		S. BIRTHPL	ACE (State or Foreign	
	370 03 7413	X M 2 □ F 84	YRS.	ONTHS DAYS	HOURS MIN.	Oct. 25,	1910	Country) Washi	ngton, DC	
_	9a. FACILITY NAME (If not institution, give street	t and number)	9	b. CITY, TOWN OF	LOCATION OF D	EATH	9c. COUNT	TY OF DEAT	ТН	
DIRECTOR	Prince George's Me	dical Center		Cheverl	у		Prin	nce G	eorge's	
Ë I	10e. STATE 10b. COUNTY		10c. CITY, 1	TOWN OR LOCATION	ON			10	d. INSIDE CITY	
	Maryland Prince	George's	Uppe	r Marlb	oro			1	LIMITS?	
FUNERAL	10e, STREET AND NUMBER			101.	ZIP CODE		10g. CITIZ	EN OF WHA	T COUNTRY?	
<u> </u>	14000 Mary Ann Dri	ve		2	0772		U.S.	Α.		
ا يَ	11. MARITAL STATUS 1 1 Never Married 2 Married	2. WAS DECEDENT EVER IN U.S. J FORCES? 1 YES 2 2	ARMED KINO	13. WAS DECE	NDENT OF HISPA	NIC ORIGIN? (Specify Years, Puerto Rican, etc.)	n or No—	14. RACE -	American Indian, /hite, etc.	
B B	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DATES			2 X NO Speci			Specify:	White	
	15. DECEDENT'S EDUCAT	TION 1 100 I	DECEDENT'S US	SUAL OCCUPATION		I see worm on no	<u> </u>		WIIZCC	
# 1	(Specify only highest grade co-	mpleted)	(Give kind of worl life. Do NOT use n	k done during most	of working	16b. KIND OF BU	JSINESS/INDU	ISTRY		
COMPLETED	Elementary/Secondery (0-12)	College (1-4 or 5+)	stal Wo	rker		United	States	GOV	ernment	
S O	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Maider			CTIMETIC	
	Phillip Joseph Tra	cev				Ward Brown				
BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING AD			Route Number, City or Tox		Code)		
임	Marsha V. Ahern	1	14000 M	ary Ann	Drive,	Upper Mar	lboro,	MD	20772	
	20a. METHOD OF DISPOSITION	20b. PLAC	E AND DATE OF I	DISPOSITION (Nam	ne of	DATE 20c. LC	OCATION — C	Ify or Town,	State	
	1X Buriel 2 Cremetion 3 Removal from State 4 Donation 5 Other (Specify) Cedar Hill Cemetery 11/16/94 Suitland, Maryland									
	21. SIGNATURE OF FUNERAL SERVICE LICEN	SEE O - OOO		22. NAME AND	ADDRESS OF FA	CILITY				
	> Charles 4	Beer L	_			's Sons Fu			-	
\neg	23. PART I. Enter the diseases, or con	nplications that caused the	death. Do not	entar the mod	a of dving, suc	e Ave., Hy	dttSV1	et LITE	Approximata	
- 1	ahock, or heart fallure. Lis	t only ona causa on each li	na.		-,,,		matory stre	o.,	intarvai Batwean	
l	iMMEDIATE CAUSE (Final disease or condition	Direct	000 07	ma					Onset and Daath	
	resulting in death) a	DUE TO (OR AS A CONS		VVV					one all.	
z										
은	Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):									
5	CSUSE. Enter UNDERLYING CAUSE (Disease or Injury									
	that initiated events	DUE TO (OR AS A CONS	EQUENCE OF):							
CERTIFICATION	resulting in dasth) LAST									
AL C	PART II. Other significant conditions of	contributing to death but not	resulting in t	the underlying	cause given in	Part I. 24s. WAS AF	AUTOPSY	24b, W5	RE AUTOPSY FINDINGS	
	Consectino	Head For	Pus	10 - Ca		ASTE YI VES	RMED?		AILABLE PRIOR TO IMPLETION OF CAUSE	
MEDIC	10 tedes - 1	10 3 COM	Pordin	- CEL	one	ZAL VES	/ MO	20%	DEATHY	
3	DID TOBACCO USE CONTRIE	LITE TO CAUSE OF DE	ATH VES		UNCERTAI	N []		1 22	YES 2 NO	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL	The state of the s	ACE OF DEATH		DIACEKIMI	N L I				
ر ا	1 YES 2 XNO	OSPITAL: Inpatient 2 ER/Outpatient		THER:	S C Basidana	6 Other (Specify)				
Ë	IT. MANNER OF DEATH	28a. DATE OF INJURY	ISD. TIME O			28d. DESCRIBE HOW	INJURY OCCU	IRED		
	1 Natural 5 Pending Investigation	(Month: Day: Year)	INJUR	17 Carlo 200	KT S 2 NO	I MININGERSENTE PERMIN				
R	2 Aboldent Investigation 3 Suicide 6 Could not be	25e. PLACE OF INJURY At I building, etc. (Specify)	home, farm, stre-	et, factory, office	110000000	28f. LOCATION (Street	and Number o	r Rural Rout	e Number	
<u> </u>	4 Homicide determined	Solding, sac (specify)				City or Reen, State				
COMPLETED	29a. CERTIFIER 1 CERTIFYING PHYSICIA	N: To the best of my knowledge, o	death occurred a	at the time, date a	nd place, and due	to the cause(s) and me	nner se steter			
Ē		On the basis of examination and/o							d manner as stated.	
	29b. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NUI				OTHER PROPERTY.	
	Samo	1/1/11	11		1342	74	I &	1 14	onth, Day, Year)	
2	30. NAME AND ADDRESS OF PERSON WHO C	OMPLETED CAUSE OF DEATH (IT	EM 27) (Type, Pri	int)	2770	/_/_	, ,,	1.19		
ļ			* * * * * * * * * * * * * * * * * * * *							
	31. DATE FILENOV 2. 15 1994	32. REGISTRAR'S SIGNATURE	70. 1 00							
	MAT 9 1994	Juna Davidson	-Mulana	•						



	1
0	
9	
~	
2	
×	
d)	
_	
\circ	
\simeq	
ш	
	į
\circ	
<u> </u>	
ο'	
_	
En.	
ഗ	
0	
œ	
_	
\circ	
III	
==	
т.	
_	
⋖	
_	i
_	
	1
la.	
_	1
0	
Z	
<u> </u>	
U	
-	
DIVISION OF VITAL RECORDS, P.O. BOX 68760	i
DIVISION OF VITAL RECORDS, P.C.	ı
>	
_	1
	1

	irmit. Page		
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within expours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNRAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buriat-transit permit, Pages	be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	1000000000 to to

	1 - FOR STATE REGISTRAR	OF MARYLAN			F HEALTH AND OF DEATH	MENTA	L HYGIEN REG. NO.			
•	1. DECEDENT'S NAME (First, Middle, Lest) James		Thur			2. DATE	OF DEATH		94"	3. TIME OF DEATH
1	4. SOCIAL SECURITY NUMBER 5. SEX 302-32-1875 1 🖾 M 2		rs. lest birthday)	IF UNDER 1 YE		7. DATE (Mont	OF BIRTH		8. BIRTH Count	IPLACE (State or Foreign ry)
	9a. FACILITY NAME (If not institution, give street end num		54	9b. CITY, TO	WN OR LOCATION OF D		-5-39	9c. COUN		eath
	8305 26th. Place Adelphi Prince G									Georges
Dille Colonia	MO. Prince Geor	rges		y, town on D elphi	OCATION	-		-		10d. INSIDE CITY LIMITS? 1 YES 2 NO
	100. STREET AND NUMBER 8305 26th. Place	<u> </u>			101. ZIP CODE 20783			10g. CITIZ		WHAT COUNTRY?
5	1 X Never Married 2 Merried FORCES	CEDENT EVER IN U.S.? 1 X YES 2 GIVE WAR OR DATE:	NO	If ye	DECENDENT OF HISPA s, specify Cuban, Mexic YES 2X NO Spec	an, Puerto	N? (Specify Yes Rican, etc.)	or No—	Spec	E — American Indian, k, White, etc.
	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-		e. DECEDENT'S (Give kind of life. Do NOT us	work done durin	PATION g most of working	168	. KIND OF BUS	SINESS/INDI		
	4yrs		Legal 9	Secret			_awyer:		ice	
	17. FATHER'S NAME (First, Middle, Last)	C.			18. MOTHER'S N			Sumeme)		
	James Thurston Oaniels 190. INFORMANT'S NAME (Type/Print)	s, or.	19b. MAILING	ADDRESS (St	Albert			n State Zin	Corde)	
	Alberta Brown-Johnson			26th.			ohi, M		0783	3
	20e. METHOD OF DISPOSITION 1 □ Burlel 2 X ▷ Cremetion 3 □ Removal from St 4 □ Donetion 5 □ Other (Specify)	20b. PL cerneter Met	ACE AND DATE:	OF DISPOSITIO		11-	E 20c. LO	cation – c		
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	chall		22. NAM 421	E AND ADDRESS OF F 7 9th St. nington, D	N.W.		ll's		
	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	Stage Aq	uired inscouence of deficients	Inmunoo n: endy V. n:	deficiency irus Infec	/				Approximate Interval Batweer Onset and Deatl
	PART II. Other algorificant conditions contribute NOTE: He was followed	by Hospi	ce.				24a. WAS AN PERFOR	RMED?	24b	WERE AUTOPSY FINDINGS AMARABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
	Hospice nursing pronou									1 YES 2 NO
	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITA	26.	PLACE OF DEA	TH (Check only					-	
	1 □ YES 2 № NO 1 □ Inpetie	ef 2 🗆 ER/Outpatio			Home 5 & Residence	_				
ļ		ATE OF INJURY fonth, Day, Year)	28b. TIM	URY	WORK?	28d. DE	SCRIBE HOW II	NJURY DOC	DAKD	
	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	ACE OF INJURY	At home, ferm,			281. 1.00	DN (Street a lown, State)	and Number	or Rural F	Route Number,
Ì	29a, CERTIFIER (Check only 1 🔀 CERTIFYING PHYSICIAN: To the	beat of my knowledg	e, daath occurr	ed at the time,	deta end place, end du	a to the car	use(e) end man	ner se state	d,	
	one) 2 MEDICAL EXAMINEL: On the bea	ila of axamination en	d/or Investigation	n, in my opinio	n, death occured at th	e time, date	end place, an	d due to the	ceuse(e) and menner ee stated.
	296. SIGNATURE AND TITLE OF CENTRIES	10 m	0		29c. LICENSE NU D=3452				SIGNED	(Month, Day, Year) -94
	30. NAME AND ADDRESS OF PERSON WHO COMPLETE S.J. RAO; Medical Clir				neverly M	in. 20	7785			
	31. DATE FILED (1000), Day, Year 5 1994 32. RE	GISPRAR'S SIGNATU	Son-Rango	lake.	, _ , _ , _ ,		_,			



Pages 1, 2, 3 should

permit.

2	8	
TAL OH ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by	RAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be	
9	6	
nay b	pag ;	
9	è	
age	direc	
death.	funeral	
ter	흗	200
S	5	Пеп
jog jog	P P	20
24	file	6
E .	ely	nafi
M	plet	ren
8	E	1
3	p	uni
8	an	d o
8	Yan	nr 1
ate	ysic	on
1	Z	She
Ced	ding	Wije
Ę	ten	F
e	e al	ent
E E	4	N
Hat	5	an
SS	Jue	affh
M	Sic	분
9	See	0
aw aw	has	Dent
Ĕ	ate	alte
A	ilfici	S
2	Cer	6
FH	this	With
5	fler	aath
9	A	r de
ũ	TOR	afte
A	3EC	S
5	등	hot
A	ZZ.	2

0

30. NAME AND ADDRESS OF PERSON WHO COMPLETED

Lewis Dennis MD

31. DATE FILED (Month, Day, Year)

NOV 1 5

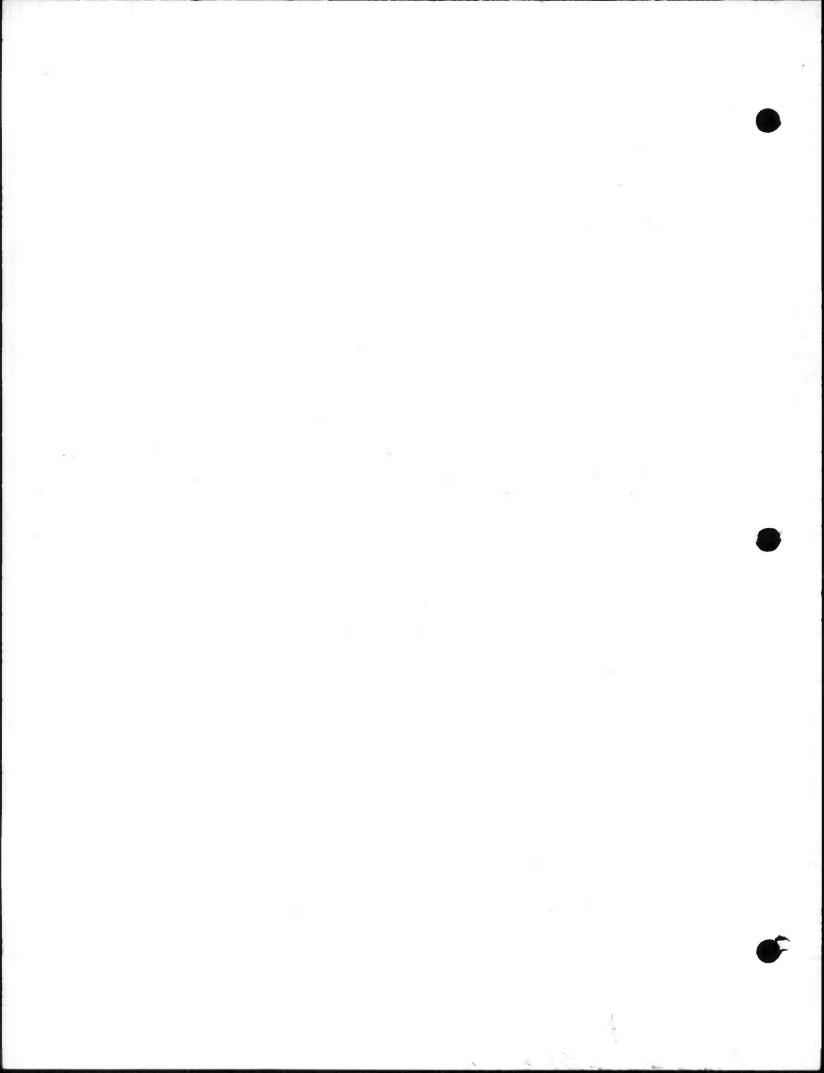
94 35886 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last)
James A. Thompson 2. DATE OF DEATH 3. TIME OF DEATH 1994*** NOV 11:30 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH 6. BIRTHPLACE (State or Foreign IF UNDER 24 HRS 579-46-5569 2 - 27 - 37 57 1 X M 2 | F Skyler. Va. 9e. FACILITY NAME (If not institution, give street end number 9c. COUNTY OF DEATH 9b. CITY, TOWN OR LOCATION OF DEATH Washington Adventist Hospital DIRECTOR Takoma Park Montgomery RESIDENCE OF DECEDENT 10e. STATE 10c. CITY, TOWN OR LOCATION 10b. COUNTY 10d. INSIDE CITY D.C. Washington t TYES 2 NO 10e, STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 631 Quebec Place N.W. 20010 **USA** 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 V YES 2 NO IF YES, GIVE WAR OR DATES 11 MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuben, Mexican, Puerto Rican, atc.) 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Merried 1 YES 2 X NO Specify BY 3 Widowed 4 Divorced Black 16e. DECEDENT'S USUAL OCCUPATION COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY College (1-4 or 5+) 5+ Elementery/Secondery (0-12) Administration UDC University 17. FATHER'S NAME (First, Middle, Last)

James A. Thompson 16. MOTHER'S NAME (First, Middle, Maiden Surname)
Eva Hill इ BE notified 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)
28 Que Street NW: Washington, DC 2 Maria Thompson e 20e. METHOD OF DISPOSITION
1 № Burlel 2 □ Cremetion 3 □ Removal from State 20b. PLACE AND DATE OF DISPOSITION (Nama of 20c. LOCATION - City or Town, Slate must GI enwood Cemetery 11-8 4 Donation 5 Other (Specify) Washington, D.C. examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY
Marshall's Funeral Home 4217 9th Street NW: Washington, DC 20011 medical 23. PAin | Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximats shock, or haart fallure. List only one cause on each line. Intarvai Betw Onset and Desth IMMEDIATE CAUSE (Final the disesse or condition 8 days Cardiomathy failure event, resulting in desth) DUE TO (OR AS A CONSEQUENCE OF) Aspiration Pneumonia 1 week traumatic CERTIFICATION Sequantially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, lasding to immediata HIV Encephalopathy cause. Entar UNDERLYING weeks other i CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF):
Acquired Immune Defficiency Syndrome that initiated events resulting in death) LAST weeks 6 injury, PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE 24a. WAS AN AUTOPSY PERFORMED? MEDICAL Ademia Leukemia апу 1 - YES 2 X NO Shows 3 Wasting Syndrome t TYES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES 🗵 NO 🗌 UNCERTAIN 🗆 PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) Rem **EXAMINER?** HOSPITAL:
1 Inpatient 2 ER/Outpatient 3 DOA OTHER: 1 YES 2 NO 4 - Nursing Home 5 - Reeldence 6 - Other (Specify) 0 27. MANNER OF DEATH 26e. DATE OF INJURY (Month, Day, Year) 26c. INJURY AT WORK? 26b. TIME OF INJURY 26d, DESCRIBE HOW INJURY OCCURED marked, 1 Natural 5 Pending Investigation 1 YES 2 NO ВY 2 Accident 26e. PLACE OF INJURY — At home, farm, street, fectory, office building, etc. (Specify) 60 3 Sulcide 26f. LOCATION (Street end Number or Rural Route Number, City or Town, State) 6 Could not be COMPLETED 4 Homicide 28 1 CERTIFYING PHYSICIAN: To the beat of my kno wiedge, death occurred at the time, date end piece, end due to the ceuse(e) end menner ee atated. TO THE HOSPITA
TO THE FUNERA
De filed within 72
IMPORTANT: II 2 MEDICAL EXAMINER: On the bests of the investigation, in my opinion, death occurred at the time, date and place, end due to the cause(s) end menner es stated, 29b. SCHATTERE AND TITLE OF COMMITTEE 29d. DATE SIGNED (Month, Day, Year) DO1499 BE

ATH (ITEM 27) (1)

32. REGISTRAR'S SIGNATURE Pandall

Washington Adventist Hospital, Takoma PArk, Md.



TIMORE, MARYLAND 21215-0020

BAL	dea
m	after
	hours
	E.
20	within
687	executed
Š	9
.O. B(certificate
a.	death
2	the
<u>x</u>	hat
KECC	requires t
J	AR.
٨	The
DIVISION OF VITAL RECORDS, P.O. BOX 68760	TAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 29 hours after death
NOISION	ATTENDING
5	OR
	AL

2

30. NAME AND ADDRESS OF PERSON

1994

31. DATE FILED (Mor

WHO COMPLETED CAUSE OF DEATH JITEM 27) (7)

32 REGISTRAR'S SIGNATURE Lulia Davidson-Bandalle

0

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 -CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH lovornik Tladus 0957 11 Δ 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign 227-09-4327 1 M 2 F DAYS HOURS 9, YRS. Feb. Virginia 1915 9a. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Washington Adventist Hospital Takoma Park Montgomery DIRECTO RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY N/A N/A Washington, D.C. YES 2 NO permit. 10e. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? burial-transit 308 Massachusetts Avenue N.E. U.S.A. 20002 Page 6 may be retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. If yes, specify Cuban, Maxican, Puerto Ri 1 YES 2 NO Specify: 2 NO 1 Never Married 2 Married IF YES, GIVE WAR OR DATES Specify: BY 3 Widowed 4 Divorced use as the Caucasian 15. DECEDENT'S EDUCATION (Specify only highest grade comple 18a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY COMPLET funeral director, page 5 should be detached for Elementary/Secondary (0-12) College (1-4 or 5+) 12th N/A Homemaker Home 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Majden Surname) notified at Walter Nora BE Copper 19a. INFORMANT'S NAME (Type/Print)

Marie M. Tovornik 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) $Same \ as \ 10 \ A-F$ 9 20g METHOD OF DISPOSITION
1 Description
1 Removal from State 20b. PLACE AND OATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State DATE must Lincoln Cen. Nov. 12,1994 4 Donation 5 Other Special Brentwood, Maryland 21. SIGNATURE OF FUMERAL BET Injury, or other traumatic event, the medical examiner 22. NAME AND ADDRESS OF FACILITY Lee Funeral Home, Inc. 6633 Old Alexandria Ferry Rd Clinton, Md ysician and completely filled in by the prior to burial, cremation, or removal. 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one ceuse on each ilne. interval Between IMMEDIATE CAUSE (Final Onset and Death disease or condition Coronary arter resulting in death) DUE TO (OR AS A CONSEQUENCE O CERTIFICATION Sequentielly list conditions. if any, leeding to immediate physician cause. Enter UNDERLYING CAUSE (Disease or injury the attending phy d Mental Hygiene r that initieted events resulting in death) LAST PART II. Other aignificent conditions contributing to death but not resulting in the underlying cause given in Part is WAS AN AUTOPSY MEDICAL 24b. WERE AUTOPSY FINDINGS and t AVAILABLE PRIOR TO PERFORMED! shows any been signed to of. of Health a COMPLETION OF CAUSE T YES 2 STATO sedus Du 1 YES 2 NO DIB TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO has be Dept. PHYSICIAN: UNCERTAIN-23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) certificate h Hem HOSPITAL: OTHER: 1 YES 2 NO Inpatient 2 - ER/Outpatient 3 - DOA 4 ☐ Nursing Home 5 ☐ Residence 8 ☐ Other (Specify) 28 is marked, or 27. MANNER OF DEATH 28c. INJURY AT WORK? 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28d. DESCRIBE HOW INJURY OCCURED this co 1 🕅 Natural 1 YES 2 NO BY After death Investigation 2 Accident 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 6 Could not be determined DIRECTOR: hours after COMPLETED TO THE HOSPITAL OR AT
TO THE FUNERAL DIRECT
be filed within 72 hours a
IMPORTANT: If item 2 29a, CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the besis of tion and/or investigation, in my opinion, death occured at the time, data and placa, and dua to the cause(s) and manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE 13255596

3921 Ferrara Drive, Silver Spring, Md. 20906

68760	
BOX	
S, P.O	
RECORDS,	
AL RE	
OF VITAL	
NO	
DIVISION	

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the flowing after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

- 1	1. DECEDENT'S NAME (First, Middle, Last)	Eugenia	E. The	mae			2. DATE OF WONTH NOV	DEATH DAY	199	VEAR	9:30 p	
	4. SOCIAL SECURITY NUMBER		AGE (In yrs. last bir		1 YFAR	IF UNDER 24 HRS.	7 0170 00	- Contract of			LACE (State or Fo	
	220-17-6095	1 🗆 M 2 🔀 F	4.4	YRS. MONTHS	DAYS	HOURS MIN.	Oct.	Pay, Year)	950	Country) Was		_
	9e. FACILITY NAME (If not institution, give a	treet end number)		9b. CITY	, TOWN C	R LOCATION OF D		7,1	9c. COUNT			
DIRECTOR	Collingswood N	Nursing H	ome	F	Rock	ville			Mo	ntgo	omery	
#	10e. STATE 10b. COUNTY		10	Oc. CITY, TOWH C						1	Od. INSIDE CITY	,
		ntgomery		Roc	kvi	lle					XYES 2	NO
FUNERAL	100. STREET AND NUMBER 517 Woodston F	Road			101	2085	0			.S.Z	AT COUNTRY?	
à	11. MARITAL STATUS 1 Never Merried SMerried 3 Widowed 4 Divorced	12. WAS DECEDENT EV FORCES? 1 1 1 IF YES, GIVE WAR (YES 2X NO		If yee, spe	ENDENT OF HISPA ecity Cuben, Mexico 2 XNO Specia	en, Puerlo Rica	Specify Yes (or No— 1	4. RACE - Black, Specify:	American India White, etc. Blac	
COMPLEIED	15. DECEDENT'S EDUI (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5 +)	(Give k	DENT'S USUAL Or kind of work done NOT use retired.)	during mo:	st of working	16b, Ki	ND OF BUSI	NESS/INDU	STRY		
2	12th			Homema	ker			Ho				
	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S NA			iumame)			
2	Eugene Thomas 190, INFORMANT'S NAME (Type/Print)		195 M	AII ING ADDRESS	E /Street e	RUT.	h Wal		State Zie C	(a da)	20050	
2	Charles Thomas,	Jr. (Hu	sband)	20301	Gr	azing	Way,	Gait	hers	bur	20879 g,MD	
-1	20e. METHOD OF DISPOSITION 1	oval from State	20b. PLACE AND cemetery, cremate	DATE OF DISPOS	SITION /Na	me of emator	DATE	20c. LOC.	ATION - CH	ty or Town	n, State	
-	21. SIGNATURE OF FUNERAL SERVICE LIC		Mecrop			ID ADDRESS OF FA		p A	теха.	nar.	La, VA	`
	Leouge	K. M	wira	1/0, 8	MOM	DEN FU	NERAL	HOM 2085		.A.		
	23. PART I. Enter the diseases, or of ehock, or heart failure.	complications that ca	used the deeth							it,	Approxima	
	IMMEDIATE CAUSE (Finel disease or condition resulting in deeth)	Respiration	1	ilure							Oneet and	Death
2	Sequentially liet conditions,	. Mult	ple So	derosi	2						10 yr	2
Ž I	if sny, lesding to immediate ceuse. Enter UNDERLYING	DUE TO (OR	A'S A CONSEQUE	NCE OF):								
RIFICATION	CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR	AS A CONSEQUE	NCE OF);								
3	2477 11 211 1 111 111									,	+	
DICAL	OSEONYELLS	s contributing to dee	th but not resu	illing in the un	nderlylng	cause given in	į.	PERFORM	NED?	6	VERE AUTOPSY FIN WAILABLE PRIOR 1 COMPLETION DF CO OF DEATH?	TO
E	DID TODA COO LICE CONTE									1	YES 2 N	10
PHTSICIAN	DID TOBACCO USE CONTI	RIBUTE TO CAUS		F DEATH (Check		UNCERTAI	иПТ					
2	EXAMINER?	HOSPITAL:		OTHER	3:		- /7 - 41 - 41					-
É	27. MANNER OF DEATH	28e. DATE OF INJU	JRY 26	b. TIME OF	26c. INJI		r .	IBE HOW IN	JURY OCCU	RED		\dashv
10	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Ye		INJURY M		ES 2 NO						
ED	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF IN. building, etc.	(Specify)	ferm, stree1, fect	ory, office			ON (Street an Town, State)	d Number or	Rural Roo	ite Number,	
OMPLEIE	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC ONE) 2 MEDICAL EXAMINE										end menner ee st	lated.
ם מ	296. SIGNATURE AND TITLE OF CERTIFIER	IDIN MO	-			29c. LICENSE NUI			29d. DATE 5	SIGNED (A	Aonth, Day, Year)	
2	30. NAME AND ADDRESS OF PERSON WHO	7			300			2500		1 1		
											W // ^ /	
	31. DATE FILED KYONIN PONT YOUT 100	A 32. REGISTRAR'S				CUI M	VE A	-EN31	NG-70.	ν , I	MO 208	895

TIMORE, MARYLAND 21215-0020

BY FUNERAL DIRECTOR

TO BE COMPLETED

DIVISION OF

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within an entitied that he death certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to bunial, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

2

27. MANNER OF GEATN

5 Pending Investigation

6 Could not be determined

1 Natural 2 Accident

3 Suicide

4 Nomicide 29a. CERTIFIER (Check only one)

BAL	t,
4	ě
n	attac
_	Source after death
	ì
	4
7	4
9	3
-	20
20	Š
	OVO
~	2
2	9
ь	172
<u></u>	Ť
٠.	5
1	ath
'n	9
5	2
r	10
5	£
5	30
ĭ	100
r	ğ
	384
4	9
-	F
5	Š
OF VITAL RECORDS, P.O. BOX 68760,	AVCICIAN. The law remires that the death certificate he executed within
)	2

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH oreign N.C. NO

Harver		lay	DI	•				MON	TH // D/	" 14	44	1550
4. SOCIAL SECURITY NUME	- 4	5. SEX	6. AGE (In y	s. lest birthday)		R 1 YEAR	IF UNDER 24 HRS.		E OF BIRTH		6. BIRTNPLA	ACE (State or Foreign
230-28-58		1 M 2 □ F	6	YRS.	MONTHS	DAYS	HOURS MIN.	5	11h, Day, Year) -	27		gton, N.C
90. FACILITY NAME (If not in	stitution, give st	treet end number)			9b. CIT	Y, TOWN	OR LOCATION OF DE	ATH			NTY OF OEAT	
Sinai Hosp					Ba:	ltimo	ore			Ва	ltimon	ce
RESIDENCE OF DEC	10b. COUNTY											
	500000000000000000000000000000000000000					OR LOCA					10-	d. INSIDE CITY LIMITS?
Maryland	Baltin	nore		Ва	alti	more					13	YES 2 NO
2539 Carnab	. Dad.	_					H. ZIP CODE				ZEN OF WHA	
	y DEIV	e				4	21244-190	9		Unit	ed Sta	ites
11. MARITAL STATUS		12. WAS DECEDENT			13	. WAS DEC	CENDENT OF HISPAN Decify Cuban, Maxica	IC ORIG	IN? (Specify Yes	or No-	14. RACE -	American Indian, hite, atc.
1 X Never Married 2 3 Divo		IF YES, GIVE W	A OR DATES	3			2 NO Specify		riican, etc.)		Black	
		B/1/51 –	. , . ,								втаск	<u> </u>
(Specify only	EDENT'S EDUC highest grade		164	Give kind of	work done	during me	ON ost of working	16	b. KIND OF BUS	INESS/INC	USTRY	
Elementary/Secondary (0	-12)	College (1-4 or 5+		acher	se retired.)		- 1	Educati	on		
		31	1.6	acher								
17. FATNER'S NAME (First, M LeRoy Ouic							16. MOTHER'S NAI					
7 1							Histori		Corwell			
Howard F. 1		0.11					end Number or Rural F					
Howard F.	laluawa	ay		2339 0	arna	iby I	rive Bal	timo	ore, Md	. 21	244-19	09
20a, METNOD OF DISPOSITI	ON n 3 □ Remo	oval from State	20b. PL/	ACE AND DATE	OF DISPO	SITION (N	ame of	117	20c. LO	CATION —	City or Town,	State
4 Donation 5 Other	(Specify)		Mary	Tand N	atio	nal	Cemetery	1190	14 T 2112	e1.	Marvla	ınd
21. SIGNATURE OF FUNERA	L SERVICE LIC	ENSEE	/	4	73	NAME A	ND ADORESS OF FAC Georgia A	ALITY I	¹ cGuire	Fun	eral S	ervice
Toni	41	4. 0	11	eas)	/ 7	7 - 1 ·	eorgia A	ve.,	, NW			
23. PART I Enter the di		complications that	coursed the	700	N N	ashi	ngton, D	.С.	20012	_		
shock, or K	eert feilure. I	List only one ceus	e on eech	iine.	iot ente	r the mo	oae or aying, suci	1 88 CS	diec or respi	ratory srr	est,	Approximate interval Between
IMMEDIATE CAUSE (Fin disease or condition	ai			-		1						Onset and Death
resulting in death)	→ ,	De	P513	5 21	100	401	me					
		DUE TO (AR AS A CO	NSEQUENCE O	2		1- (11
Sequentielly list conditi	ons.	. IVIET	asta	TIC.	TI	251	ate (Si	cer			4 years
If any, leeding to immed	date	DUE TO (OR AS A CO	NSEOUENCE O	F):							
cause. Enter UNDERLYi CAUSE (Disease or inju												
that initiated events regulting in deeth) LAS		DOE 10 (OH AS A CO	NSEOUENCE O	F):							
trouning in coolin, Enc		d										
PART II. Other eignifice	nt conditions	s contributing to	leeth but n	ot reculting	in the u	nderivin	g ceuse given in i	Part i	24a, WAS AN	AUTOPSV	24h WE	RE AUTOPSY FINDINGS
HUDAL to.	16100						g grow III		PERFOR		AM	ALABLE PRIOR TO
1/150 10	13 100								1 TYES 2	NO		DEATH?
THATTAG	SE 661 11	NAME OF THE OWNER OWNER OF THE OWNER						7			10	YES 2 NO
DID TOBA€CO USE CONTRIBUTE TO CAUSE OF DEATH YES ☐ NO ☐ UNCERTAIN X ☐												

1 YES 2 NO		1 🗆	YES	2		NO	
------------	--	-----	-----	---	--	----	--

25. WAS CASE REFERRED TO MEDICAL EXAMINER?

1 YES 2 NO 26. PLACE OF DEATN (Check only one) OTHER: Inpatient 2 ER/Outpatient 3 DOA

ig Nome 5 - Raeldence 6 - Other (Specify) 26a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28d. DESCRIBE NOW INJURY OCCURED

26c. INJURY AT WORK? 1 YES 2 NO

26e. PLACE OF INJURY — At home, term, street, tectory, office building, stc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State)

X	CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, data and placa, end due to the cause(e) end manner as stated.
	APPARAL EVALUATION A STATE OF THE STATE OF T

2 MEO tion end/or investigation, in my opinion, death occured at the time, date end place, and due to the ceuse(e) and menner as stated. 296. SGNATURE AND TITLE OF PERTIFIER

296. AGNATURE AND TITLE OF PERTIFIER	29c. LICENSE NUMBER	29d. DATE SIGNED (Mahth, Day,
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)	+ Balt, MI	21287
NOVI 7 1994 gul 22 DEORTHON		

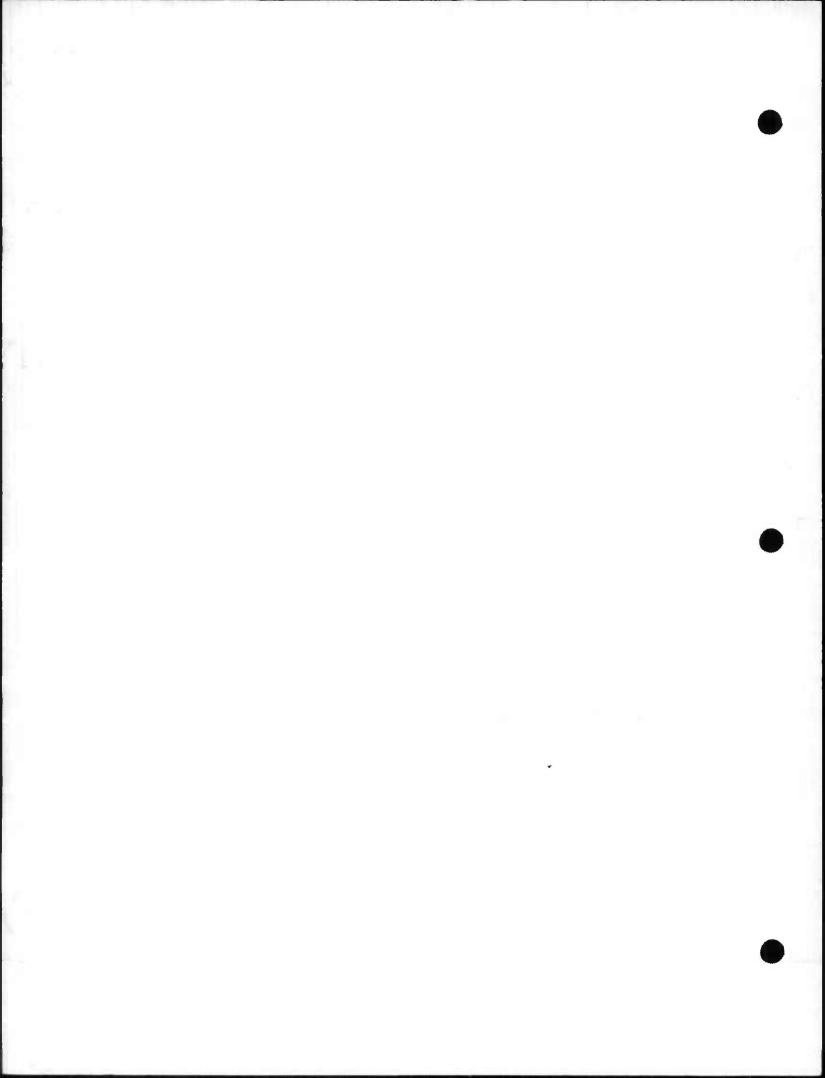
led by the hospital or attending physician. We detached for use as the burial-transit permit. Pages 1, 2, 3 should BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

10

hos	ache		83
the	det		0
2	d be		a a
ined	hous		flec
reta	5		not
be A	age		9
ma	0.10		ust
ge 6	lirect		E
E	raid		ine
eath	fune		хап
fler d	#	OVA!	aje
53	9	Fell	dic
300	8	, Of	Ē
-	ly fill	ation	the
vithi	oletel	rema	m,
A pai	HO:	al, c	9
ecul	pur	buri	atic
90	lan :	2	E
ate	ySic	phic	r tr
rtific	Pd Di	jiene	the
h ce	indir	H	0
deat	atte	ental	'n,
the	y the	Σp	Ē
that	d ba	h ar	any
ires	Sign	Heal	SM
redu	een	10	sho
AW.	as b	Dept.	23
E E	ite h	ale [E
AN:	tifica	e St	10
SIC	S Cer	中中	ď,
PH	this	h wit	arke
OING	After	death	Ē
LENC	OR:	fter	8
ATT	RECT.	IFS al	m 2
P.O.	Die	hou	Ite
PITAL	SRAL	27 1	10.0
HOS	FUN	with	MM
뿔	HE	led	OR
TO THE MOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within mounts after death. Page 6 may be retained by the host	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	/MPORTANT: Il item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPAR CERTIF	TMENT OF I	HEALTH AND	MENTAL HYGIEI		
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATN
1 3	DONALD 1	F. TWINIA						194 12:03 PM
	4. SOCIAL SECURITY NUMBER		(in yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	8	BIRTHPLACE (State or Foreign Country)
	130-03-9095	1 💢 M 2 🗆 F	76 YRS.	MONTHS DAYS	HOURS MIN.	July 22,	1918	
l ~	9a. FACILITY NAME (If not institution, give s	itreet and number)			OR LOCATION OF D	EATH	9c. COUNT	Y OF DEATN
DIRECTOR	Laurel Hospital			Laurel			Princ	e George's
1 mg	10e. STATE 10b. COUNT	Y	10c. CIT	Y, TOWN OR LOCA	TION			10d. INSIDE CITY
1	Maryland Prin	ce George's	Nev	v Carrol	1ton			1 X YES 2 NO
IA	10e. STREET AND NUMBER			10	H. ZIP CODE		10g. CITIZE	N OF WHAT COUNTRY?
FUNERAL	8205 Oglethorpe				20784		U.S.	Α.
5	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER I	2 NO			NIC ORIGIN? (Specify Venn, Puerto Rican, etc.)	s or No — 14	I. RACE — American Indian, Black, White, alc.
B	3 X Widowed 4 Divorced	IF YES, GIVE WAR OR D	ATES	1 TYES	S 2 X NO Speci	ty:		Specify: White
<u>a</u>	15. DECEDENT'S EDU	CATION	16a. DECEDENT'S	USUAL OCCUPATI	ON	16b. KIND OF BU	JSINESS/INDUS	
COMPLETED	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of y life. Do NOT us	vork done during m e retired.)	ost of working			
MP I	12		Print Sh	op Mana	ger	F.D.C.	Repor	ts
8	17. FATHER'S NAME (First, Middle, Last)					AME (First, Middle, Maide	Surname)	
H	Harry George Twi	ning				C. Munck		
2	19a. INFORMANT'S NAME (Type/Print) Donna Maio					Route Number, City or To		ryland 20904
	20a. METNOO OF DISPOSITION	201	b. PLACE AND DATE			OATE 20c. L		
	1 N Burial 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	noval from Stata	metery cremetory or o	ther place!				
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND AGORESS OF FACILITY							
	W.B.G.	erse		4739	Baltimor	e Ave., Hy	attsvi	Home, P.A. 11e, MD 20781
	23. PART I. Enter the diseases, or shock, or heart fellure.	complications that cause List only one cause on a	d the deeth. Do n	ot enter the mo	ode of dying, suc	ch as cardiec or resp	piratory arres	t, Approximate interval Between
	iMMEDIATE CAUSE (Finel disease or condition	0		/	4			Onset and Death
	resulting in death)	e. Conye.	stere 11	east F	allun			
-		DOE TO (OR AS)	A CONSEQUENCE OF	-):				
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate	b. OUE TO (OR AS /	A CONSEQUENCE OF	¬:				
S	cause. Entar UNDERLYING CAUSE (Diseese or injury	С						
불	that initiated events resulting in death) LAST	OUE TO (OR AS A	A CONSEQUENCE OF	ጉ :				
빙		d						
4	PART ii. Other significent condition	s contributing to deeth b	out not resulting	in the underlyin	g ceuse given in	Part i. 24a. WAS AI		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
EDIC						1 _ YES		COMPLETION OF CAUSE OF DEATN?
Σ								1 TES 2 NO
AN.	DID TOBACCO USE	CONTRIBUTE TO	CAUSE O					
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	LACE OF DEATH (C)			
HXS	1 YES 2 NO 27. MANNER OF CEATN	1 Ninpatiant 2 ER/Out	patient 3 DOA 28b, TIM		ne 5 Raaldence	6 Other (Specify) 28d. DESCRIBE NOW	IN ITIES OCCU	DED.
	1 Netural 5 Pending	(Month, Day, Year)		URY	ORK?	284. DESCRIBE NOW	INJUNY OCCU	HED
D BY	2 Accident Investigation 3 Suicide 8 Could not be	28a. PLACE OF INJURY	/ — At home, larm, a			281. LOCATION (Street	and Number or	Rural Route Number,
ETEC	4 Homicide determined	building, atc. (Spec	cny)			City or Town, State)	
1 2	29a. CERTIFIER (Check only 1 CERTIFYING PHYS	ICIAN: To the best of my know	rledge, daath occurre	ed at the time, date	and place, and dur	a lo the cause(a) end me	nner se stated	
COMPL								cause(a) and manner as stated.
ш	29b. SIGNATURE AND TITLE OF CERTIFIE	R O +			29c. LICENSE NU		29d. DATE S	SIGNED (Month, Day, Year)
TO B	Adeen feli	went			036	7/6	11/	115/84
	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF DE	3/7 C	Print) HERRY	LA.	NE LA	UREC	mD 20707
	31. DATE NO WOTT, 27. 19994	32 PAEGISTAMA'S, SIGN						



DIVISION OF VITAL RECORDS, P.O. BOX 68760

Raj B. Samtani,

31. DATE FILED (Month, Day, Year) 1994

	1, 2,	
	Pages	
	permit	
an.	ransit	
ohysici	burial-t	
nding	s the	
or atte	nse a	
ospital	thed for	al.
the h	e detac	t onc
ned by	onld b	Hed a
De reta	le 5 sh	noti
шах	lor, pag	ust b
Page 6	Il direct	mer m
death.	funera	exami
s after	by the	dical
hour	filled in	e me
with	rematic	ent, th
cuted v	d comp	tic ev
pe exe	clan an	rauma
tificate	physical physical	ther to
ath cer	tending al Hvni	0 0
the de	y the a	Injury
es that	gned b	s any
requir	Deen Si	show
The law	e has l	m 23
CIAN:	ertificat	or Ite
PHYSI	this c	arked,
HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within hours after death. Page 6 may be retained by the hospital or attending physician.	FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit. Pages 1, 2, within 72 hours after death with the State Dark of Health and Marrial Horizon princip remaining or remainin	ATANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
A ATTE	IRECTO	3m 28
TAL 0	RAL D	T. H. IN.
HOS	FUNE	TAN

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 -CERTIFICATE OF DEATH REG NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 1994 LENA GRAY TRAMMELLE Nov. 5:45 18 AM 4. SOCIAL SECURITY NUMBER 5. SEX 8, AGE (in yrs. last birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign IF UNDER 24 HRS. June 18,1918 218-38-7392 1 M 2 X F 76 North Carolina 9a. FACILITY NAME (If not Institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH 5504 Janice Lane DIRECTOR Temple Hills Prince George's RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d, INSIDE CITY Maryland Prince George's Temple Hills 1 TYES 2 NO FUNERAL 10s, STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 5504 Janice Lane 20748 USA ti. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No- RACE — American Indian, Black, White, etc. 1 Never Married 2 Married If yea, specify Cuban, Maxican, Puarto Rican, etc.)

1 YES 2 NO Specify: BY Specify: 3 X Widowed 4 Divorced White COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Sne y/Secondary (0-12) College (1-4 or 5+) 10th Homemaker Own Home 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Claudis Ward NMN Aloney Ingalls BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Rt. 234 Box 272 Chaptico, Maryland 20621 Edna Lorraine McCov 20a. METHOD OF DISPOSITION
t □XBurial 2 □ Cremation 3 □ Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State "Trinity" Memorial Gds Waldorf, MD 11 - 214 ☐ Donation 5 ☐ Other (Specify) 21. SIGNATURE OF TWEE AL SERVING LICENSEE SLITTE 22. NAME AND ADDRESS OF FACILITY Huntt Funeral Home Shirley Caporaletti M00844 P. O. Box 156, Waldorf, MD 20604 23. PART I. Enter the diseases, or complications that caused tha death. Do not anter the mode of dying, such as cardiac or respiratory arrest, Approximata shock, or haart fallura. List only one cause on each line Interval Between IMMEDIATE CAUSE (Finsi Onset and Death METASTATIC disesse or condition resulting in death) CANCER 3 mas DUE TO (OR AS A CONSEQUENCE OF) DRONARY 2yn CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEDUENCE OF) If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? MEDICAL 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO ANEURYSM COMPLETION OF CAUSE 1 TYES 2 NO 1 TES 2 NO PHYSICIAN: DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) EXAMINER? OTHER:
4 □ Nursing Home 5 □ Rasidenca 8 □ Other (Specify) 1 YES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA 27. MANNER OF DEATH 28s. DATE OF INJURY 28b. TIME OF 28c. INJURY AT WORK? 26d. DESCRIBE HOW INJURY OCCURED NJURY 5 Pending Investigation М 1 YES 2 NO BY Accident 28a. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28 ls 6 Could not be COMPLETED 4 Homicide 29a, CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examin TO THE HOSPITA
TO THE FUNERA
De filed within 7
IMPORTANT: 1 296. SIGNATURE AND TYPE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year) 29c. LICENSE NUMBER BE MAG 8 94 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

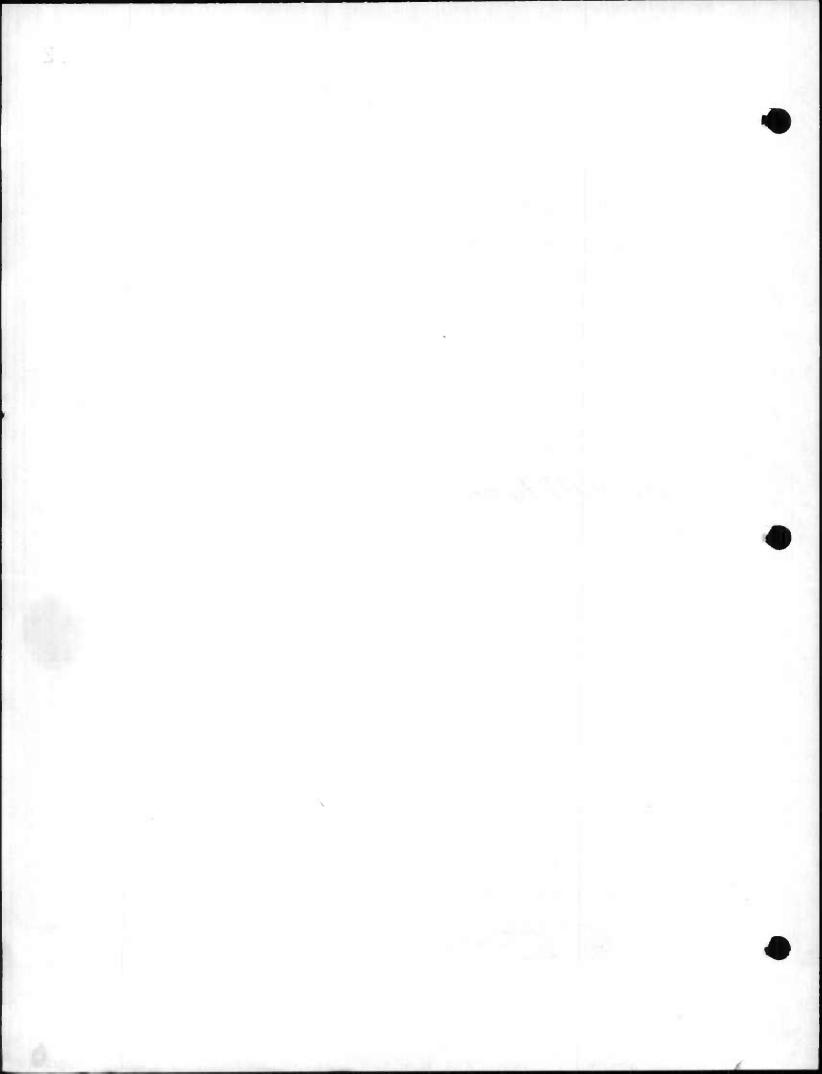
Pembrooke Square #213, Waldorf, MD

32 REGISTRAY'S SIGNATURED

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT. If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTI	MENT OF H	EALTH AND	MENTAL HYGIEN						
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH				
	Olive May T	RITCH				NOV 2	4 1994					
	4. SOCIAL SECURITY NUMBER			F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	0. B	NRTHPLACE (State or Foreign country)				
	214-09-5253	1 □ M 2 💢 F 92	YRS.		HOURS MIN.	May 2, 19		Maryland				
œ	9e. FACILITY NAME (If not institution, give		•		R LOCATION OF E	DEATH	9c. COUNTY	OF DEATH				
DIRECTOR	Reeders Memorial	ноте		Boons	boro		Wash	ington				
REC	10a. STATE 10b. COUNT	TY	10c. CITY, 1	TOWN DR LOCAT	ON			10d, INSIDE CITY				
		0						LIMITS?				
AR.	10e. STREET AND NUMBER			10f.	ZIP CODE	10g. CITIZEN OF WHAT COUNTRY?						
FUNERAL	924 Summit Avenu				21740		U.S.					
	1 Never Married 2 Merried	12. WAS DECEDENT EVER II FORCES? 1 YES	2 XND	If yes, spe	city Cuben, Mexic	NIC ORIGIN? (Specify Yes, Puerto Rican, etc.)	s or No- 14, 1	RACE — American Indian, Black, White, etc.				
B	3 Widowed 4 Divorced	IF YES, GIVE WAR OR D.	ATES	1 TYES	2 ND Spec	lfy:		Specify: White				
COMPLETED	15. DECEDENT'S EDU (Specify only highest grad	JCATION (c. completed)	16a. DECEDENT'S US	UAL OCCUPATIO	N .	16b, KIND OF BU						
9	Elementary/Secondary (0-12)	College (1-4 or 5+)	ille. Do NOT use n	k done during mos etired.)	t or working							
A P	6	0	Homem	aker		Her ow						
	17. FATHER'S NAME (First, Middle, Last) Jeremiah Trumpowe	3.76				AME (First, Middle, Meiden	Surneme)					
H	19a. INFORMANT'S NAME (Type/Print)	31				Kinsel						
2	Tom Tritch					Route Number, City or Tox						
	20a, METHOD OF DISPOSITION	206	PLACEAND DATE OF	DISPOSITION /No	ue nag	erstown, M						
	1 Donation 5 Other (Specify)	novel from State cam	etery, crematory or other	place) Cemeter	v 11-28.	1		, Maryland				
	21, SIONATURE OF FUNERAL SERVICE LI	CENSEE -	4		D ADDRESS OF F		ELSTOWN	, Maryland				
	MINNICH FUNERAL HOME 21740											
- 1	23. PART I. Enter the diseases, or	complications that caused	the death, Do not	entar tha mod	Wilson le of dving, au	Roulevard	Hagers	Approximate				
	shock, or haart feliure. IMMEDIATE CAUSE (Final	List only one cause on e	sch line.				motory arrost,	Intarval Between Onset and Death				
	disease or condition resulting in death)	R.	skente	Fail	has			Onset shu beath				
	tooding in doding		CONSEDUENCE OF):									
N	Sequentially the anditions a Court versuly Achide											
ATI	If any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A	CONSEQUENCE OF):									
FIC	CAUSE (Disesse or Injury that initiated events	C. DUE TO (DR AS A	CONSEQUENCE OF:									
CERTIFICATION	resulting in death) LAST	d	NO N CONSCIUENCE OF):									
	PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY FINDINGS											
CAL		Leve Care				Part I. 24s, WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO				
PHYSICIAN: MEDIC				7000	~	1 🖺 YES 2	2 NO	COMPLETION OF CAUSE DF DEATH?				
≥	*					_	i	1 TYES 2 ND				
NA I	25. WAS CASE REFERRED TO MEDICAL			26. PL/	CE OF DEATH (C	heck paly one)						
Sic	EXAMINER?	HOSPITAL: 1 Inpatient 2 ER/Outp		THER:		8 Other (Specify)						
H	27. MANNER OF DEATH	28s. DATE DF INJURY (Month, Day, Year)	28b. TIME O	F 28c, INJU	RY AT	28d. DESCRIBE HOW INJURY OCCURED						
BY	1 - Netural 5 Pending 2 Accident Investigation	(Morally Day, 16ar)			ES 2 NO							
8	3 Suicide 8 Could not be	28e. PLACE OF INJURY building, atc. (Spec	— At home, ferm, stre-	et, factory, office	261. LOCATION (Street end Number or Rural Route Number, City or Town, Stete)							
E												
교	(Check only one)	ICIAN: To the best of my knowl	edge, death occurred a	it the time, date o	and place, end due	e to the cause(e) end mar	nner es stated.					
COMPLET	2 MEDICAL EXAMINE	ER: On the beals of examination	end/or investigation, i	n my opinion, da	ath occured at the	time, deta end place, an	d due to the cau	se(s) and manner sa stated.				
BE	29b. SIGNATURE AND TITLE OF CERTIFIE	ZAKI MO			29c. LICENSE NU			NED (Month, Day, Year)				
2					D (80 (9	P ((, 2	15-94				
	30. NAME AND ADDRESS OF PERSON WHITE VASANT DAT				111 500	70/- 1 4-	0 212	4 11				
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNA		- ()	TAGERS	(0000						
	NOV 28 1994	Jalin Driden Ra										
	1101 00 1001	3										



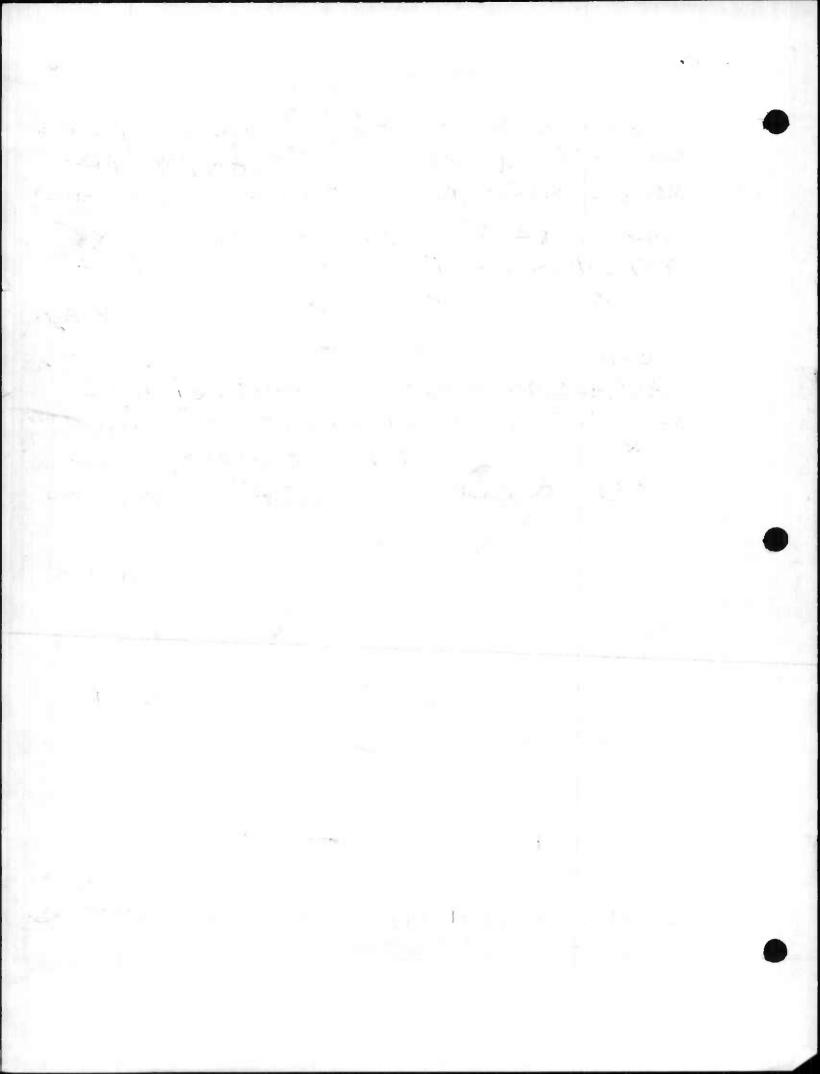
	1
	Ī
,	
8	1
7	•
00	
9	
×	
0	
•	
o.	
ب	
Q.	
10	
Ö	
7	
7	
ŏ	
Ĭ	1
œ	
N OF VITAL RECORDS, P.O. BOX 68760,	
7	
F	i
=	:
<u></u>	į
V	
Z	
0	į
S	1
Ë	
\leq	,
DIVISION	
	-
	-
	-

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiens prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

		PEPARTMENT OF HEALTH AND RTIFICATE OF DEATH	MENTAL HYGIENE REG. NO.	00000		
	0111.07	MAS	2. DATE OF DEATH MONTH DAY	YEAR 2.00 A. M		
	4. SOCIAL SECURITY NUMBER 2 18 - 2 0 - 5 7 0 5 1 M 2 F 8 0 90. FACILITY NAME (If not institution, give street end number)	YRS. MONTHS DAYS HOURS MIN.	(Month, Day, Year) A 39 ti, 19/4	8. BIRTHPLACE (State or Foreign Country)		
TOR	MERIDIAN NURS, MG CENT	EX CENTREVILL	7			
DIRECTOR	Md. KENT	10c. CITY, TOWN OR LOCATION CHESTER!	FROWN. 10d. IN			
FUNERAL	351 CAIVERT STREET	101. ZIP CODE 2/62	0 0	EN OF WHAT COUNTRY?		
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARME FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES	13. WAS DECENDENT OF HISPAI If yes, specify Cuben, Mexica 1 YES 2 Specifi	in, Puerto Rican, etc.)	14. RACE — American Indian, Black, White, atc. Specify: B/ACK		
COMPLETED	(Specify only highest grade completed) (Give	OENT'S USUAL OCCUPATION kind of work done during most of working on NOT use retired.) ONE STIC	HOUSE WORK			
BE COM	17. FATHER'S NAME (First, Middle, Last) EUSENE Williams		ME (First, Middle, Melden Symegne),	am S		
TO B	MR. HOLL: S T. ROB. NSON 3	MAILING ADDRESS (Street and Number or Rural 5/CA VEX7St	1 0	Whyd. 2/620		
	1 Burlet 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify)	DO DATE OF DISPOSITION (Name of Street of Control of Co	DATE 200. LOCATION - C	ity or Town, State A. DE /.		
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	22. NAME AND ADDRESS OF FA		6.21620		
	23. PART I. Enter the diseases, or complications that ceused the deet shock, or heart fellure. List only one ceuse on eech line.	h. Do not enter the mode of dying, suc	h as cerdiec or respiratory erre	st, Approximate interval Between		
	IMMEDIATE CAUSE (Finel disease or condition resulting in death) DUE TO (OR AS A CONSEQUE	ence OF):	rt	Onset and Daath		
TION	Sequentially list conditions, if any, leeding to immediate	ENCE OF):				
CERTIFICATION	ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST d.	ENCE OF):				
	PART II. Other algnificant conditions contributing to death but not res	ulting in the underlying ceuse given in		24b. WERE AUTOPSY FINDINGS		
PHYSICIAN: MEDICA	Front CUA, HO HBP.	Cx Catrested c	PERFORMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
AN:	25. WAS CASE REFERRED TO MEDICAL	28. PLACE OF OEATH (Ch	cok and cool			
YSIC	EXAMINER? 1 9 YES 2 NO HOSPITAL: 1 Inpetient 2 ER/Outpetient 3	OTHER:				
ВУ РН	1 Netural 5 Pending (Month, Day, Year) 2 Accident Investigation	28b. TIME OF 1NJURY AT WORK? M 1 YES 2 NO	28d. DESCRIBE HOW INJURY OCCU	JRED		
	3 Suicide 8 Could not be datermined 28e. PLACE OF INJURY — At home building, etc. (Specify)	, farm, street, factory, office	28f. LOCATION (Street and Number of City or Town, State)	r Rural Route Number,		
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death one) 2 MEDICAL EXAMINER: On the basis of examination end/or investigation.					
TO BE	29b. SIGNATURE AND TITLE OF CENTURIER MAL.	29c, LICENSE NUI	#BER 29d. DATE	SIGNED (Month, Day, Year)		
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 2	TO (TYPO. Print) +8 WASHING TO	IN AVE.CLOS	SERTOWN, MZ.		
9	31. DATE FILEO (MONTH) DIEL 1801.	n-Randett				



BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL BECORDS DO BOX 68760

DAL	death.	
٥	after	
	HOURS	
00	Will	
100	executed	
5	2	
á	ate	
	certific	
	death	
Š	9	
5	25	
)	=======================================	
1	requires	
1	WE	
	The	
DIVISION OF ALLAL MECONDS, P.O. BOX 00/00	E HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with	
	DING	
2	Ē	
	A	
5	ā	
	HOSPITAL	
	ш	

James E. A 31. DATE FILED (Month, Day, Year)

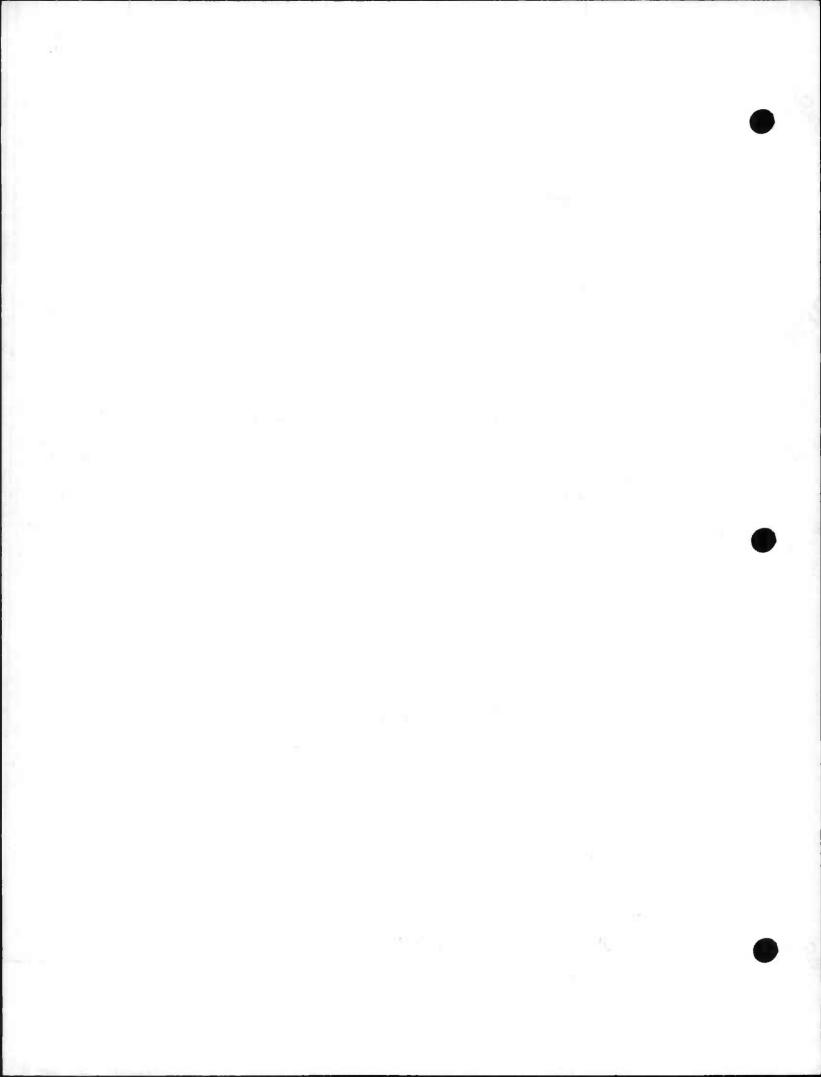
NOV 15 1994

	REGISTRAR	ME (First, Middle, Last)			EHIIF	ICATE	OF D	PEATH		G. NO.				
	A NO.	-2-03/22		ONIC					2. DATE OF DE	DAY		YEAR	. TIME OF DE	ATH
	EDNA 4. SOCIAL SECURIT	L.	TIMM(6. AGE (In yrs. I					NOV.	12,	-		7:34	A
			1 M 2 X F			MONTHS D		F UNDER 24 HRS.	7. DATE OF BII (Month, Day,	Vear)	- 1	Country)	ACE (State or	Foreign
	216-05-65	(If not institution, give		/	76 YRS.	Bh CITY T	OWN OR I	LOCATION OF O	JUNE 1	L, L		TY OF OEA		
Œ.						WILLA		LOCATION OF C	CAIN				in.	
CTO	RESIDENCE OF DECEDENT								WICO	MTCO	_	_		
ш	10a. STATE	10b. COUNT	TY		10c. CIT	Y, TOWN OR	LOCATION	N				1	Dd. INSIDE CI	TY
E	MARYLAND	WICO	MICO		WII	LARDS						1	YES 2	X NO
FUNERAL	10e. STREET AND N							IP CODE			-17		AT COUNTRY	7
필		EN LEWIS	7					L874			USA			
3	11. MARITAL STATU: 1 Never Married		FORCES?	NT EVER IN U.S. A	NO				NIC ORIGIN? (Spe an, Puerto Ricen,		or No—	14. RACE - Black, 1	- Americen Ir White, etc.	dien,
B		1 Never Married 2 Married 3 X Wildowed 4 Divorced					YES 2	NO Speci	fy:			Specify:	mi.	TE
		15. DECEDENT'S ED	UCATION	16a. D	DECEDENT'S	USUAL OCC	UPATION	-	16b. KIND	OF BUSI	INESS/INDU	JSTRY	WILL.	. 1. 1.2
ᇤ	Elementary/Seco	pecify only highest grad ondary (0-12)	College (1-4 or 5	- II	Give kind of vie. Do NOT us	work done dur se retired.)	ing most o	of working	-10-10					
OMPL	6				HOME	IAKER			OW	N HO	ME			
S	17. FATHER'S NAME	(First, Middle, Last)				-	11	8. MOTHER'S N	AME (First, Middle,	Maiden S	Surneme)			
BE	HERMAN	DENNIS					I	FLORENC	E MITC	HELL				
2	19a. INFORMANT'S	NAME (Type/Print)							Route Number, Cit					
	DENNIS	L.	TIMMONS	7	7716 (GREEN	LEWI	LS ROAD	, WILLA	RDS,	MAR	YLANI	218	74
		Cremstion 3 - Rar	moval from State			OF DISPOSITI		of			ATION — C			
	4 Donation 5	Other (Specify)	ICENSEE A	_ DAI	LE CEN	TETERY			11/15/9	4 W	VHALE	AAILI	LE, MD	•
	Zi. Sidnaion	THERAL SERVICE L	ICENSEE											
	1 7//	1 12	1,7/\$			22. NA	ME ANO	ADDRESS OF FA	ACILITY					
	GA	arka 1	W Has	*		HAS	TING	GS FUNE	RAL HOM				E, DE.	19
	23. PART t. Ente	r the diseases, or	complications the	coused the d	death. Do r	HAS	TING	GS FUNE	RAL HOM				Approx	mata
	IMMEDIATE CAU	ck, or heart fellure ISE (Final	complications to	caused the cuse on each lin	death. Do r	HAS	TING	GS FUNE	RAL HOM					mata Batv
	ehoc	:k, or heart fellure ISE (Final Ition	. List only one ca	use on eech lir	10.	HAS	STINC ne mode	GS FUNE	RAL HOM				Approxi Interval Onset a	mata Batv nd D
	IMMEDIATE CAU disease or cond	:k, or heart fellure ISE (Final Ition	a	csused the cuse on each lin	10.	HAS	STINC ne mode	GS FUNE	RAL HOM				Approxi	mata Batw nd D
NO	IMMEDIATE CAU disease or cond	ISE (Final lition	a. DUE TO	O (OR AS A CONS	EOUENCE OF	HAS not enter the	STINC ne mode	GS FUNE	RAL HOM				Approxi Interval Onset a	mata Batv nd D
ATION	effoc IMMEDIATE CAU diseese or cond- resulting in deat Sequentielly list if any, leading to	conditions, o immediate	a. DUE TO	cino	EOUENCE OF	HAS not enter the	STINC ne mode	GS FUNE	RAL HOM				Approxi Interval Onset a	mata Batv nd D
FICATION	enoc IMMEDIATE CAU diseese or cond- resulting in deat Sequentielly list if any, leading to cause. Enter UN CAUSE (Disease	conditions, o immediate DERLYING	a. DUE TO	O (OR AS A CONS	EQUENCE OF	HAS not enter the	STINC ne mode	GS FUNE	RAL HOM				Approxi Interval Onset a	mata Batv nd D
RTIFICATION	effoc IMMEDIATE CAU diseese or cond- resulting in deat Sequentlefly list if any, leading to cause. Enter UN	conditions, o immediate in lin	a. DUE TO	O (OR AS A CONSI	EQUENCE OF	HAS not enter the	STINC ne mode	GS FUNE	RAL HOM				Approxi Interval Onset a	mata Batv nd D
CERTIFICATION	enoc IMMEDIATE CAU diseese or cond- resulting in deat Sequentielly list if any, leading to cause. Enter UN CAUSE (Disease that initiated eve- resulting in deet	conditions, or impedience or injury enta	a. DUE TO DUE TO DUE TO DUE TO	O (OR AS A CONSI	EQUENCE OF	HAS	STINC ne mode	GS FUNE of dying, aud	CRAL HOM				Approxi Interval Onset a	mata Batv nd D
- 1	enoc IMMEDIATE CAU diseese or cond- resulting in deat Sequentielly list if any, leading to cause. Enter UN CAUSE (Disease that initiated eve- resulting in deet	conditions, o immediate in lin	a. DUE TO DUE TO DUE TO DUE TO	O (OR AS A CONSI	EQUENCE OF	HAS	STINC ne mode	GS FUNE of dying, aud	CRAL HOM		atory arre	24b. W	Approxi Interval Onset a	mata Batv nd D
_	enoc IMMEDIATE CAU diseese or cond- resulting in deat Sequentielly list if any, leading to cause. Enter UN CAUSE (Disease that initiated eve- resulting in deet	conditions, or impedience or injury enta	a. DUE TO DUE TO DUE TO DUE TO	O (OR AS A CONSI	EQUENCE OF	HAS	STINC ne mode	GS FUNE of dying, aud	CRAL HOM ch as cardiac o	or respira	atory arre	24b. W	Approxi	mate Batv nd D
MEDICAL	enoc IMMEDIATE CAU disease or cond resulting in deat Sequentielly list if any, leading to cause. Enter UN CAUSE (Disease that initiated eve reaulting in deet	conditions, o immediate interpretation or injury ship LAST	a. DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO	O (OR AS A CONSI	EQUENCE OF	HAS not enter the	STING The mode	GS FUNE of dying, aud	CRAL HOM ch as cardiac o	WAS AN A	atory arre	24b. W	Approxi	FINDING TO F CAU
MEDICAL	enoc immediate CAU disease or cond resulting in deat Sequentially list if any, leading to cause. Enter UN CAUSE (Disease that initiated evereaulting in deet PART II. Other a	conditions, o immediate DERLYING or injury shit) LAST	a. DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO	O (OR AS A CONSI	EQUENCE OF	HAS not enter the	STING The mode Partyling co	of dying, aud	Part I. 24a.	WAS AN A	atory arre	24b. W	Approxi	FINDING TO
MEDICAL	senoc IMMEDIATE CAU disease or condinesulting in deat Sequentially list if any, leading to cause. Enter UN CAUSE (Disease that initiated evereaulting in deat PART II. Other a DID TOR	conditions, o immediate DERLYING or injury anta ith) LAST	a. DUE TO b. DUE TO c. DUE TO d. CONTRIBUT	O (OR AS A CONSIDER OF CONSIDE	EQUENCE OF COUNTY OF THE COUNT	HAS not enter the	STING The mode Partyling co	of dying, aud	Part I. 24a.	WAS AN A	atory arre	24b. W	Approxi	FINDING TO F CAU
MEDICAL	Sequentielly list if any, leading to cause. Enter UN CAUSE (Disease that initiated evereauting in deet PART II. Other a DID TOE 25. WAS CASE REFE EXAMINER? 1 YES 2	conditions, o immediate DERLYING or injury shits thi) LAST BACCO USE ERRED TO MEDICAL	a. DUE TO b. DUE TO c. DUE TO d. CONTRIBUT	O (OR AS A CONSIDERATION OF CONTRACT OF CO	EQUENCE OF	HAS not enter the Fig. F. DEATI	ETING Be mode Control Contr	of dying, audience given in E OF DEATH (C)	Part I. 24a. 1 Deck only one) 8 Other (Spec	WAS AN A PERFORM YES 2%	AUTOPSY MED?	24b. WA C C O 1	Approxi	FINDING TO F CAU
PHYSICIAN: MEDICAL	senoc IMMEDIATE CAU disease or condinesulting in deat Sequentially list if any, leading to cause. Enter UN CAUSE (Disease that initiated evereaulting in deat PART II. Other a DID TOR	conditions, o immediate DERLYING or injury shits thi) LAST BACCO USE ERRED TO MEDICAL	a. DUE TO b. DUE TO d. ONTRIBUT HOSPITAL: 1 Inpatient 2 280. DATE OI	O (OR AS A CONSIDERATION OF CONTRACT OF CO	EQUENCE OF TESTINGS	HAS not enter the property of	ETING Be mode Control Bright Market Bright Mark	of dying, audience y ar	Part I. 24a.	WAS AN A PERFORM YES 2%	AUTOPSY MED?	24b. WA C C O 1	Approxi	FINDING TO
BY PHYSICIAN: MEDICAL	enoc IMMEDIATE CAU disease or cond resulting in deat Sequentielly list if any, leading to cause. Enter UN CAUSE (Disease that initiated evereaulting in deet PART II. Other at DID TOR 25. WAS CASE REFE EXAMINER? 1 YES 2 27. MANNER OF DE. 1 Parturel 2 Accident	conditions, o immediate DERLYING or injury shits thi) LAST BACCO USE ERRED TO MEDICAL (90 ATH	a. DUE TO b. DUE TO c. DUE TO d. Ons contributing to CONTRIBUT HOSPITAL: 1 Inpatien: 2 28e. DATE Of (Month, i	O (OR AS A CONSIDER OF CONSIDE	EQUENCE OF TESTINES OF THE PROPERTY OF THE PRO	HAS not enter the state of the	ETING Be mode Perfyling coeffyl	of dying, audience given in	Part I. 24a. 1 Part I. 24a. 1 Describer (Special Describer	WAS AN A PERFORM YES 23	AUTOPSY MED?	24b. W A A C C O 1	Approxi	FINDING TO F CAU
ED BY PHYSICIAN: MEDICAL	enoc iMMEDIATE CAU diseese or cond resulting in deat Sequentielly list if any, leading to cause. Enter UN CAUSE (Disease that initiated eve resulting in deet PART II. Other a DID TOE 25. WAS CASE REFE EXAMINER? 1 YES 2 27. MANNER OF DE.	conditions, believe the conditions of immediate DERLYING or injury ship LAST BACCO USE CREED TO MEDICAL (NO ATH 5 Pending	a. DUE TO b. DUE TO c. DUE TO d	O (OR AS A CONSIDER OF CONSIDE	EQUENCE OF TESTINES OF THE PROPERTY OF THE PRO	HAS not enter the state of the	ETING Be mode Perfyling coeffyl	of dying, audience y ar	Part I. 24a. 1 Deck only one) 8 Other (Spec	WAS AN A PERFORM YES 25	AUTOPSY MED?	24b. W A A C C O 1	Approxi	FINDING TO
ED BY PHYSICIAN: MEDICAL	enoc IMMEDIATE CAU disease or cond resulting in deat Sequentielly list if any, leading to cause. Enter UN CAUSE (Disease that initiated eve resulting in deet PART II. Other a DID TOE 25. WAS CASE REFE EXAMINER? 1 YES 2 27. MANNER OF DE 1 PNaturel 2 Accident 3 Suicide 4 Homicide	conditions, o immediate DERLYING or injury enta th) LAST BACCO USE ERRED TO MEDICAL BO Pending investigation Could not be determined	a. DUE TO b. DUE TO c. DUE TO d. CONTRIBUT HOSPITAL: 1 Inpatient 2 28e. DATE OI (Month, I	O (OR AS A CONSIDER TO CA ER/Outpettent FINJURY Doy, Year) OF INJURY — At It., (Specify)	EQUENCE OF COUNTY OF THE PROPERTY OF THE PROPE	HAS not enter the second of th	H YE 28. PLACE g Home Sc. INJURY WORK 1 U YES	of dying, audience given in the of Death (c) to the original control of the or	Part I. 24a. 1 Deck only one) 8 Other (Specarion City or Town	WAS AN A PERFORM YES 25	AUTOPSY MED? NO NO NO NO NO NO NO NO NO N	24b. WARD OF Rurel Rou	Approxi	FINDING TO
PLETED BY PHYSICIAN: MEDICAL	Sequentielly list if any, leading to cause. Enter UN CAUSE (Disease that initiated evereaulting in deet PART II. Other a DID TOE 25. WAS CASE REFE EXAMINER? 1 YES 2 27. MANNER OF DE 1 Naturel 2 Accident 3 Suicide 4 Homicide	conditions, o immediate DERLYING or injury enta thi) LAST BACCO USE CREED TO MEDICAL BO ATH 5 Pending investigation 6 Could not be determined	a. DUE TO b. DUE TO c. DUE TO d	O (OR AS A CONSIDER TO CA D (OR AS A CONSIDER T	EQUENCE OF COUNTY OF THE PROPERTY OF THE PROPE	HAS not enter the second of the under the unde	BTING Be mode Brown	of dying, audience given in ES N NE OF DEATH (C) S NO d place, and du	Part I. 24a. 1 Deck only one) 8 Other (Specasor Town City or Town 1 to the cause(s)	WAS AN A PERFORM YES 2% (Street an n, State)	AUTOPSY MED? NO JURY Occu	24b. WARED URED Aurel Roud	Approxi Interval Onset a South of the Number,	FINDING TO A
PLETED BY PHYSICIAN: MEDICAL	Sequentielly list if any, leading to cause. Enter UN CAUSE (Disease that initiated ever reaulting in deet PART II. Other a DID TOP 25. WAS CASE REFE EXAMINER? 1 YES 2 27. MANNER OF DE. 1 Naturel 2 Accident 3 Suicide 4 Homicide 29. CERTIFIER (Check only one) 2 1	Conditions, o immediate DERLYING or injury shit LAST BACCO USE ERRED TO MEDICAL BO ATH 5 Pending Investigation 6 Could not be determined CERTIFYING PHYS MEDICAL EXAMIN	a. DUE TO b. DUE TO c. DUE TO d. PIS CONTRIBUT HOSPITAL: 1 Inpatient: 2 28e. PLACE (building) SICIAN: To the beet of a	O (OR AS A CONSIDER TO CA D (OR AS A CONSIDER T	EQUENCE OF COUNTY OF THE PROPERTY OF THE PROPE	HAS not enter the second of the under the unde	BTING Be mode Brown	of dying, audience given in ES N NE OF DEATH (C) S NO d place, and du	Part I. 24a. 1 Deck only one) 8 Other (Specasor Town City or Town 1 to the cause(s)	WAS AN A PERFORM YES 2% (Street an n, State)	AUTOPSY MED? NO JURY Occu	24b. WARED URED Aurel Roud	Approxi Interval Onset a South of the Number,	FINDING TO A
BY PHYSICIAN: MEDICAL	Sequentielly list if any, leading to cause. Enter UN CAUSE (Disease that initiated ever reaulting in deet PART II. Other a DID TOP 25. WAS CASE REFE EXAMINER? 1 YES 2 27. MANNER OF DE. 1 Naturel 2 Accident 3 Suicide 4 Homicide 29. CERTIFIER (Check only one) 2 1	conditions, o immediate DERLYING or injury enta thi) LAST BACCO USE CREED TO MEDICAL BO ATH 5 Pending investigation 6 Could not be determined	a. DUE TO b. DUE TO c. DUE TO d. PIS CONTRIBUT HOSPITAL: 1 Inpatient: 2 28e. PLACE (building) SICIAN: To the beet of a	O (OR AS A CONSIDER OF CONSIDE	EQUENCE OF COUNTY OF THE PROPERTY OF THE PROPE	HAS not enter the property of	ETING Be mode Perlying coeffying coeffying coeffying coeffying coeffying coeffying work: 1 YES 1, offica 25	of dying, audience given in ES N NE OF DEATH (C) S NO d place, and du	Part I. 24a. 1 Part I. 24a. 1 Deck only one) 8 Other (Specation City or Towns to the cause(s) as time, data and possesses	WAS AN AN PERFORM YES 23 (Street an n. Stete) end mann slaca, end	AUTOPSY MED? NO NO NO NO NO NO NO NO NO N	24b. WARED URED or Rural Rou d. cause(e) e	Approxi Interval Onset a South of the Number,	FINDO F CAU

32. REGISTRAR'S SIGNATURE
Julia Davidson Randall

Garoll St.

Selisbun.



TO THE HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within a hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

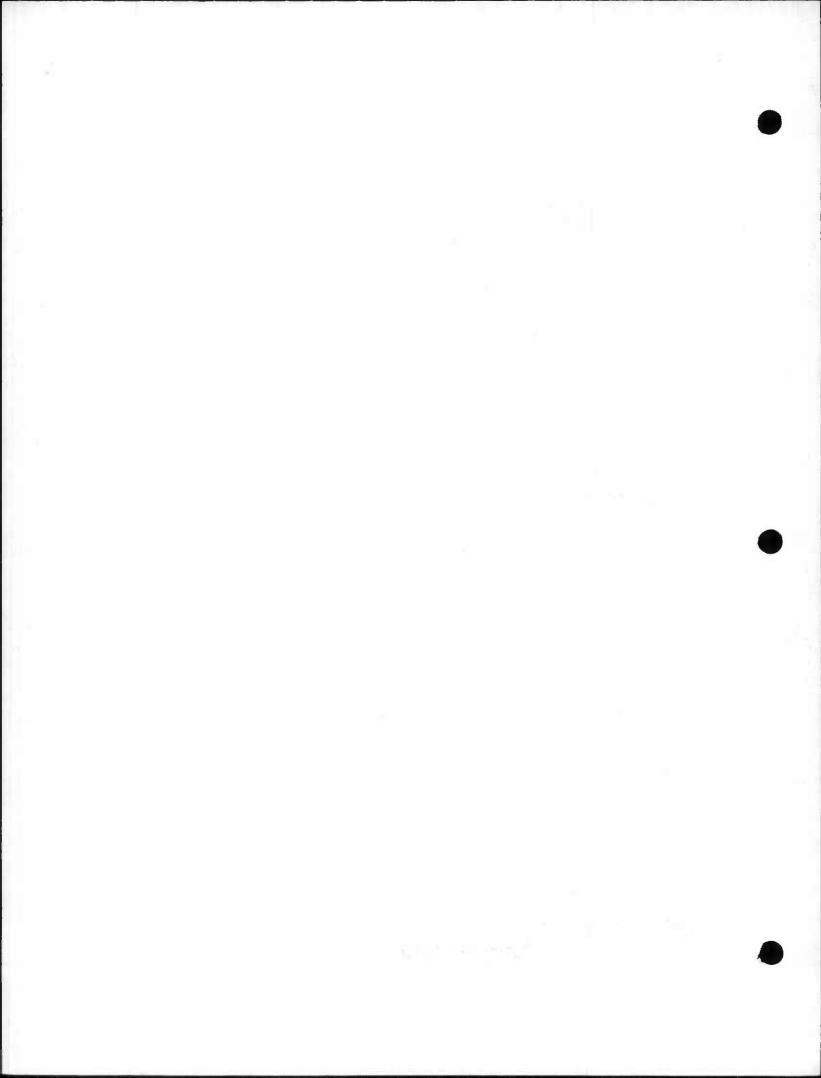
IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1 -

	1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH DAY YEAR 2. DATE OF DEATH												
	RAYMOND N. TRADER								11- 14- 1994 6:30 P. M				
	4. SOCIAL SECURITY NUMBER	5.	SEX	8. AGE (In yrs. les		IF UNDER 1 Y		IF UNDER 24 HRS.	7. DATE OF BIRTH			PLACE (State or Foreign	
	215-20-1583	1)	M 2 F	68	YRS.	ONTHS D	AYS	HOURS MIN.	5-5-1926		Md	1.	
~	9a. FACILITY NAME (If not institut		b. CITY, TO	NO NWC	LOCATION OF DE	ATN	9c. COUNTY OF DEATH						
DIRECTOR	208 E. Pine st.					Delmar Wicomico							
D D	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY					10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY							
H	Md. Wicomico					lmar				LIMITS?			
	10e. STREET AND NUMBER			101. 2	ZIP CODE	10g. CITIZEN OF WHAT COUNTRY?							
FUNERAL	208 E. Pine S			2	1875	USA							
5	11. MARITAL STATUS		WAS DECEDEN	VER IN U.S. AR	MED	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— If yes, specify Cuban, Mexican, Puerto Ricen, etc.) 14. RACE — American Ind Black, White, etc.					— American Indian,		
BY	1 Never Married 2 Men 3 Widowed 4 Divorced		IF YES, GIVE W			1 ☐ YES ZYYNO Specify:							
	15. DECEDE	NT'S EDUCATION	ON	16e DE	CEDENT'S U	RUAL OCCI	IPATION		16b. KIND OF BU	CINECO (INF	MICTRY	WIIILE	
COMPLETED	(Specify only high Elementary/Secondary (0-12)		oleted) ollege (1-4 or 5 +	(G	ve kind of wo Do NOT use	rk done duri retired.)	ng most	of working	Too. KIND OF BO	344E33/14E	7031KI		
4	12		mege (I-+ OI 3 +		ter Ca	rrie	r		U.S. P	OSTAL	SER	VICE	
Ö	17. FATNER'S NAME (First, Middle,	a, Last)					T	18. MOTNER'S NAM	WE (First, Middle, Maiden	Sumeme)			
BE	Walter Trade	er						Carrie	Nichols T	rader			
2	19e. INFORMANT'S NAME (Type/F								loute Number, City or Tow		Code)		
-	Ruth L. Trade				208 E.	Pin	e S	t. Delma	nar, Md. 21875				
	20e. METHOD OF DISPOSITION 1 № Burlel 2 □ Cremation 3	3 🗆 Removal	from State	cametery, cre	AND DATE OF metory or othe	r place)			DATE 20c. LOCATION — City or Town, State				
	4 ☐ Donation 5 ☐ Other (Spe 21. SIGNATURE OF FUNERAL SE		EE #	St. S	tepher	_		ery ADDRESS OF FAC		elmar	, De	•	
	M. 11	c IAA	111	1		Sh	ort	Funeral	Home, In				
	William	· W.	Sho	1/					St. Delmar			40	
	23. PART I. Enter the disee shock, or heart	t failure. List	only one cau	se on each line								Approximate interval Between	
	iMMEDIATE CAUSE (Final disease or condition		MIT	ASTA	110	11	On	MONA	a= A	PETA	1.72	Onset and Deat	
	reaulting in death)	a	DUE TO	OR AS A CONSE	DUENCE OF:	(14)	RUI	NOOMIT	a In	05/17	1=	IEM	
z	DUE TO (OR AS A CONSEQUENCE OF):												
CERTIFICATION	Sequentially list conditions, if any, leading to immediate												
CA	cause. Enter UNDERLYING CAUSE (Disease or Injury	< a_											
E	that initiated events resulting in death) LAST		DUE TO	(OR AS A CONSE	QUENCE OF):								
崩	d												
0 1	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY FINDINGS												
								cause given in			24b.		
		conditional co	ontributing to	death but not r	eaulting In	the unde	rlying	cause given in	Part I. 24a, WAS AN PERFO	RMED?	24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
MEDICAL C									PERFO	RMED?	24b.	AVAILABLE PRIOR TO COMPLETION OF CAUSE	
MEDICAL	DID TOBACCO	USE CO				DEATI	н ү	ES NO	PERFO	RMED?	246.	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
MEDICAL	25. WAS CASE REFERRED TO ME EXAMINER?	USE CO	ONTRIBUT	E TO CAL	JSE OF	DEATI	H Y	ES NO	PERFO	RMED?	246.	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
MEDICAL	25. WAS CASE REFERRED TO ME	USE CO	ONTRIBUT OSPITAL: Inpetient 2 28s. DATE OF	ER/Outpettent 3	JSE OF	DEATI	H Y	ES NO	PERFOLITION OF SPECIFIC OF SPE	RMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO ME EXAMINER? 1 YES 2 D NO 27. MANNER OF DEATN 1 Netural 5 Penc	USE CC	ONTRIBUT	ER/Outpettent 3	JSE OF	DEATI	H Y 26. PLA 3 Home	TES NC CE OF DEATH (Che 5 Presidence	PERFO	RMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO ME EXAMINER? 1 YES 2 PNO 27. MANNER OP DEATN 1 Netural 5 Penc 2 Accident Inves 3 Suicide 6 Coul	USE CC	DNTRIBUT DSPITAL: Inpetient 2 28a. DATE OF (Month. D.) 26e. PLACE O	E TO CAL ER/Outpetlem 3 INJURY By, Year) F INJURY — At ho	DOA 4	DEATI DTHER: Nursing OF 28	H Y 26. PLA 3 Home C. INJUI WOR	YES NC ICE OF DEATH (Che S A Residence RY AT KY	PERFOLITION (Street 281. LOCATION (Street	NJURY OC	CURED	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
ED BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO ME EXAMINER? 1 YES 2 PNO 27. MANNER OF DEATN 1 Netural 5 Penc 2 Accident Invet 3 Suicide 6 Coul	USE CC	DNTRIBUT DSPITAL: Inpetient 2 28a. DATE OF (Month. D.) 26e. PLACE O	ER/Outpetient 3	DOA 4	DEATI DTHER: Nursing OF 28	H Y 26. PLA 3 Home C. INJUI WOR	YES NC ICE OF DEATH (Che S A Residence RY AT KY	PERFOI 1 YES : Dick only one) 6 Other (Specify) 28d. DESCRIBE NOW	NJURY OC	CURED	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
ED BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO ME EXAMINER? 1 YES 2 PMO 27. MANNER DPOEATN 1 Natural 5 Penc 2 Accident Invest 3 Sulcide 6 Coul 4 Homicide determines	USE CC	DNTRIBUT DSPITAL: Inpetient 2 28a. DATE OF (Month, D.) 26e. PLACE O building,	E TO CAL ER/Outpetlent 3 INJURY my, Year) F INJURY — At ho etc. (Specify)	DOA 4 28b. TiME iNJUF	DEATI DTHER: Nursing OF 28 RY M ,	H Y 26. PLA 3 Home c. INJUI WOR 1 YE , office	CES NC CE OF DEATH, Che 5 # Residence RY AT K? ES 2 NO	PERFOLITION (Specify) 28d. DESCRIBE NOW 28t. LOCATION (Street City or Yown, State)	NJURY OCC	CURED or Rural F	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
ED BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO ME EXAMINER? 1 YES 2 PNO 27. MANNER OP DEATN 1 Natural 5 Penc 2 Accident Inves 3 Suicide 6 Coul 4 Homicide 6 Coul deter 29e. CERTIFIER (Check only	USE CC EDICAL HG 1 C Iding stigetion sid not be armined	DNTRIBUT DSPITAL: Inpatient 2 28s. DATE OF (Month, D) 26s. PLACE O building,	E TO CAL ER/Outpetient 3 INJURY — At ho etc. (Specify) my knowledge, de	DOA 4 28b. TIME INJUST	DEATI OTHER: Nursing OF 28 NY M 1	H Y 26. PLA 3 Home c. INJUI WOR: 1 YE , office	YES NC NCCE OF DEATN (Che 5 PResidence RY KY ES 2 NO and place, end due	PERFOLITION (Specify) 28d. Describe NOW 28t. LOCATION (Street City or Town, State) to the cause(e) end ma	NJURY OCI	CURED or Rural F	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
E COMPLETED BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO ME EXAMINER? 1 YES 2 PNO 27. MANNER OP DEATN 1 Natural 5 Penc 2 Accident Inves 3 Suicide 6 Coul 4 Homicide 6 Coul deter 29e. CERTIFIER (Check only	USE CC EDICAL HC 1 C Inding satigation side not be armined ING PNYSICIAN EXAMINER: Of	DNTRIBUT DSPITAL: Inpatient 2 28s. DATE OF (Month, D) 26s. PLACE O building,	E TO CAL ER/Outpetient 3 INJURY — At ho etc. (Specify) my knowledge, de	DOA 4 28b. TIME INJUST	DEATI OTHER: Nursing OF 28 NY M 1	H Y 26. PLA 3 Home c. INJUI WOR 1 YE , office	YES NC NCCE OF DEATN (Che 5 PResidence RY KY ES 2 NO and place, end due	PERFOLITION (Specify) 28d. DESCRIBE NOW 281. LOCATION (Street City or Rown, State) to the cause(e) end ma	NJURY OCI	CURED or Rural F	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
BE COMPLETED BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO ME EXAMINER? 1 YES 2 PNO 27. MANNER OP DEATN 1 Natural 5 Penc 2 Accident Inves 3 Sulcide 6 Coul 4 Homicide 6 Coul 4 Homicide 6 Coul (Check only one) 2 MEDICAL 29b. SIGNATURE AND TITLE-OF	USE CC EDICAL HG 10 Inding stigetion lid not be ermined ling PNYSICIAN EXAMINER: Or CERTIFIER	DNTRIBUT DSPITAL: Inpetient 2 28a. DATE OF (Month, D. 28e. PLACE O building, To the best of an the bests of expression of the control of the	ER/Outpetlem 3 INJURY ny, Year) FINJURY — At ho etc. (Specify) my knowledge, de tamination end/or	DOA 4 28b. TIME INJUF me, ferm, stri eth occurred investigation,	DEATI OTHER: Nursing OF Nursing M 1 28 1 1 at the time In my opin	H Y 26. PLA 3 Home c. INJUI WOR 1 YE , office	CES NO CE OF DEATN (Che 5 Presidence RY AT K? ES 2 NO	PERFOLITION (Specify) 28d. DESCRIBE NOW 281. LOCATION (Street City or Rown, State) to the cause(e) end ma	NJURY OCI	CURED or Rural F	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
E COMPLETED BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO ME EXAMINER? 1	USE CC EDICAL HG 10 Inding setigation ind not be permined in pricial in the permined in the pe	DNTRIBUT DSPITAL: Inpetient 2 28a. DATE OF (Month, D. 28e. PLACE O building, To the best of an the bests of ent	ER/Outpetlem 3 INJURY ny, Year) FINJURY — At ho etc. (Specify) my knowledge, de tamination end/or	DOA 4 28b. TIME INJUR me, ferm, stri eth occurred investigation,	DEATI OTHER: Nursing OF Nursing M 1 28 1 1 at the time In my opin	H Y 26. PLA 26. PLA 26. PLA 26. INJUI	CES NO CE OF DEATH (Che 5 Healdence RY AT IK? ES 2 NO ond place, end due ath occured at the 29c. LICENSE NUM	PERFO 1 YES: Dick only one) 6 Other (Specify) 28d. DESCRIBE NOW 28t. LOCATION (Street City or Nown, State) to the cause(e) end matime, date end place, endinger	NJURY OCC	CURED or Rural F	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
BE COMPLETED BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO ME EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN 1 Netural 5 Penc 2 Accident Inver 3 Sulcide 6 Coul 4 Homicide 6 Coul (Check only one) 2 MEDICAL 29b. SIGNATURE AND TITLE-OF	USE CC EDICAL HG 1 C ING PHYSICIAN EXAMINER: O	DNTRIBUT DSPITAL: Inpetient 2 2as. DATE OF (Month, D. 26e. PLACE O building. To the best of en the basis of en	E TO CAL ER/Outpetient 3 INJURY By, Year) F INJURY — At ho etc. (Specify) my knowledge, de tamination end/or	DOA 4 28b. TIME 28b. TIME 1HJUF me, ferm, str. ath occurred investigation,	DEATI OTHER: Nursing OF Nursing M 1 28 1 1 at the time In my opin	H Y 26. PLA 26. PLA 26. PLA 26. INJUI	CES NO CE OF DEATH (Che 5 Healdence RY AT IK? ES 2 NO ond place, end due ath occured at the 29c. LICENSE NUM	PERFO 1 YES: Dick only one) 6 Other (Specify) 28d. DESCRIBE NOW 28t. LOCATION (Street City or Nown, State) to the cause(e) end matime, date end place, endinger	NJURY OCC	CURED or Rural F	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
BE COMPLETED BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO ME EXAMINER? 1	USE CC EDICAL HG 1 C ING PHYSICIAN EXAMINER: O	DNTRIBUT DSPITAL: Inpetient 2 2as. DATE OF (Month, D. 26e. PLACE O building. To the best of en the basis of en	E TO CAL ER/Outpetient 3 INJURY By, Year) F INJURY — At ho etc. (Specify) my knowledge, de tamination end/or	DOA 4 28b. TIME 28b. TIME 1HJUF me, ferm, str. ath occurred investigation,	DEATI OTHER: Nursing OF Nursing M 1 28 1 1 at the time In my opin	H Y 26. PLA 26. PLA 26. PLA 26. INJUI	CES NO CE OF DEATH (Che 5 Healdence RY AT IK? ES 2 NO ond place, end due ath occured at the 29c. LICENSE NUM	PERFO 1 YES: Dick only one) 6 Other (Specify) 28d. DESCRIBE NOW 28t. LOCATION (Street City or Nown, State) to the cause(e) end matime, date end place, endinger	NJURY OCC	CURED or Rural F	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	



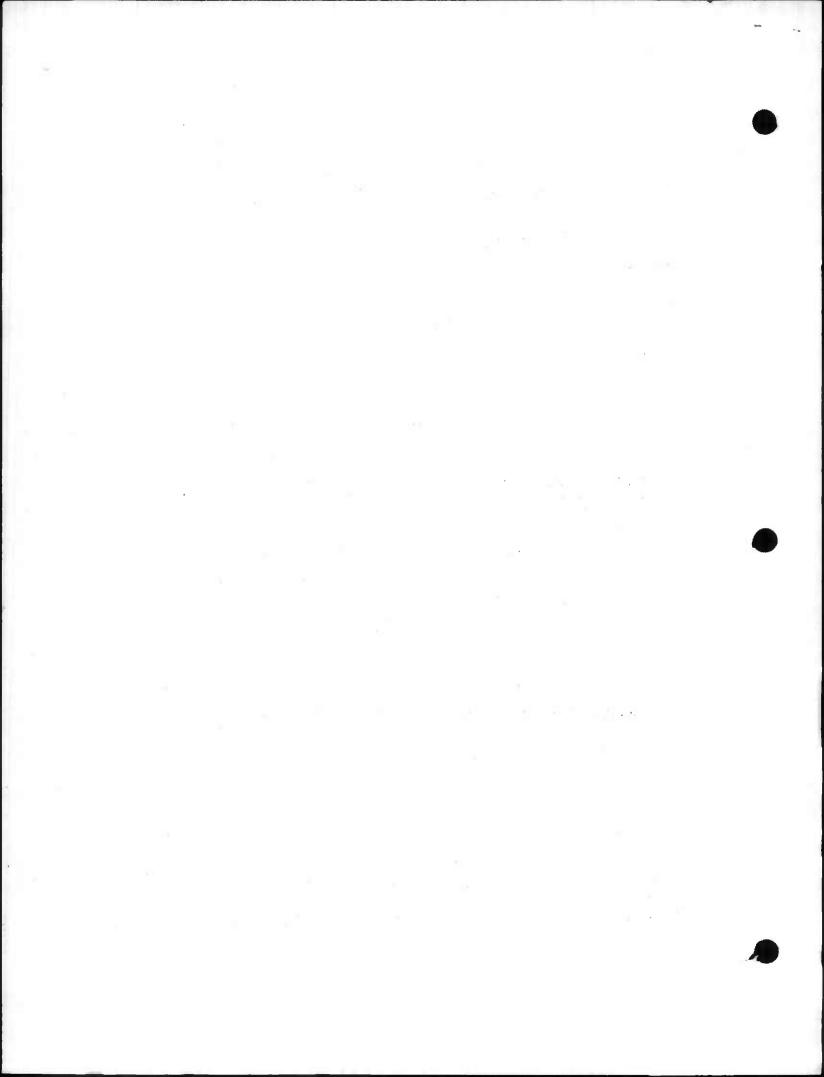
BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunal, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR 1 - STATE REGISTRAR	STATE OF MARYLAN	ID / DEPART	MENT OF H	EALTH AND DEATH	MENTAL HYGI						
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEAT	Н		3. TIME OF DEATH			
10	Marian Livina Tra	ub			November	DAY 23 1	YEAR QQ/:	1515 M				
			rs. last birthday)	F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH			IPLACE (State or Foreign			
	050-24-4365	□ M 2 🖁 F 85	YRS.	ONTHS DAYS	HOURS MIN.	(Month, Day, Yea		Countr	γ)			
	9e. FACILITY NAME (If not institution, give street		-	b CITY TOWN (R LOCATION OF D	November 1			New York			
Œ	(/											
유	Patuxent River Naval Hospital Patuxent River St. Mary's											
DIRECTOR	10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10											
5	Maryland St. M	arv's	Ca	allaway					LIMITS?			
A	10e. STREET AND NUMBER				ZIP CODE		10g. CIT	FIZEN OF V	VHAT COUNTRY?			
FUNERAL	P.O. Box 106				20620		IIni	tod 9	States			
5		. WAS DECEDENT EVER IN U.	S. ARMED			NIC ORIGIN? (Specif		14. RACE	- American Indian.			
	1 Never Merried 2 Merried	FORCES? 1 YES :		II yes, sp	2 K NO Spec	en, Puerio Ricen, etc.	.)	Speci	c, While, etc.			
ВУ	3 🔀 Widowed 4 🗌 Divorced				- CE opon				hite			
COMPLETED	15. DECEDENT'S EDUCATI (Specify only highest grade con	ON 18 npleted)	e. DECEDENT'S US	SUAL OCCUPATION	ON st of working	16b. KIND OF	BUSINESS/IN	DUSTRY				
ш.	Elementery/Secondery (0-12)	College (1-4 or 5+)	(Give kind of worlde. Do NOT use	retired.)								
₹	12		Home	emaker	_							
8	17. FATNER'S NAME (First, Middle, Last)					AME (First, Middle, Me	iden Surneme)					
BE	James Brown					Clayton						
2	19e. INFORMANT'S NAME (Type/Print)					Route Number, City or						
	Bryan Traub 200. METNOO OF DISPOSITION					y, Maryla						
- 1	1 🛱 Buriel 2 □ Cremelion 3 □ Removal	Irom State	ACE AND DATE OF ry, cremetory or othe	r placel		1	LOCATION -	-				
Ш	4 Donellon 5 Other (Specify) 21. Skinatuse by Unerial Subject Licens	10ha	rles Mer		Gardens D ADDRESS OF F		Leonar	dtow	n, Maryland			
1	Collegell by	uKX 1				neral Ho	ne					
	Edward N. Brin	sfield, Jr	M00052					arvla	and 20650			
Ì	23. PART I. Enter the diseases, or com shock, or heart fellure. Liet	plications that ceused th	ne death. Do not	enter the mo	de of dying, eu	ch as cerdiac or n	eepiratory a	rrest,	Approximate			
- 1	IMMEDIATE CAUSE (Finel			/		1 .			Interval Between Onset and Death			
	disease or condition resulting in death)	DUE TO (OR AS A CO	Myoda	1 deal	Juli	netia	21					
	21	DUE TO (OR AS A CO	INSECUENCE OF):		1		3					
Z	Sequentially list conditions, Dut to the As a consequence of:											
AT.	if eny, leeding to immediate cause. Enter UNDERLYING	PUE TO (OR AS A CO	INSEDUENCE OF):									
F C	CAUSE (Disease or Injury C	OUE TO (OR AS A CO	INSECUENCE OF									
Ē	that initiated evente resulting in death) LAST	000 10 (011 110 11 00	indepotation of j.						i 1			
CERTIFICATION	d											
AL	PART II. Other significent conditione conditions	ontributing to deeth but	not resulting in	the underlyin	ceuse given ir	Part I. 24s. WA	AN AUTOPSY	24b	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO			
	S/P Cercin	o vocala	acce	cent		1 _ YE	S 2 NO		COMPLETION OF CAUSE OF DEATN?			
WE									1 YES 2 NO			
ä	DID TOBACCO USE CO	NTRIBUTE TO CA	AUSE OF D	EATH Y	S NC				_			
SIA SIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				ACE OF DEATH (C	heck only one)						
l Si		OSPITAL:	nt 3 🗆 DOA 4	Nursing Nor	s 5 🗆 Residence	8 Other (Specify)						
PHYSICIAN: MEDIC	27. MANNER OF DEATN	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME (URY AT	28d. DESCRIBE H	OW INJURY O	CURED				
BY	1 Natural 5 Pending 2 Accident Investigation				ES 2 NO							
	3 Suicide 6 Could not be	28e. PLACE OF INJURY — building, etc. (Specify)	At home, ferm, atro	et, factory, offic		28f. LOCATION (St. City or Town, S	reet end Numbe	or or Rural F	Route Number,			
COMPLETED	4 Nomicide determined											
7	290. CERTIFIER 1 CERTIFYING PHYSICIAN	N: To the best of my knowledg	e, death occurred	at the time, date	end place, end du	e to the cause(s) end	manner es ata	nted.				
O	One) 2 MEDICAL EXAMINER: 0	n the besis of examination er	nd/or investigation,	In my opinion, d	eath occured at the	e time, date end place	e, end due to t	he ceuse(s) end menner es stated.			
	296 SIGHATURE AND TITLE OF CERTIFIER	٨			29c. LICENSE NU	MBER	29d. DA	TE SIGNED	(Month, Day, Year)			
3 BE	Idam ?	ennla	~		D01380)	>//	1,2	8,94			
5	M. NAME AND ADDRESS OF PERSON WHO CO	OMPLETED CAUSE OF DEATH	(ITEM 27) (Type, 9	rint)		.			-/			
	John F. Fenwick, M	.D. Medi	cal Arts	Bldg.	, Leonar	dtown, M	arylan	d 206	550			
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNATU	IRE	_								
	NOV 30 1994	Julia d'avides	n-Kardall									



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. Fours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

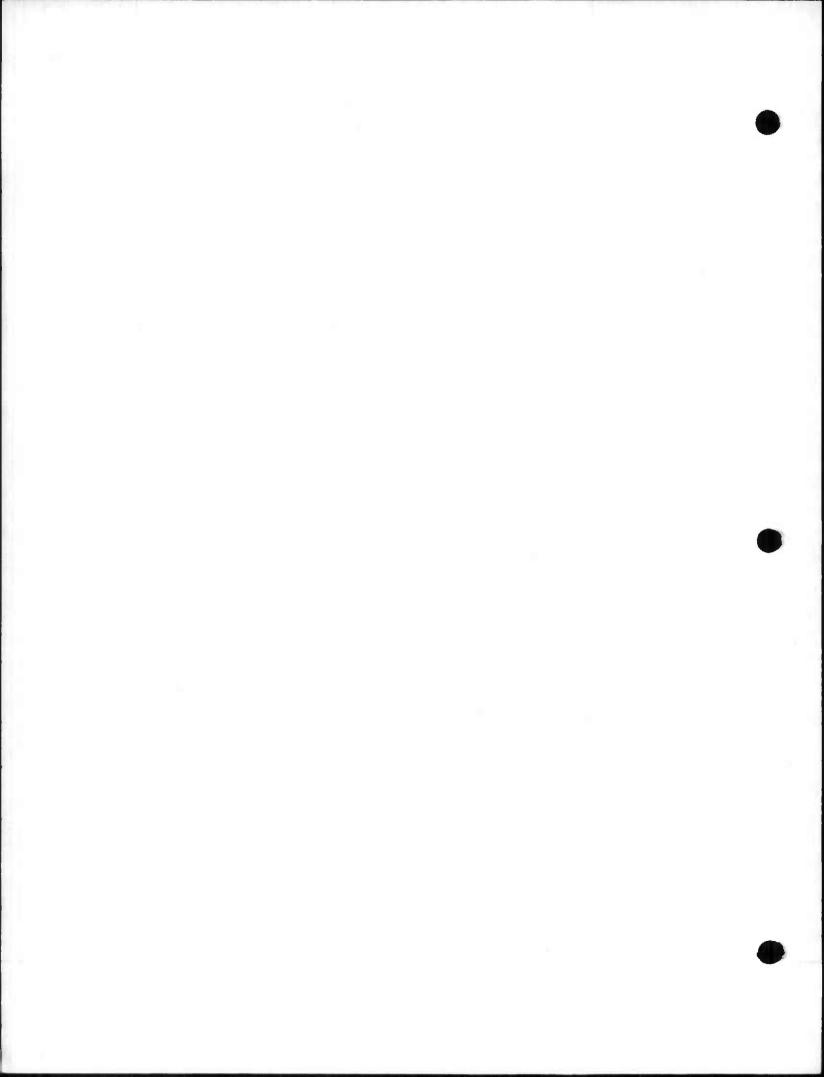
IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be netified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

1 - FOR STATE REGISTRAR

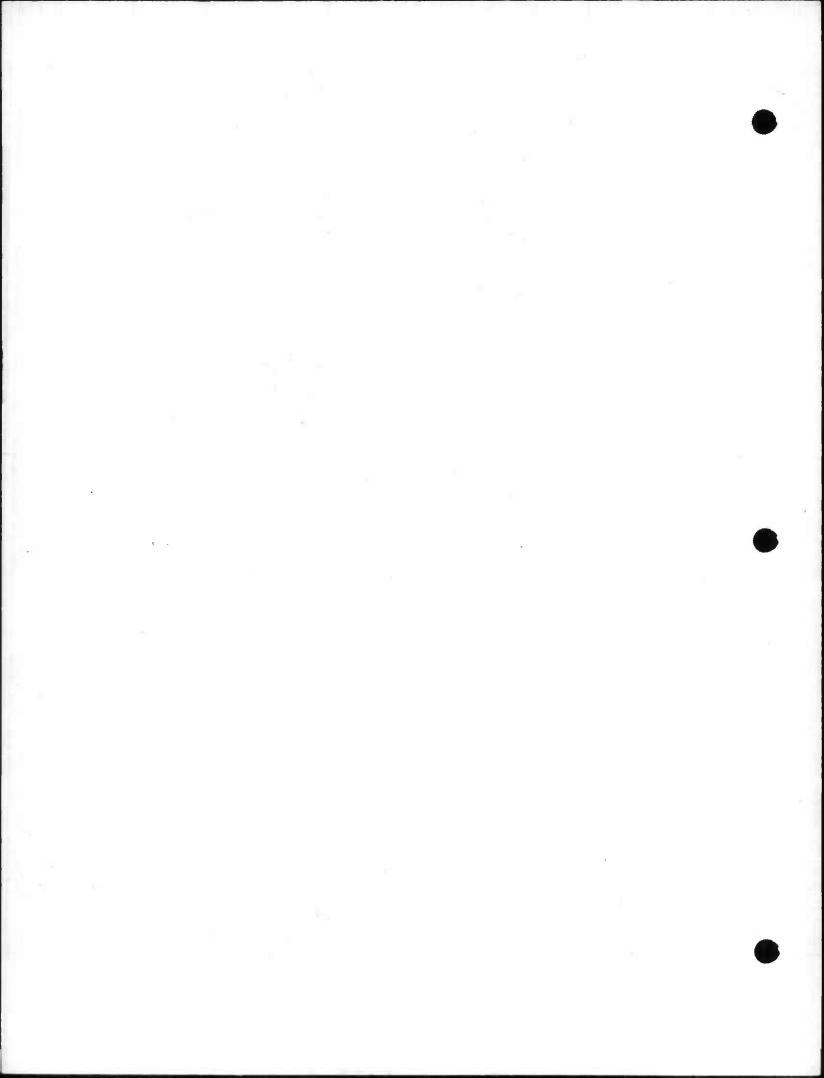
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO.

4. DOOLA SECURITY NUMBER 1.5 ME 2.5	1. DECEDENT'S NAME (First, Middle, Las INGRID LORE		RREAL				DAY	YEAR 94 12:30 A			
SHADY (ROUE ADDENTIST HOSPITAL BICCONTY OF DEATH MONT COMERY SHADY (ROUE ADDENTIST HOSPITAL BICCONTY OF DEATH MONT COMERY 1945. COUNTY OF DEATH MONT COMERY 1945. MAND COUNTY (COUNTY OF DEATH MANDAL STATUS 1945. MAND COUNTY (COUNTY OF DEATH	4. SOCIAL SECURITY NUMBER				HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	(Month, Day, Year) Country)				
STATE TO CHARGE STATE AND CHARGES STATE ST			HOCDITAI		OR LOCATION OF DE		ATH 9c. COUNTY OF DEATH				
STREET AND HANNEES 93.18 WILLION CREEK APT #K 19. AND CREEK APT	RESIDENCE OF DECEDENT		HOSTITAL	ROCKVI	LLE		MON	VIGOMERY			
STREET AND NUMBERS 9318 WILLOW CREEK APT #K 10 Nover Married 2 Married 2 Was DICCEORYT EVER IN U.S. ANABED 11 News Married 2 Married 2 Was DICCEORYT EVER IN U.S. ANABED 12 News SECRETIFY BURNAL COLUMNITOR (New Married 2) Was DICCEORYT EVER IN U.S. ANABED 12 News SECRETIFY BURNAL COLUMNITOR (New Married 2) Was DICCEORYT EVER IN U.S. ANABED 12 News SECRETIFY BURNAL COLUMNITOR (New Married 2) Was News Married 2 Was DICCEORYT EVER IN U.S. ANABED 12 News SECRETIFY BURNAL COLUMNITOR (New Married 2) Was News Married 2 Was News Married	100. STATE 100. COUNTY MARY LAND MO	NA STATE OF THE ST									
Security Security											
Separation Secretary Supersymmetric Supersymmetri	9318 WILLOW CREE						USA	1			
MIGUEL ANDEL BATRES THE INFORMANT SHAME (PymPring) THE MICONAL S	3 Widowed 4 Divorced	FORCES? 1	YES 2 NO	NO If yes, specify Cuben, Maxican, Puerto Rican, etc.) Bis							
MIGUEL ANDEL BATRES THE INFORMANT SHAME (PymPring) THE MICONAL S	15. DECEDENT'S EI (Specify only highest gra Elementary/Secondary (0-12)	ide completed)	(Give kind of	work done during mo	ON st of working	16b. KIND OF B	USINESS/INDI	USTRY			
MIGUEL ANDEL BATRES 199. MAILING ADDRESS (Street and Number or Paral Pouse Number City or Town, State, 20 Cost) MIRNA LORENA VILLAREAL 9318 WILLOW CREEK APT #K - GAITHERSBURG, MD 190. MAILING ADDRESS (Street and Number or Paral Pouse Number City or Town, State, 20 Cost) MIRNA LORENA VILLAREAL 9318 WILLOW CREEK APT #K - GAITHERSBURG, MD 190. MAILING ADDRESS OF FACILITY 9901 MEDICAL CENTER DRIVE ROCKVILLE MARGARE PETERSON DP PATIENT CARE 9901 MEDICAL CENTER DRIVE ROCKVILLE, MD 20850-3395 23. PART I. Effect the diseased for complications that caused the death. Do not enter the mode of dying, such as cardisc or respiratory arrest, interest diseases or condition. MIMEDIATE CAUSE (Fine) 190. MAILING ADDRESS OF FACILITY 9901 MEDICAL CENTER DRIVE ROCKVILLE, MD 20850-3395 23. PART I. Effect the diseased for complications that caused the death. Do not enter the mode of dying, such as cardisc or respiratory arrest, interest disease or condition. MIMEDIATE CAUSE (Fine) 190. MAILING ADDRESS OF FACILITY 9901 MEDICAL CENTER DRIVE ROCKVILLE, MD 20850-3395 23. PART II. Effect the diseased for complications that caused the death. Do not enter the mode of dying, such as cardisc or respiratory arrest, interest disease or condition. MIMEDIATE CAUSE (Fine) 190. MAILING ADDRESS OF FACILITY 9901 MEDICAL CENTER DRIVE ROCKVILLE, MD 20850-3395 24. Approximately list conditions, that respirately arrest, and the course of dying, such as cardisc or respiratory arrest, interest and the course of the course of part interest and the course of part interest and the course of part interest and the course of part interest and the course of part interest and the course of part interest and the course of part interest and the course of part interest and the course of part interest and the course of part interest and the course of part interest and the course of part interest and the course of part interest and the course of part interest and the course of part interest and the course of part interest and the course of pa	17. FATHER'S NAME (First, Middle, Leat)	17 FATHER'S NAME (First Miridia Last)									
199. MAILING ADDRESS (Street and Number or Paral Route Number. City or Town. State. 25 Code) MINNA LORENA VILLAREAL 9318 WILLOW CREEK APT #K - CAITHERSBURG, MD Burlet Apt. Creamation 3 Removal from State 4 Donastion #4 Other (Seportry) 1 Burlet Apt. Creamation 3 Removal from State 4 Donastion #4 Other (Seportry) 1 Burlet Apt. Creamation 3 Removal from State 4 Donastion #4 Other (Seportry) 1 BURLET Apt. Creamation 3 Removal from State 4 Donastion #4 Other (Seportry) 1 BURLET Apt. Creamation 3 Removal from State 4 Donastion #4 Other (Seportry) 1 BURLET RESIDENCE PATTERN CARE 9 PART II. Other diseases of recurrence or present follows. It and so complete the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, interval Ones to conditions, resulting in death) 1 BURLET RESIDENCE PATTERN CARE 22. PART I. Effect the diseases of recurrence follows. It and you couse on each line. 1 BURLET RESIDENCE PATTERN CARE 9 PART II. Other alignificant conditions, and completely approximate the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, interval Ones to condition, resulting in death) 1 BURLET RESIDENCE PATTERN CARE 9 PART II. Other alignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24 BURLET RESIDENCE PATTERN CARE 1 DUE TO (OR AS A CONSEQUENCE OF): 25 BURLET RESIDENCE PATTERN CARE 26 BURLET RESIDENCE PATTERN CARE 1 DUE TO (OR AS A CONSEQUENCE OF): 26 BURLET RESIDENCE PATTERN CARE 27 BURLET RESIDENCE PATTERN CARE 28 BURLET RESIDENCE PATTERN CARE 29 BURLET RESIDENCE PATTERN CARE 20 BURLET RESIDENCE PATTERN CARE 20 BURLET RESIDENCE PATTERN CARE 20 BURLET RESIDENCE PATTERN CARE 21 BURLET RESIDENCE PATTERN CARE 22 BURLET RESIDENCE PATTERN CARE 23 BURLET RESIDENCE PATTERN CARE 24 BURLET RESIDENCE PATTERN CARE 25 BURLET RESIDENCE PATTERN CARE 26 BURLET RESIDENCE PATTERN CARE 27 BURLET RESIDENCE PATTERN CARE 28 BURLET RESIDENCE PATTERN CARE 29 BURLET RESIDENCE PATTERN CARE 29 BURLET RESIDENCE		TDFC						AT			
MIRNA LORENA VILLARREAL 20. PLACE AND DATE OF DISPOSITION 20. METHOD OF DISPOSITION 20. Burlar 3-2-Ceremation 3 Removal from State 20. PLACE AND DATE OF DISPOSITION DATE 20. LOCATION - City or Town, State 20. PLACE AND DATE OF DISPOSITION DATE 20. LOCATION - City or Town, State 20. PLACE AND DATE OF DISPOSITION DATE 20. LOCATION - City or Town, State 20. PLACE AND DATE OF DISPOSITION DATE 20. LOCATION - City or Town, State 20. PLACE AND DATE OF DISPOSITION DATE 20. LOCATION - City or Town, State 20. PLACE AND DATE OF DISPOSITION DATE 20. LOCATION - City or Town, State 21. RAMAR AND ADDRESS OF FACULTY 20. PLACE AND DATE 21. RAMAR AND ADDRESS OF PRESCRIPTION OF PROVIDED IN PART DATE 20. LOCATION - City or Town, State 20. PLACE AND DATE OF DATE 20. LOCATION - City or Town, State 20. PLACE AND DATE OF DATE 20. LOCATION - City or Town, State 20. ROCKVILLE, MD 20850-3395 21. RAMAR AND ADDRESS OF PACIFIED AND DATE OF TAXABLE PROVIDED AND DATE OF TAX	19a INFORMANT'S NAME (Time/Print)	TVES	10h MAII IN	G ADDRESS /Comics							
20. PLACE ADD TO POSSON TO PLANT OF DATE 20. LOCATION - City or Town, State 4 Denation - 40 Other (Specify) 21. SUBJECT OF DISPOSITION I DATE 20. LOCATION - City or Town, State 4 Denation - 40 Other (Specify) 22. NAME AND ADDRESS OF FACILITY 23. PART I. Effor the disease by complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, subject, or heart feighter. List only one cause on each line. 23. PART I. Effor the disease by complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, subject, or heart feighter. List only one cause on each line. 24. PART II. Other significant conditions, if any, leading to immediate cause. Either UNDERLYING CAUSE (Pines) 25. Sequentially list conditions, if any, leading to immediate cause. Either UNDERLYING CAUSE (Pines) 26. DUE TO (OR AS A CONSEQUENCE OF): 27. WAS CASE REFERRED TO MEDICAL EXAMINER? 28. WAS CASE REFERRED TO MEDICAL EXAMINER? 28. WAS CASE REFERRED TO MEDICAL EXAMINER? 29. PLACE OF DEATH (Check only ons) 29. MacCase REFERRED TO MEDICAL EXAMINER? 29. PLACE OF INJUNY AT INJUN		TIIADDUAT						,			
Survive 2-part Survive 2-part Survive		ILLAKKEAL									
ASPORT II. Other algnificant conditions a contributing to death but not resulting in the underlying cause given in Part I. 25. WAS CASE REFERRED TO MEDICAL EARLINEARY 26. DATE OF DRAINY 27. MANUAL 28. MAS CASE REFERRED TO MEDICAL EARLINEARY 10 YES 2\(\) NO 27. MANUAL OF DEATH 28. DATE OF INJURY 29. DATE OF INJURY 29. DATE OF INJURY 29. DATE OF INJURY 29. DATE OF INJURY 29. DATE OF INJURY 29. DATE OF INJURY 29. DATE OF INJURY 29. DATE OF INJURY 29. DATE OF INJURY 29. DATE OF INJURY 29. DATE OF INJURY 29. DATE OF INJURY 29. DATE OF INJURY 29. DATE OF INJURY 29. DATE OF INJURY	1 Burist 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) SHADY GROVE ADVENT. HOSP ROCKVILLE										
23. PART I. Effect the disease in complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, interval indexes or condition resulting in death) Sequentially list conditions. If any, leading to immediate cause. Enter UNDERLYING CAUSE (Please or Injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF)	MARGARET PETERSO		T CARE	9901	MEDICAL	CENTER DR		Harris No.			
PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 248. WBS AN AUTOPSY PERFORMED? 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury									
2 Accident Accident Accident Accident Accident Accident Suicide Basan PLACE OF INJURY — At home, term, street, fectory, office 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 283. PLACE OF INJURY — At home, term, street, fectory, office 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 286. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. One) 2 MEDICAL EXAMINER: On the best of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 29b. Signature And Tityde Of Certifier 29d. DATE Signed (Month, Day, Year And Address, Of Person/WHO, COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year And Address of Person/WHO, COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 29d. DATE SIGNED (Month, Day, Year And Address of Person/WHO, COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 29d. DATE SIGNED (Month, Day, Year And Address of Person/WHO, COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 29d. DATE SIGNED (Month, Day, Year And Address of Person/WHO, Completed Cause Of Death (ITEM 27) (Type, Print) 29d. DATE SIGNED (Month, Day, Year And Address of Person/WHO, Completed Cause Of Death (ITEM 27) (Type, Print) 29d. DATE SIGNED (Month, Day, Year And Address of Person/WHO, Completed Cause Of Death (ITEM 27) (Type, Print) 29d. DATE SIGNED (Month, Day, Year And Address of Person/WHO, Completed Cause Of Death (ITEM 27) (Type, Print) 29d. DATE SIGNED (Month, Day, Year And Address of Person/WHO, Completed Cause Of Death (ITEM 27) (Type, Print) 29d. DATE SIGNED (Month, Day, Year And Address of Person/WHO, Completed Cause Of Death (ITEM 27) (Type, Print) 29d. DATE SIGNED (Month, Day, Year And Address of Person/WHO, Completed Cause Of Death (ITEM 27) (Type, Print) 29d. DATE SI	PART II. Other algnificant conditi	ORMED?	24b. WERE AUTOPSY FINDING AMALABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO								
2 Accident Accident Subcide	25. WAS CASE REFERRED TO MEDICAL			26. PI	ACE OF DEATH (Ch	neck only one)					
2 Accident Accident Accident Accident Accident Accident Suicide Basan PLACE OF INJURY — At home, term, street, fectory, office 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 283. PLACE OF INJURY — At home, term, street, fectory, office 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 286. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. One) 2 MEDICAL EXAMINER: On the best of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 29b. Signature And Tityde Of Certifier 29d. DATE Signed (Month, Day, Year And Address, Of Person/WHO, COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year And Address of Person/WHO, COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 29d. DATE SIGNED (Month, Day, Year And Address of Person/WHO, COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 29d. DATE SIGNED (Month, Day, Year And Address of Person/WHO, COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 29d. DATE SIGNED (Month, Day, Year And Address of Person/WHO, Completed Cause Of Death (ITEM 27) (Type, Print) 29d. DATE SIGNED (Month, Day, Year And Address of Person/WHO, Completed Cause Of Death (ITEM 27) (Type, Print) 29d. DATE SIGNED (Month, Day, Year And Address of Person/WHO, Completed Cause Of Death (ITEM 27) (Type, Print) 29d. DATE SIGNED (Month, Day, Year And Address of Person/WHO, Completed Cause Of Death (ITEM 27) (Type, Print) 29d. DATE SIGNED (Month, Day, Year And Address of Person/WHO, Completed Cause Of Death (ITEM 27) (Type, Print) 29d. DATE SIGNED (Month, Day, Year And Address of Person/WHO, Completed Cause Of Death (ITEM 27) (Type, Print) 29d. DATE SIGNED (Month, Day, Year And Address of Person/WHO, Completed Cause Of Death (ITEM 27) (Type, Print) 29d. DATE SI	EXAMINER?		VOutpetient 3 DOA		se 5 - Besidence	6 Cher (Specify)					
Accident 3 Suicide 8 Could not be detarmined 29s. PLACE OF INJURY — At home, term, street, fectory, offics 29s. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 29s. SIGNATURE AND TIME OF CERTIFIER 29s. SIGNATURE AND TIME OF CERTIFIER 29s. SIGNATURE AND TIME OF CERTIFIER 29d. DATE SIGNED (Month, Day, Yes	27. MANNER OF DEATH	28a. DATE OF INJ	URY 28b. TH	ME OF 28c. INJ	JURY AT		V INJURY OCC	URED			
29s. SIGNATURE AND TITIES OF CERTIFIES 29s. S		n		M 1 🗆	YES 2 NO						
296. SIGNATURE AND TITLE OF CERTIFIER 296. LICENSE NUMBER 296. LICENSE NUMBER 296. DATE SIGNED (Morrith, Day, Yea 10, MANE AND ADDRESS, OF PERSON WHO, COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)	3 Suicide 8 Could not be determined	8 Courte not be building, atc. (Specify)									
296. SIGNATURE AND TITLE OF CERTIFIER 296. LICENSE NUMBER 296. LICENSE NUMBER 296. DATE SIGNED (Morrith, Day, Yea 10, MANE AND ADDRESS, OF PERSON WHO, COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)	29s. CERTIFIER (Check only one) 1 CERTIFYING PH'										
The state of the s	296. SIGNATURE AND TITLE OF CERTIF	1) (Redia	hucian)							
Donathan Klontz, OD. 9901 Medical Center Drive Kodwille MD	JOHAN AND ADDRESS OF PERSON	61 10 111	P. 9501 /		Center	Drive	Roch	ville MB 2085			

	FOR STATE REGISTRAR	STATE OF MARYLA		MENT OF H		MENTAL HYGIEN				
	1. DECEDENT'S NAME (First, Middle, Last)	Antho		Weir		DATE OF DEATH	75-19	XEAR 3. TIME OF CEATH M		
	4. SOCIAL SECURITY NUMBER 130-32-3198 Se. FACILITY NAME (If not institution, give s	6. AGE (In yrs. light birthday) 1 N 2 F 52 YRS.		IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Dev. Year) 10-28-42	0-28-42 Bronx, N			
TOR	MALCOLM GROVE HO			Camp Sp	rings	ATH		vofoeath ice George		
DIRECTOR	Maryland P.G.		TOWH OR LOCAT			10d. INSIDE CITY LIMITS? YES 2 NO				
FUNERAL	100. STREET AND NUMBER 2812 Xavier Land			20747			U.S.A.			
BY FU	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Olvorced	12. WAS DECEDENT EVER IN FORCES? YES YES IF YES, GIVE WAR OR OA VIET	2 NO	If yes, spe	ENDENT OF HISPAN selfy Cuban, Maxican 2 XXNO Specify	IC ORIGIN? (Specify You, Puerto Ricen, etc.)	ns or No — 14	4. RACE — American Indian, Black, Whita, atc. Specify: BLACK		
COMPLETED	15. OECEOENT'S EDU- (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	life. Do NOT use	ork done during mo: retired.)	st of working	16b. KINO OF BU		STRY		
AMC.	12th 17. FATNER'S NAME (First, Middle, Last)		War	ehouse 1	_	A &	P Food	ls		
l w l	Vincent Weir					Lee Filmon	,	:		
TO B	19a. INFORMANT'S NAME (Type/Print)					loute Number, City or To				
	Sonja Frederick	daughter	7809	Locris (Court U	oper Marl	oro, M	Maryland 20772		
	20e. METHOO OF OISPOSITION 1									
	21. SIGNAPORE OF VUNERAL SERVICE LIC	ENSER ON S	#866	Robert		on Funeral				
CERTIFICATION	1661 Good Hope Rd., S.E. Wash., DC 20020 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory srrest, approximate interval Between Onset and Death of the complete of the c									
MEDICAL (PART II. Other significent condition	s contributing to deeth bu	ut not resulting in	the underlying	g cause given in		RMEO?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?		
	DID TOBACCO USE	CONTRIBUTE TO	CAUSE OF	DEATH Y	YES NO			1 YES 2 NO		
PHYSICIAN:	25. WAS CASE REFERENCE TO MEDICAL EXAMINED!	HOSPITAL:		28. PL	ACE OF OEATH (Che	ick only one)				
YSI	WINES 2 NO	1 - Inpetient 2 - ER/Outpe	atient 3- DOA	4 - Nursing Home	e 5 🗆 Rasidence	8 Other (Specify)				
ВУ РН	27. MANNER OF OEATH 1 Netural 5 Pending 2 Accident Investigation	28a. OATE OF INJURY (Month, Day, Year)	28b. TIME INJU	M 1 N	RK? 'ES 2 NO	28d. OEŞCRIBE NOW		775		
2 Culaido — 1 288, PLACE OF INJURY — Al home farm street factory office								Rural Route Number,		
OMPLETED		CIAN: To the best of my knowle R: On the basis of examination						cause(s) and menner as stated.		
TO BE C	29b. SIGNATURE AND TITLE OF CENTRIFIE	Keringues	m		200 LICENSE NUM	30 .	29d. DATE S	SIGNEO (Month, Day, Year) WD-161 1994		
	30. MAME AND ADDRESS OF PERSON WIN ACTURED TO COMMON TO	O COMPLETED CAUSE OF DEA	5009	Rayb	unt	· dp. Sj	n.M	לנינים לי		
	NOV 1 5 1994 5	figia Davidson-Ma	Marion			,				



_		FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPAR CERTIF	TMENT OF H	HEALTH AND I	MENTAL HYGIEN			
		1. DECEDENT'S NAME (First, Middle, Last)	MOND	WARR	ENN	ER	2. DATE OF DEATH DO NONTH DV		3. TIME OF DEATH	
pino		4. SOCIAL SECURITY NUMBER 579 07 0459 98. FACILITY NAME (If not institution, give str	1 xxM 2 □ F 7	(In yrs. lest birthday) 75 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) June 11 1	919 Te	ITHPLACE (State or Foreign intry)	
f, 2, 3 should	TOR									
15-0020 ending physician. as the burial-transit permit. Pages 1,	DIRECTOR		e George's		y, town or locat wie	TION			10d. INSIDE CITY LIMITS? TES 2 NO	
an. transit perr	FUNERAL	2702 Spindle La				20715		United States		
21215-0020 or attending physician. rr use as the burial-tran	B	11. MARITAL STATUS 1 Never Married 2XX Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 TO YES IF YES, GIVE WAR OR D	If yes, sp	CENDENT OF HISPAN Hecity Cuban, Maxica 5 24 XNO Specify	Bi	ACE — American Indian, ack, Whita, atc. eccity: White			
MARYLAND 21215-0020 retained by the hospital or attending physic 5 should be detached for use as the burial notified at once.	COMPLETED	15. DECEDENT'S EDUC. (Specify only highest grade of Elementary/Secondary (0-12)	ATION completed) College (1-4 or 5+)	16a. DECEDENT'S (Give kind of viife. Do NOT us	USUAL OCCUPATION or done during more retired.)	ON ost of working		SINESS/INDUSTRY		
IARYLAND 212- trained by the hospital or att should be detached for use tiffled at once.		12 17. FATHER'S NAME (First, Middle, Last) Henry Warrenner		Sightseeing Lines 18. MOTHER'S NAME (First, Middle, Maiden Surmame)						
MARY retained by 5 should by	TO BE	Henry Warrenner 19a. INFORMANT'S NAME (Type/Print) Gloria T. Warrenne	er		ADDRESS (Street a	and Number or Rural	ett Murrane Route Number, City or Tow Bowie Mary	n, State, Zip Code)	1715	
AORE, le 6 may be rector, page		20a. METHOD OF DISPOSITION 1 Duriel 2 Cremation 3 Remove 4 Donation 5 Other (Specify)	206	PLACE AND DATE	OF DISPOSITION (No		DATE 20c. LO	CATION — CHy or eltenhar	Town, Stata	
BALTIMORE, ter death. Page 6 may be the funeral director, page 3 may be and.		21. SIGNATURE OF FUNERAL SERVICE LICE	ENSEE	Pres.	Bea:			ome, P.A	١.	
DX 68760, be executed with clan and completely filled in by it or to builar, cremation, or remo-	ATION	23. PART I. Enter the diseases, or conshock, or haart failure. L. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	MALLIEN DUE TO (OR AS A	ach ilna.	NTRIC	oda of dying, suc	h as cardiac or reapi	iratory arreat,	Approximata interval Between Onset and Death 13Days	
P.O. B th certificat anding phy Hygiene p	CERTIFICATION	CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF	ግ ։					
RECORDS w requires that the conservation been signed by the fit, of Health and Me is shows any injure.	AL	PART II. Other aignificant conditions ASPIRATI HEMICLEGIA	ION PNI	EUMO/	VIA	g cause given in	Part i. 24a. WAS AN PERFOR	RMED?	14b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
E VITA	PHYSICIAN: MEDIC	27. MANNER OF DEATH	HOSPITAL: 1. Inpetient 2 ER/Outp 26a. DATE OF INJURY (Month, Day, Year)	26b. TIM	OTHER: 4 Nursing Horr E OF 28c, INJ	LACE OF DEATH (Ch		NJURY OCCURED		
ISION TTENDING TOR: After after death 28 is ma	B≼	1 Netural 5 Pending 2 Accident Investigation 3 Suicide 6 Could not be detarmined	26s. PLACE OF INJURY building, atc. (Spec	/ — At home, term, :		YES 2 NO	281. LOCATION (Street a City or Town, State)	LOCATION (Street and Number or Rural Route Number, City or Town, State)		
	COMPLETED	anel	IAN: To the best of my know						e(s) and manner as stated.	
TO THE HOSPITAL TO THE FUNERAL DE filed within 72 IMPORTANT: II	TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CALLES OF DE	ATH OTEN OT	Print	29c. LICENSE NUI	ABER 7/0		ED (Morith, Day, Year) V: 8/K 1994	
UH		4700 BERWYN 31. DATE FILED (Morith, Day, Mar)	HOUSE RP	Coll	EGE 1	PARK	M1)20;	204		
		NOV 1 5 1994 y	132. REGISTRAR'S SHOW	ησειου						

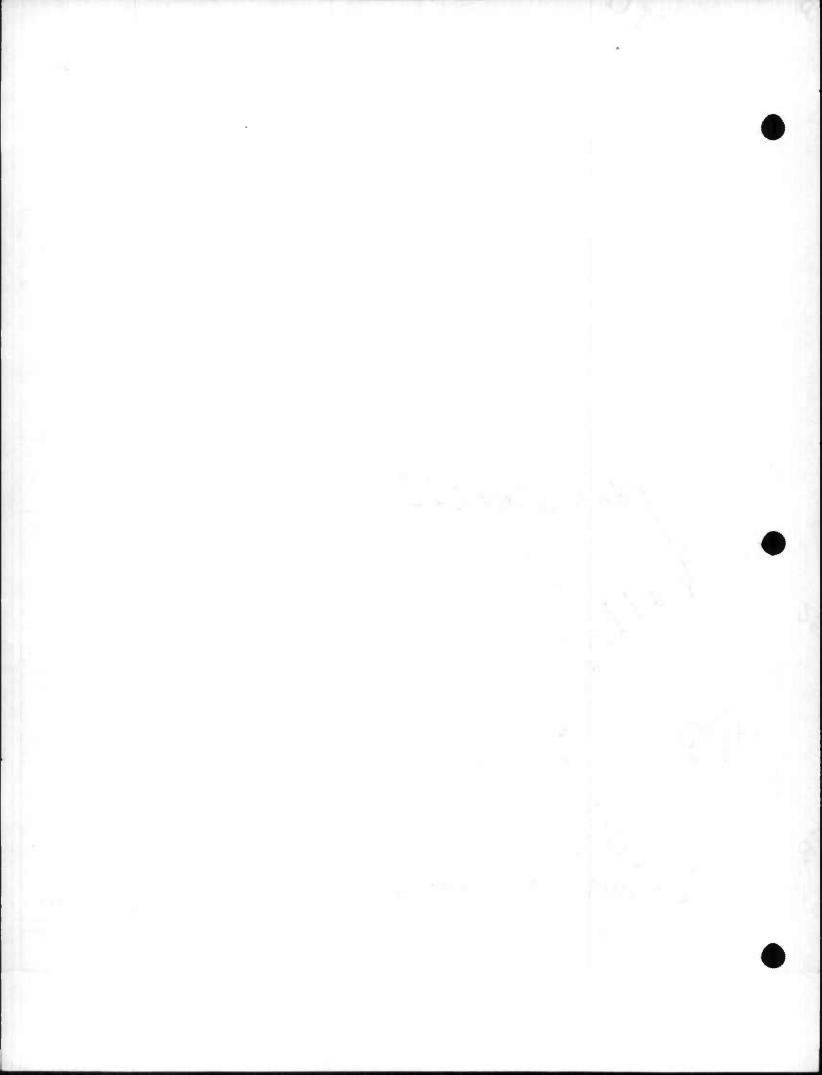


1 - FOR STATE REGISTRAR

Δ
RECORDS
VITAL
OF
NO
SIVIC

	- 1	1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH NOV 13 1994 9.30 D														
		4. SOCIAL SECURITY NUME		5. SEX		ARDRIG	IF UNDER	WEAR	IF UNDER	a dime	Nov		199		:30 P	
pine		242-42-39	97	1 📉 M 2 🗌 F	63	YRS.	MONTHS DAYS HOURS MIN. (Month, Day, 06-15-			OF BIRTH (h. Dey. Year)	N.C. Bodisbui		burg			
2, 3 should	OB	9a. FACILITY NAME (If not Institution, give street and number) 5733 New Hampshire Ave. #112 Takoma Park								EATH			CE G	eorge	¹s	
	DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY			10c. CF	Y, TOWN OF	LOCAT	TION					10	od. INSIDE CITY	Y	
nit. Pag		Maryland Prince George's				Tako							1	LIMITS? X YES 2	NO	
sit pen	ERAL	6733 New	6733 New Hampshire Avenue				#112 101. ZIP CODE 20912					10g. CITIZEN OF			State:	S
ling physician. the burial-transit permit. Pages	BY FUNER	11. MARITAL STATUS 1 Never Married 2 3 Divo	Married	12. WAS DECEDEN	DECEDENT EVER IN U.S., ARMED CES? 1 VES 2 NO S, GIVE WAR OR DATES		13. W	13. WAS DECENDENT OF HISPANIC Of If yee, specify Cuban, Mexican, Pr			n, Puerto			14, RACE - Black, V	- American Indi White, atc.	
as	TO BE COMPLETED E	15. DEC	EDENT'S EDU		110	8e. DECEDENT'S	USUAL OC	CUPATIO	ON		16/	, KIND OF BUS	INFSS/IND		ack	
spital or ed for u		Elementary/Secondary (0	y highest grade 1-12)	College (1-4 or 5	-	(Give kind of life. Do NOT u	work done di	iring mo	ist of worldr	ng			vate			
5 B 6		17. FATHER'S NAME (First, Middle, Last) Samuel Wardrick Sally Mabel Richardson														
y be retained bage 5 should be notified		196. INFORMANT'S NAME (Type/Print) 190. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 949 West Lake Dr. Mitchellville, Md.207									21					
in. rage 6 may leral director, par miner must b		20a. METHOD C. DISPOSITION 1 Burnel 2.1 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of cemetery, crematory or other place) Lee S Crematorium 11/16/94 Clinton, Maryland 22c. LOCATION – City or Town, State 22c. LOCATION – City or Town, State 22c. LOCATION – City or Town, State 22c. LOCATION – City or Town, State 22c. LOCATION – City or Town, State 22c. LOCATION – City or Town, State 22c. LOCATION – City or Town, State 22c. LOCATION – City or Town, State 22c. LOCATION – City or Town, State 22c. LOCATION – City or Town, State										nd				
fur fur		JOHN	L SERVICE LIC	teur	ut	111	S	TE	WART	FU	NER.	AL HON	ИЕ . Е.,	Was	h. D.(c.
E S S		disease or condition	earl Tellure.	List only one cer	use on eecl	he deeth. Do h line. Hypert									Approxim Interval B Onset and	etween d Death
executed within 24 in and completely fille to burial, cremation, matic event, the	_ 4	esulting in death)				ONSEQUENCE O			ALC	CLI	030.		Dise		Year	
ncare be execute physician and come prior to burish the prior to burish the traumatic	ATIO	Sequentielly list conditi If any, leading to imme- cause. Enter UNDERLY!	diete	DUE TO	(OR AS A CO	ONSEQUENCE O	F):									
nding phy Hygiene p Or other	CERTIFICATION	CAUSE (Disease or Injuthat Initiated events resulting in deeth) LAS		DUE TO (OR AS A CONSEQUENCE OF):												
- 66 - 1	MEDICAL C	PART II. Other algnifica	nt condition	s contributing to	deeth but	not resulting	in the und	lerlylng	g ceuse (given in	Part I.	24a. WAS AN PERFOR		A	ERE AUTOPSY FO	TO
sign Head	2	1 YES 2 NO OF DEATH? 1 YES 2 NO														
e has be	SICIAN	25. WAS CASE REFERRED TO EXAMINER?	O MEDICAL					26. PL	ACE OF O	EATH (Ch	ack only o	ne)				
in the law requirements of the law requirements of the state Dept. of them 23 shuted, or them 23 shuted.	YSIC	1 X YES 2 NO		HOSPITAL:			OTHER:	ng Hom	_	sidence	-					
ter this cath with marked,	ву Рну		Pending Investigation	28a. DATE OF (Month, D	lay, Year)		M	1 🗌 1	PURY AT PRIN] NO	28d. DE	SCRIBE HOW II	NJURY OCC	UREO		
UN ALTENDING PRYSOLONI: He law req DIRECTOR: After this certificate has been hours after death with the State Dept. of Item 28 is marked, or Item 23 she	0		Could not be determined	28e. PLACE C building,	of INJURY — atc. (Specify)	At home, ferm,	street, facto	ry, offic	•		281. LOC City	ATION (Street a or Town, State)	nd Number	or Rural Rou	te Number,	
4 - 0 -	COMPLET			CIAN: To the best of a											nd menner aa s	itated.
TO THE FUNERA TO THE FUNERA DE filed within 72 IMPORTANT: II	BE	29h. SIGNATURE AND TITLE	OF CERTIFIER	Doch	Mu	Mu.	1			2123					onth, Day, Year)	994
	2	Augusto R	odrig		D. 5	009 R	eybu:	cn	Ct.	Can	np S	pring		ld .	207	48
		NOV 1 7 199	Ybar)	32. REGISTRA	R'S SIGNATE	JRE					-					
L			- 0												DUMU.	6 Rev 1/89

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.



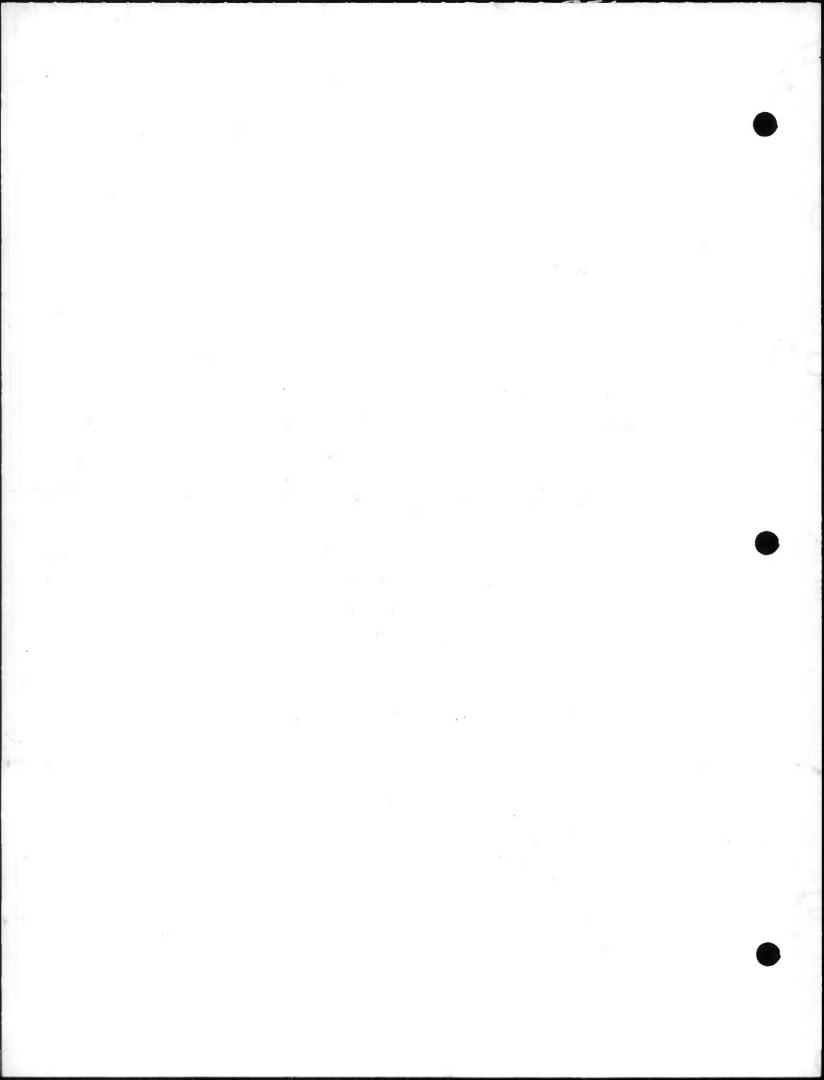
1
- 25
0
9/
∞
9
-
~
0
m
44
_4
0
٠.
Δ.
_
ທົ
~
Off
~
0
()
\sim
ш
α
_
_
4
-
LL.
\circ
_
7
O
-
S
_
>
=

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within an about a fear death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1. 2. 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Hem 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPART			MENTAL HYGIEN		00001				
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH				
	MARION LOUIS	SA WILCOX		MONTH DA	1:50 AM							
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (7. DATE OF BIRTH	8.	BIRTHPLACE (State or Foreign							
	219-48-6081	1 🗆 M 2 💢 F	89 YRS.	ONTHS DAYS	HOURS MIN.	June 16,		assachusetts				
	9a. FACILITY NAME (If not Institution, give	,	9	b. CITY, TOWN C	R LOCATION OF DE		9c. COUNTY					
OH	Frederick Memor:	ial Hospital	.ck	ck Frederick								
	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNT	γ	10c CITY	TOWN OR LOCAT	ION			10d. INSIDE CITY				
DIRECTOR	Maryland Princ	ce George's		tsville				LIMITS?				
	10e. STREET AND NUMBER				M. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY							
FUNERAL	4924 78th Avenue	2		2	0784		U.S.A.					
5	11. MARITAL STATUS	12. WAS DECEDENT EVER II		13. WAS DEC	ENDENT OF HISPAN	IIC ORIGIN? (Specify Yas		. RACE — American Indian.				
BYF	1 Never Married 2 Married 3 🕅 Widowed 4 Divorced	FORCES? 1 YES			cify Cuben, Mexical 2 NO Specify	n, Puarlo Rican, etc.)		Black, White, atc. Specify:				
								White				
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	16a. DECEDENT'S US (Give kind of wor life. Do NOT use i	k done during mo.	N st of working	186, KIND OF BUS	SINESS/INDUST	rry				
٦	Elementary/Secondary (0-12)	College (1-4 or 5+)	Piano Te			Colf E	1	,				
8	17. FATHER'S NAME (First, Middle, Last)		Flano le	acher	18 MOTHED'S NA	Self-En		1				
	Frederick E.S. S	Sawver				Crocker	Surramey					
B	19a. INFORMANT'S NAME (Type/Print)	7411) 02	19b. MAILING A	DDRESS (Street a		Route Number, City or Tow	n, State, Zip Co	de)				
임	Elizabeth Wilcox	κ-Chapman						Land 20872-2066				
	20a. METHOD OF DISPOSITION 1 \(\Delta \) Burial 2 \(\Delta \) Cremation 3 \(\Delta \) Rem	20b	PLACE AND DATE OF	OISPOSITION (Ne				or Town, State				
1 N Buriel 2 Cremetton 3 Removal from State cometery, cremetory or other place) 4 Donetton 5 Other (Specify) Cedar Hill Cemetery 11/17/94 Suitland, Maryland												
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE		22. NAME AN	D ADDRESS OF FAC	s Sons Fur						
	M. B.	(Teria						lle, MD 20781				
\Box	23. PART I. Enter the diseases, or	complications that caused	the deeth. Do not	enter the mo	de of dying, auci	n as cerdiec or reepi	ratory arrest	, Approximate				
	ahock, or heert fellure. IMMEDIATE CAUSE (Final		Interval Between Onset and Death									
	disease or condition resulting in deeth) a. Approximate Shock											
	Dr. Cat. S. Wallet	OUT TO (OR AS A CONSEQUENCE OF):										
S	Sequentially list conditions, b. 61 Bleading											
AT	If any, leeding to immediate											
잂	CAUSE (Disesse or Injury that Initieted events	DUE TO (OR AS A	CONSEQUENCE OF):	our	gery.							
CERTIFICATION	reaulting in death) LAST	· Gastre	à outl	at al	Thurt	in						
- 11	PART II Other elgoliticent condition	an anatoliustan ta danta la					200					
SAL	PART II. Other significent condition	is contributing to deeth b	ut not resulting in	the underlying	ceuse given in	Pert I. 24a. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO				
ă						1 [YES 2	□ NO	OF DEATH?				
Σ	DID TOBACCO USE	CONTRIBUTE TO	CALISE OF	DEATH V	ES I NO			1 TYES 2 NO				
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL	T TO	CAUDE OF		ACE OF DEATH (Che							
SIC	EXAMINER? 1 YES 2 NO	HOSPITAL:		THER:		8 Other (Specify)						
Ħ	27. MANNER OF DEATH	28a. DATE OF INJURY	28b. TIME (OF 28c. INJ	JRY AT	28d. DESCRIBE HOW I	NJURY OCCUR	ED				
BY P	1 Netural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJUR		RK? ES 2 ND							
	3 Suicide & Could not be	26s. PLACE OF INJURY building, atc. (Spec	- At home, ferm, stre	et, factory, office		28f. LOCATION (Street a City or Town, State)	and Number or F	Rural Route Number,				
	4 Homicide determined											
3 Success 4 Memician 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMERY of the data of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated.												
										BEC	296. SIGNATURE AND TITLE OF CENTURE	1/1/2
면 일	146				026	499	D 11-	-15-94				
-	30. NAME AND ADDRESS OF PERSON W	IO COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type, P.	rint)				,				
	31. DATE FILED (Month, Day, Year)	22 DECIETO - 212 C	ATURE									
	NOV 1 7 1994	Julia Davidson-N	andall									
	1	7										



DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

1	1 - FOR STATE REGISTRAR	TATE OF MARYL		MENT OF H		MENTAL HYGIEN				
	1. DECEOENT'S NAME (First, Middle, Lest)					2. DATE OF DEATH		3. TIME OF DEATH		
	HARRIETT ^E	STAPLES	WELCH			November C	14 1994			
	4. SOCIAL SECURITY NUMBER 5. SE	EX 8. AGE (In yrs. lest birthday)	7. DATE OF BIRTH	6. B	IRTHPLACE (State or Foreign				
	214-32-6740	HOURS MIN.	Feb. 14	,1900	MD					
	9e. FACILITY NAME (If not institution, give street an				OR LOCATION OF D		9c. COUNTY	OF DEATH		
P. P.	KENT & QUEEN ANNE'S	HOSPITAL		CHESTER	RTOWN		KENT			
[[RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		19e. CITY	TOWN OR LOCAL	TION			10d, INSIDE CITY		
DIRECTOR	MD Ke	ent		esterto				IMITS?		
	10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZENLOF WH									
ER/	108 North Queen Street 21620 109. CITIZEN OF WH									
FUNERAL	11. MARITAL STATUS 12. W	AS DECEDENT EVER IN	U.S. ARMED	13. WAS DEC	ENDENT OF HISPA	NIC ORIGIN? (Specify Yes	or No— 14. I	RACE — American Indien,		
BY F	XX Never Married 2 Merried IF	ORCES? 1 YES	Z K NO	If yes, sp	egity Cuben, Mexico 2 NO Specia	nn, Puerto Rican, atc.) y:		Black, White, etc. SpecifyWhite		
				<u> </u>						
12	15. DECEDENT'S EDUCATION (Specify only highest grade comple	eted)	(Give kind of w	JSUAL OCCUPATION ork done during model retired.)	ON ist of working	16b. KIND OF BUS	Total Latin Section 2			
F	Elementary/Secondary (0-12) Colle	ege (1-4 or 5+)		acher		Nurser	y Sch	ool		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		100	CIICI	18. MOTHER'S NA	AME (First, Middle, Meiden	Sumama)			
BE C	John Day Welch				Dai			ch		
	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING	AOORESS (Street a		Route Number, City or Town				
일	D. Robert Cumis	skey	401	Dyer	Ave.	Reister	rtown	MD 21136		
	20s. METHOD OF DISPOSITION 1 Buriel 2 Cremetion 3 Removal for	om State cem	PLACE AND DATE O	F DISPOSITION (Na	me of		CATION — City of			
	4 Donation 5 Other (Specify)		apitol			11/5/94	Dov	er DE		
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	Man	MOGGES		ND ADDRESS OF FA		Thomas	7		
Ш	> /Varin V. W	uhans of	71.	Car	vin v.	WIIIIams	21620	ral Service		
	23. PART I. Eritar the diseases, or compile ehock, or heert fellure. List or	icetions thet ceused	tha daath. Do n	ot anter tha mo	de of dying, suc	h ss cardisc or raspi	ratory srrest,	Approximata interval Between		
Н	IMMEDIATE CAUSE (Final	7. 19002221 2000			0 1	0 1	_	Onset end Death		
	disease or condition	PKBISK	LOVASO	CULAR	- HC	CIDENT		1. Week		
		DUE TO (OR AS A	CONSEQUENCE OF):				i		
CERTIFICATION	Sequentisily list conditions, if any, lasding to immediate	OUE TO (OR AS A	CONSEQUENCE OF);						
CAT	cause. Entar UNDERLYING CAUSE (Disesse or injury									
Ē	that initisted evants	OUE TO (OR AS A	CONSEQUENCE OF);						
H	resulting in death) LAST									
AL C	PART II. Other significant conditions conf	tributing to death b	ut not resulting in	the underlyin	g cause givan in	Part I. 24s. WAS AN	AUTOPSY	24b. WERE AUTOPSY FINDINGS		
						1 YES 2		AVAILABLE PRIOR TO COMPLETION OF CAUSE		
							Z NO	OF DEATH? 1 □ YES 2 NO		
ا جُ ا	DID TOBACCO USE CONTRIBUT	TE TO CAUSE O	F DEATH YES	NO NO	UNCERTAI	N D		10.120 2 10.100		
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		26. PLACE OF DEAT							
Š	17(4)	SPITAL: Inpatient 2 ER/Outp	etlent 3 DOA	OTHER: 4 - Nursing Hom	e 5 🗆 Residence	6 Other (Specify)				
표	_	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME	IRY WO	URY AT RK?	28d. OEŞCRIBE HOW II	JURY OCCURE	D		
₽	2 Accident Investigation				rES 2 NO					
8	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Spec	— At home, farm, at ify)	reet, factory, offic		281. LOCATION (Street e City or Town, State)	nd Number or Ru	iral Route Number,		
	29a, CERTIFIER									
COMPLETED	(Check only one) 208. CERTIFIER 1 CERTIFYING PHYSICIAN: 1 MEDICAL EXAMINER: On to							Fall 80 (V62) /		
8	29b. SIGNATURE AND TITLE OF CERTIFIER	The Date of Examination	witaror investigation	, in my opinion, a						
B	Mu A WHL	m			DUICENSE NUI	WBER	29d. DATE SIG	NEO (Month, Day, Year)		
유	30. NAME AND ADDRESS OF PERSON WHO COM		ATH (ITEM 27) (Type	Print)	V 113	5 /	- 11-	3-74		
		ole M.D.		Speer	Rd.	Chesterto	own. M	D 21620		
10		32. REGISTRAR'S SIGNA	ATURE							
	NOV 10 '01	Julia Davis	dson-Randel	2						
		71								

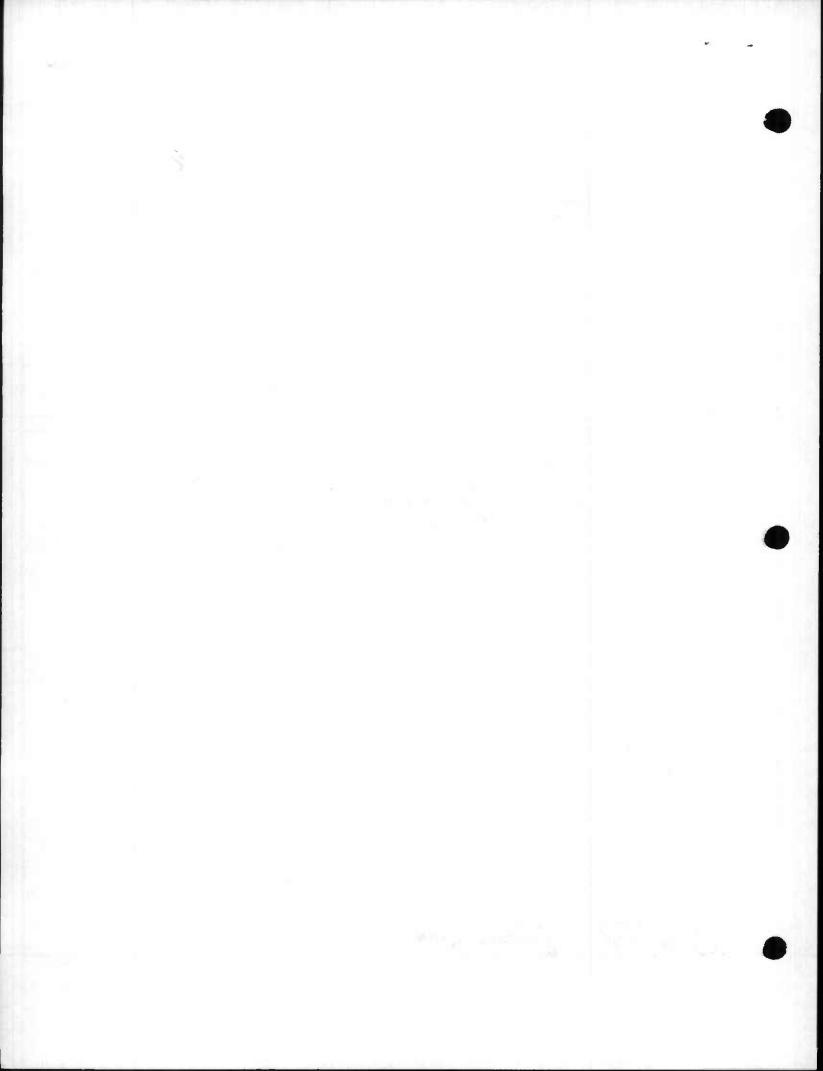
DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 frours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Nem 28 is marked, or Nem 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.										
	1. OECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH										TIME OF OEATH
	Virginia Ann Wal	1s					Oct	ober 3	Ö, 19	94	0100 M
	4. SOCIAL SECURITY NUMBER	IF UNDER t	-	NDER 24 HRS.	7. DATE OF BIRTH				CE (State or Foreign		
	215-36-1170	S8 YRS.	MONTHS	DAYS HOUF	RS MIN.	July	24, 193	6 1	Penns	ylvania	
~	9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF OEATH 9c. COUNTY OF DEATH										
DIRECTOR	217 East Main Street (AT HOME) Sudlersville Queen Ann										
E	10a. STATE 10b. COUNTY	TY, TOWN OR	, TOWN OR LOCATION						I. INSIDE CITY		
		en Annes		Sudlersville						X	YES 2 NO
FUNERAL	100. STREET AND NUMBER 217 East Main St	root			101. ZIP CODE 21.668						tates
N.	11. MARITAL STATUS	12. WAS DECEDENT EVER	BULL O ADMED								
	1 Never Merried 2 X Merried	FORCES? 1 YES	2 X NO	16:5	yes, specify C	luben, Mexico	n, Puerto I	I? (Specify Yea Rican, etc.)	or No-	Black, W	American Indian, hite, atc.
ВУ	3 Widowed 4 Divorced	II TES, ONE WAR ON	ORIES	1 ''	1E3 2 <u></u>	NO Specit	у:		1	Specify: White	
COMPLETED	15. OECEDENT'S EDUC (Specify only highest grade	CATION completed)	16a. DECEDENT	work done du	CUPATION ring most of w	orking	16b	KIND OF BUS	INESS/INDU	STRY	
, E	Elementary/Secondary (0-12)	College (1-4 or 5+)	Me. Do NOT					A 3	A = A	: /	0-1
NO.	17. FATHER'S NAME (First, Middle, Lest)		Office	CTELK		TOTHED'S NA		ACIIIIIII Middle, Meiden		ton /	Sales
E C	Frederick Peters	Sr						Bryant			
ω	19a. INFORMANT'S NAME (Type/Print)	D	19b. MAILIN	G ADDRESS (ber, City or Town		ode)	
5	Charles Davis Wa	lls_Sr.	217 I	East M	ain St	reet,	Sud	lersvi	11e, 1	Mary1	and 21668
	20a. METHOD OF DISPOSITION 1 Description 1 Permoderation 3 Per	ovel from State	D PLACE AND DATE	OF DISPOSIT	ION /Name of		DAT	200 100	CATION CH	n or Town	Chata
	4 Donation 6 Other (Specify)	3	metery, cremetory or	Cemete	ery - No	wenber	1, 19	994 Sud	lersvi	le, M	aryland
		CHSEC	UN	22. N/	AME AND ADD	DRESS OF FA	CILITY	omes,			
	William L. Ki	1000	de	1 37	O Cypr	cess S	tree	t, Mil	lingto	on, M	aryland
	23. PART I. Enter the disesses, or c shock, or heert feilure. I	omplications that cause List only one cease on	ed the death. Do	not enter ti	he mode of	dying, suc	h ss cerc	fiec or respi	retory arres	st,	Approximate Interval Between
	iMMEDIATE CAUSE (Finsi disease or condition	OVARI	0.1	200	LALCO.						Onset and Death
	resulting in death)	A CONSEQUENCE	CARCINOMA							4 years	
z											
Tio	Sequenticity list conditions, if eny, leading to immediate	DUE TO (OR AS	A CONSEQUENCE	OF):							
S	CAUSE (Disease or Injury										
CERTIFICATION	that initiated events resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE (OF):							
CE		l									
ÄL	PART II. Other aignificent conditions	contributing to deeth	but not resulting	in the und	eriying ceus	e given in	Part i.	24s. WAS AN . PERFOR			RE AUTOPSY FINDINGS ILABLE PRIOR TO
ă							_	1 TYES 2	N NO		MPLETION OF CAUSE DEATH?
×										1 [YES 2 NO
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL				26 PLACE O	F DEATH (Ch	ack only on				
SIC	EXAMINER?	HOSPITAL:	tostiani 3 🗆 DOA	OTHER:	ng Home 6	1		·/			
Ě	27. MANNER OF DEATH	28e. DATE OF INJURY (Month, Day, Year)	28b. Til	E OF 2	Sc. INJURY AT			CRIBE HOW IN	JURY OCCU	RED	
BY F	1 Natural 5 Pending 2 Accident Investigation	(MORII, Day, Teal)	l l	JURY	WORK?	2 NO					
									Number,		
H Homicide determined											
29e. CERTIFIER (Check only one) Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) end menner as stated.											
2 MEDICAL EXAMINER: On the beels of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(s) and menner se at										f menner ee stated.	
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	e, m			29c. 1	LICENSE NUI	-		29d. DATE S	IGNED (Mo	nth, Day, Year)
P 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)									14		
	HELEN A. NOBLE		22 SPE). C	HESTE	ERTOL	NN, N	D Z	1620	
	NOV 4 94	132. REGISTRAR'S SIE	tandell.								



TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. ours after death. Page 6 may be retained by the hospital or attending physician. TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT. If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR CERTIFICATE OF DEATH REG. NO										
	1. OECEOENT'S NAME (First, Middle, Last) 2. DATE OF OEATH MONTH	AY _YEAR	3. TIME OF DEATH								
	Garence Educate Willy November 3	2 94	303A M								
	4. SOCIAL SECURITY NUMBER 1. SOCIAL SECURITY NU	Cou	THPLACE (State or Foreign nitry) Lta, PA								
DIRECTOR	90. FACILITY NAME (If not institution, give street and number) 90. CITY, TOWN OR LOCATION OF GEATH 90. COUNTY OF DE										
JEC.	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10										
	DCIO		LIMITS? 1 X YES 2 NO								
3AL	10e. STREET AND NUMBER 10f. ZIP COOE	10g. CITIZEN OF WH									
FUNERAL	1004 Front Street R.R. 1 Box 28D 17314		d States								
B≺	IF YES, GIVE WAR OR DATES 1 □ YES 2 ☑ NO Specify: 1 □ SEP 42 25 OCT 45	Spe	CE — American Indian, lock, Whita, atc. acity: hite								
ED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working	SINESS/INDUSTRY	11100								
COMPLETED	(Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) 12 Give kind of work done during most of working life. Do NOT use retired.) Building & Grounds Supv. Civil	Servi	ce								
ő	17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Meiden	Surname)									
BE (Clarence Edwin Wiley Ruth A. Jaco										
5			14								
	20a. METHOD OF DISPOSITION 1 Burlel 2 12 Cremation 3 Removal from State 4 Donation 5 Other (Specify) 20b. PLACE AND DATE Of DISPOSITION (Name of cemetery, crematory or other place) Yorktowne Crematory 11/25 York, PA										
	21. SEGNATURE OF FUNERAL SERVICE LICENSES 22. NAME AND ADDRESS OF FACILITY	K, FA									
	Harkins Funeral Home		Delta, PA								
	I. Effer the diseases, or complications that caused the desth. Do not enter the mode of dying, such as cardisc or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximeta Interval Between Onast and Desth disease or condition a										
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated eventa resulting in death) LAST										
			Ib. WERE AUTOPSY FINDINGS								
DICAL	CTURE AS CLUSTER 1 TYPES 2	. /	AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?								
ME			1 YES 2 NO								
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTHER:										
ΗXS	1 YES 2 NO 1 Inpetient 2 EFR/Outpetient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify) 27. MANNER OF DEATH 289. DATE OF INJURY 289. DATE OF INJURY 289. DATE OF INJURY 289. DATE OF INJURY 289. DATE OF INJURY										
ВУ РР	2 Accident Investigation M 1 YES 2 NO	NJURY OCCURED									
	280 PLACE OF IN HIRV — At home from street feature, editor		l Route Number,								
COMPLETED	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and maintain one) 2 MEDICAL EXAMINER: On the best of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and maintain one)		o(s) and menner se stated.								
TO BE	29b. SIGNATURE AND TITLE OF CENTIFIER 29c. LICENSE NUMBER	29d. DATE SIGNE ▶ /// 2	219 The								
	PATRICIA A. WEBER MD FGH ER	1	/ /								
	NOV 23 1994 Julia Studies Randall										

4010 - 11-0H

_	
MARYLAND 21215-0020	
S	
0	
Ō	
$\mathbf{-}$	
LO.	
215	
_	
Δ I	
0.4	
_	
(N	
64	
_	
O	
7	
_	
-	
~	
_	
_	
~	
-	
eT -	
_	
5	
_	
90	
ш	
—	
=	
$^{\circ}$	
$\mathbf{\circ}$	
~	
~	
=	
_	
1	
_	
BALTIMORE	
-	
m	
-	

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

1		NEGISTRAN			- OL	-1111111	CATE	ים זכ	CATH	REG. NO.			
	1	1. DECEDENT'S NAME (First, HELEN	MICONO, Last) MARIE	WELLE	R					2. DATE OF DEATH	חנ"	GAR 3. 1	TIME OF DEATH
		4. SOCIAL SECURITY NUMB			GE (In yrs. les	t birthday)	IF UNDER 1 YE		UNDER 24 HRS.	7. DATE OF BIRTH	av	8. BIRTHPLA	CE (State or Foreign
2		214-32-4107		¹□ FEMALE	100	YRS.	MONTHS DA	WS HO	URS MIN.	(Month, Day, Year) Jul 25, 1	894	Country) MARYLA	ND
Dinone c	œ	9e. FACILITY NAME (If not ins		,					OCATION OF DE	ATH		NTY OF DEATH	1
·	6	WESTMINSTER	N. &	CONV. CENT	ER		WEST	MINS	STER		[CAR	ROLL	
Semine: Lages	DIRECTOR	MD	CAR	ROLL			ON BRI					104	INSIDE CITY LIMITS?
	FUNERAL	100. STREET AND NUMBER 433 CLEAR R	DGE R	D.				10f, ZIP	2179	1	10g. CIT	U.S.	
	B≺	11. MARITAL STATUS 1 Never Merried 2 3 Widowed War Green		12. WAS DECEDENT EVEN FORCES? 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ES 2 N					or No-	14. RACE — American Indien, Black, White, etc.		
200		15. DECI (Specify only	DENT'S EDUC highest grade	CATION completed)	(G	ive kind of w	USUAL OCCU	PATION og most of	working	16b. KIND OF BUS	SINESS/INI	DUSTRY	
5	J.E.	Elementary/Secondary (0-	12)	Coflege (1-4 or 5+)	life.	DO NOT US EMAK	e retired.)			OFIN	HOME		
at once.	COMPLETED	17. FATNER'S NAME (First, Mi	ddle, Last)		Hor	Lii IAIC.	18. MOTNER'S NAME (First, Middle, Maiden Surname)						
	BE C	CHARLES BANG	GE				EMMA BART						
notified	10 E									Number, City or Town			01701
		RICHARD E. V	20.075				EAR KI			ION BRIDGE		MD	21791
xaminer must be		1 Donation 5 Other	n 3 🗆 Remo				EK CEM			1		W WIND	SOR, MD
examiner		21. SIGNATURE OF FUNERAL	SERVICE LIC		1				DDRESS OF FAC	2.2/201			
		tathar	ine (J. Xan	Bler				UNION	BRIDGE, MD)		
ial, cremation, or removal.		23. PART i. Enter the di shock, or he IMMEDIATE CAUSE (Fin disease or condition resulting in death)	art fallura. I	omplications that cause of the	used the de on each line AS A CONSEC	OUENCE OF	ot enter the		,	accid	ies	<i>J</i>	Approximata interval Between Onset and Daath
Hygiene prior to but or other traumati	CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST b. arteriosclerotic caudio — year cause. Enter UNDERLYING c. Due to (or as a conscouence of): UNDERLYING c. Due to (or as a conscouence of): UNDERLYING c. Due to (or as a conscouence of): UNDERLYING d. Due to (or as a conscouence of): UNDERLYING c. Due to (or as a conscouence of): UNDERLYING d. Due to (or as a conscouence of): UNDERLYING c. Due to (or as a conscouence of): UNDERLYING d. Due to (or as a conscouence of): UNDERLYING c. Due to (or as a conscouence of): UNDERLYING c. Due to (or as a conscouence of): UNDERLYING c. Due to (or as a conscouence of): UNDERLYING c. Due to (or as a conscouence of): UNDERLYING c. Due to (or as a conscouence of): UNDERLYING c. Due to (or as a conscouence of): UNDERLYING c. Due to (or as a conscouence of): UNDERLYING d. Due to (or as a conscouence of): UNDERLYING c. Due to (or as a conscouence of): UNDERLYING d. Due to (or as a conscouence of): UNDERLYING c. Due to (or as a conscouence of): UNDERLYING c. Due to (or as a conscouence of): UNDERLYING c. Due to (or as a conscouence of): UNDERLYING c. Due to (or as a conscouence of): UNDERLYING c. Due to (or as a conscouence of): UNDERLYING d. Due to (or as a conscouence of): UNDERLYING c. Due to (or as a conscouence of): UNDERLYING d. Due to (or as a conscouence of): UNDERLYING c. Due to (or as a conscouence of): UNDERLYING c. Due to (or as a conscouence of): UNDERLYING c. Due to (or as a conscouence of): UNDERLYING c. Due to (or as a conscouence of): UNDERLYING d. Due to (or as a conscouence of): UNDERLYING d. Due to (or as a conscouence of): UNDERLYING D. Due to (or as a conscouence of): UNDERLYING D. Due to (or as a conscouence of): UNDERLYING D. Due to (or as a conscouence of): UNDERLYING D. Due to (or as a conscouence of): UNDERLYING D. Due to (or as a conscouence of): UNDERLYING D. Due to (or as a									ylan		
a Me		PART II Other algnifice	nt condition	a contributing to dea	th but not r	esulting i	n the under	lying ce	use given in	Part I. 24a. WAS AN PERFOR			RE AUTOPSY FINDINGS
any	EDICAL	delpe	Va	surs	V 1	w	m	to	va	1 YES 2		COI	MPLETION OF CAUSE DEATH?
	Σ	DID TOBACC	O USE	CONTRIBUTE '	TO CAL	SE O	DEATH	YE	SIN	5 🖂		1	YES 2 NO
Dept 23	AN	25. WAS CASE REFERRED TO			TO CAL				OF DEATN (Che				
the State Dept. of or Item 23 sho	SIC	EXAMINER?		HOSPITAL: 1 Inpatient 2 ER/	Oulpatient 3	□ DOA	OTHER:			6 Other (Specify)			
rked ,	BY PHYSICIAN:		Pending nvestigation	26e. DATE OF INJU (Month, Day, Ye	IRY ear)	28b. TIMI INJ	OF 260 URY	: INJURY WORK?	AT	28d. DESCRIBE NOW I	NJURY OC	CURED	
after d	ED	3 Suicide 6	Could not be	28e. PLACE OF INJ building, etc. (IURY — At ho (Specify)	me, term, s	treet, factory,	office		28f. LOCATION (Street a City or Town, State)	and Numbe	r or Rural Route	Number,
hin 72 hours NT: If Item	COMPLET	anni		CIAN: To the best of my k									l manner es stated.
be filed within 72 h	TO BE C	29b. SIGNATURE AND TITLE	m	Bar	20_	e a		29	C. LICENSE NUM	9 9 2	29d. DAT	FE SIGNED (Mod	nth, Day, Year) _0 - 9 4
		50. NAME AND ADDRESS OF EPHRAI 31. DATE FILED (Month, Day,	M	BARZ 32.REGISTRAR'S	- A C	1 /+	Print)	EV	vn	indso	R	m	1-21770
		NUV 23 1994	Julia	diwater Rent	all								

BALTIMORE, MARYLAND 21215-0020 for death. Page 6 may be retained by the hospital or aftending physician.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with cours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

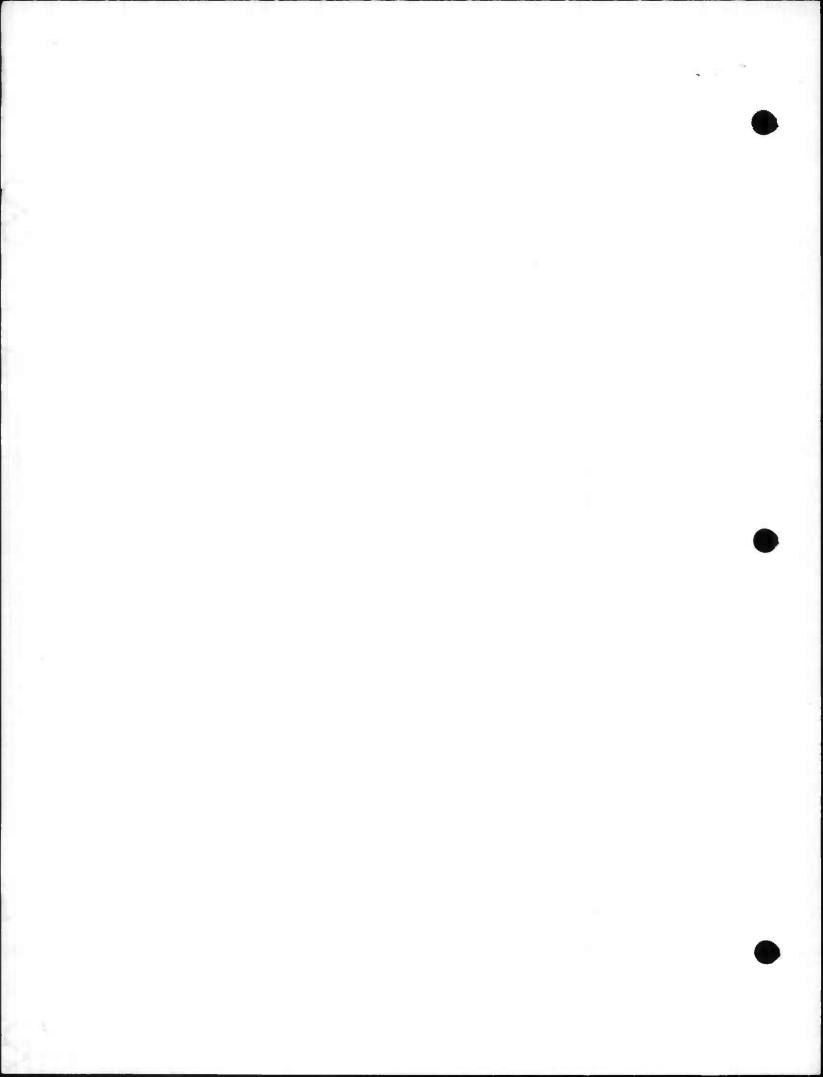
IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

Amended Item 7 per F.H. 11/15/94 HD jrd

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIF	CALE OF	DEALIN	REG. NO					
	1. DECEDENT'S NAME (First, Middle, Last,				· · · · ·	2. DATE OF DEATH		3. TIME OF DEATH			
	Jan	nes W. White					2 94				
1	4. SOCIAL SECURITY NUMBER	5. SEX 6. AC	E (In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		THPLACE (State or Foreign			
1	214-12-6788		101 YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year)/	Cou	ntry)			
1			TOT THE		11/12 9/27/1873 Md.						
_	9s. FACILITY NAME (If not institution, give				OR LOCATION OF DE	EATH / /	9c. COUNTY OF				
9	Wicomico	lursing Home		Salisbury Wicomico							
5	1										
DIRECTOR	10s. STATE 10b. COUN	•	10c. CIT	Y, TOWN OR LOCA				10d. INSIDE CITY LIMITS?			
	Md. Wi	comico		Salis	bury			1 X YES 2 NO			
A	10e. STREET AND NUMBER			-1	of. ZIP CODE		10g. CITIZEN OF	WHAT COUNTRY?			
900 Booth St. 21801 U.S.A.											
10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT OF											
	1 Never Married 2 Married	FORCES? 1 Y	ES 2 NO	If yes, a		n, Pusrto Rican, etc.)	Ble	ick, Whits, atc.			
B√	3 X Widowed 4 Divorced	11 1120, 0172 1211 01	DAILS	, , ,	S 2 4 3 NO Specin	<i>'</i> .	Spe	White			
0	15. DECEDENT'S ED		16a. DECEDENT'S	USUAL OCCUPAT	ION	16h KIND OF BUI	SINESS/INDUSTRY				
I E	(Specify only highest grad		(Give kind of a	vork done during n e retired.)	ost of working						
12	Elementary/Secondary (0-12)	College (1-4 or 5+)		mer							
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		Tar	mer							
8	James A. Whi	+0				ME (First, Middle, Maiden					
H		Le			Alice	Messick					
0	19s. INFORMANT'S NAME (Type/Print)					Route Number, City or Tow					
F	Larry H. Wh	ite	20083	Nanti	coke Ro	ad, Nanti	coke R	d. 21840			
	20s. METHOD OF DISPOSITION		20b. PLACE AND DATE	OF DISPOSITION (lame of		CATION — City or				
	20b. PLACE AND DATE OF DISPOSITION (Name of Complete Comp										
d i	21. SIGNATURE OF FUNERAL SERVICE L	CENSEE			AND ADDRESS OF FA		110100/10	c / 11d			
1 1	Messick Funeral Home, P.O. Box 61										
	Consider /1	elessus.	_	Biva	lve, Ma	ryland 2	1814				
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, interval Between										
1 1	IMMEDIATE CAUSE (Fine)	List only one cause or	n eech line.					Interval Between Onset and Death			
	disease or condition	Antonio		Hannet	Diana						
	resulting in death)		sclerotic		rsease			8 YeArs			
11				•				7.0			
CERTIFICATION	Sequentially list conditions,		ized Athe		0818			10 Years			
F	If any, leading to immediate cause. Enter UNDERLYING	00E 10 (011 A	3 A CONSCOUENCE OF).							
<u>ii</u>	CAUSE (Disease or injury	C	0 4 00000000000000000000000000000000000								
情情	that initiated events resulting in deeth) LAST	DUE TO (OH A	S A CONSEQUENCE OF	-):							
E	rosuling in destiny exist	d									
1 1	PART II. Other significent condition	na contributing to deat	h but not regulting t	n the underlyis	og course alven in	Part I. 24a. WAS AN	ALTTORON TO	NESS AUTOS V SAUTAS			
EDICAL		_				PERFOR		No. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO			
ă	Osteoporosis,					1 YES 2	. □ NO	COMPLETION OF CAUSE OF DEATH?			
Z	Senile Dementi	a and Ateric	sclerotic	Cardio	vascular		^	1 YES 2 NO			
ä	disease										
₹	AT WAS CASE DEFENDED TO MESONAL										
	25. WAS CASE REFERRED TO MEDICAL			28. (LACE OF DEATH (Ch	eck only one)					
S	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	Sutpetlant 3 DOA	OTHER:		17					
HYSIC	25. WAS CASE REFERRED TO MEDICAL	1 Inpetient 2 ER/C		OTHER:	me 5 🗆 Residence	8 Other (Specify)	NJURY OCCURED				
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending		TY 28b, TIM	OTHER: 4 X Nursing Ho E OF 28c. IN URY	me 5 Residence	17	NJURY OCCURED				
BY PHYSIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation	1 Inpetient 2 ER/O	RY 28b. TIM	OTHER: 4 X Nursing Ho E OF URY M 1	me 5 Residence JURY AT ORK? YES 2 NO	8 Other (Specify) 28d. DESCRIBE HOW I					
BY	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 2 Accident Investigation 3 Suicide 8 Could not be	28s. DATE OF INJUI	RY 28b. TIM INJ	OTHER: 4 X Nursing Ho E OF URY M 1	me 5 Residence JURY AT ORK? YES 2 NO	8 Other (Specify)	and Number or Rura	l Floute Number,			
BY	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28e. DATE OF INJUI 28e. DATE OF INJUI (Month, Day, Yea 28e. PLACE OF INJU	RY 28b. TIM INJ	OTHER: 4 X Nursing Ho E OF URY M 1	me 5 Residence JURY AT ORK? YES 2 NO	8 Other (Specify) 28d. DESCRIBE HOW I 281. LOCATION (Street	and Number or Rura	l Route Number,			
BY	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 2 Accident Investigation 3 Suicide 8 Could not be determined	28e. DATE OF INJUI 28e. DATE OF INJUI (Month, Day, Yea 28e. PLACE OF INJU	TY 28b. TIM INJ IRY — At home, term, a	OTHER: 4 X Nursing Ho E OF 28c. IN URY M 1	me 5 Residence JURY AT ORK? YES 2 NO	8 Other (Specify) 28d. DESCRIBE HOW I 28t. LOCATION (Street City or Rown, State)	and Number or Rura	/ Route Number,			
BY	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined 29s. CERTIFIER (Check only 1 CERTIFYING PHY	1 Inpetient 2 ER/C 28s. DATE OF INJU (Month, Dey, Yea 28s. PLACE OF INJU building, etc. (S	TY 28b. TIM INJ	OTHER: 4 X Nursing Ho E OF 28c. IN URY M 1 street, factory, off	me 5 Residence JURY AT ORK? YES 2 NO Ca	Other (Specify) 28d. DESCRIBE HOW I 28t. LOCATION (Street City or Rown, State) to the cause(s) and mai	and Number or Rura				
COMPLETED BY	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 2 Accident Investigation 3 Suicide 8 Could not be determined 29e. CERTIFIER (Check only One) 2 MEDICAL EXAMIN	28s. PLACE OF INJU (Month, Dey, Yes 28s. PLACE OF INJU building, etc. (S SICIAN: To the best of my kr	TY 28b. TIM INJ	OTHER: 4 X Nursing Ho E OF 28c. IN URY M 1 street, factory, off	me 5 Residence JURY AT ORK? YES 2 NO ce s end place, end due death occured at the	8 Other (Specify) 28d. DESCRIBE HOW I 28t. LOCATION (Street City or Town, State) to the cause(s) and maintime, date and place, and	and Number or Rura	r(s) and manner as stated.			
BY	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined 29s. CERTIFIER (Check only 1 CERTIFYING PHY	28s. PLACE OF INJU (Month, Dey, Yes 28s. PLACE OF INJU building, etc. (S SICIAN: To the best of my kr	TY 28b. TIM INJ	OTHER: 4 X Nursing Ho E OF 28c. IN URY M 1 street, factory, off	me 5 Residence JURY AT ORK? YES 2 NO ce s end place, and due death occured at the	8 Other (Specify) 28d. DESCRIBE HOW I 28t. LOCATION (Street City or Town, State) to the cause(s) and maintime, date and place, and	and Number or Rura nner as stated. and due to the caused	o(s) and manner as stated. ED (Month, Day, Year)			
BE COMPLETED BY	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER.	28s. PLACE OF INJU 28s. PLACE OF INJU 28s. PLACE OF INJU building, etc. (S SICIAN: To the best of my kr IER: On the best of examinates	TY 28b. TIM INJ	OTHER: 4 X Nursing Ho E OF 28c. If E URY M 1 □ street, factory, offi	me 5 Residence JURY AT ORK? YES 2 NO ce s end place, end due death occured at the	8 Other (Specify) 28d. DESCRIBE HOW I 28t. LOCATION (Street City or Town, State) to the cause(s) and maintime, date and place, and	and Number or Rura nner as stated. and due to the caused	r(s) and manner as stated.			
E COMPLETED BY	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 2 Accident 3 Suicide 8 Could not be determined 29s. CERTIFIER (Check only One) 2 MEDICAL EXAMINATION ONE) 2 MEDICAL EXAMINATION ONE) 2 MEDICAL EXAMINATION OF PERSON W	1 Inpetient 2 ER/C 28s. DATE OF INJUI (Month, Day, Yes 28s. PLACE OF INJUI building, etc. (S SICIAN: To like best of my kr IER: On this bests of sxamini	28b. Time in Jacob in	OTHER: 4 X Nursing Ho E OF 28c. If WHY M 1 street, factory, offi and at the time, de	JURY AT ORK? YES 2 NO ca s and place, and due death occured at the D29505	8 Other (Specify) 28d. DESCRIBE HOW I 28t. LOCATION (Street City or Town, State) to the cause(s) and maintime, data and place, and	nner as stated. Indicate the cause of the c	(s) and manner as stated. ED (Month, Day, Year) / 12/94			
BE COMPLETED BY	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined 296. CERTIFIER (Check only One) 2 MEDICAL EXAMINATION ONE) 2 MEDICAL EXAMINATION ONE STREET OF CERTIFIER OF CERTIFIER ONE OF CERTIFIER OF CERTIFIER ONE OF CERTIFIER ONE OF CERTIFIER OF CERTIFIER ONE OF CERTIFIER OF CERTIFIER ONE OF CERTIFIER OF C	28s. DATE OF INJUI 28s. DATE OF INJUI (Month, Day, Yea 28s. PLACE OF INJUI 28s. PLACE	TY 28b. TIM INJ JRY — At home, tarm, is pecify) cowledge, death occurrention and/or investigation OEATH (ITEM 27) 1/5/pp. 4427	OTHER: 4 X Nursing Ho E OF 28c. If WHY M 1 street, factory, offi and at the time, de	JURY AT ORK? YES 2 NO ca s and place, and due death occured at the D29505	8 Other (Specify) 28d. DESCRIBE HOW I 28t. LOCATION (Street City or Town, State) to the cause(s) and maintime, date and place, and	nner as stated. Indicate the cause of the c	(s) and manner as stated. ED (Month, Day, Year) / 12/94			
BE COMPLETED BY	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 2 Accident 3 Suicide 8 Could not be determined 29s. CERTIFIER (Check only One) 2 MEDICAL EXAMINATION ONE) 2 MEDICAL EXAMINATION ONE) 2 MEDICAL EXAMINATION OF PERSON W	28s. DATE OF INJUI 28s. DATE OF INJUI (Month, Day, Yea 28s. PLACE OF INJUI 28s. PLACE	28b. Time in Jacob in	OTHER: 4 X Nursing Ho E OF 28c. If WHY M 1 street, factory, offi and at the time, de	JURY AT ORK? YES 2 NO ca s and place, and due death occured at the D29505	8 Other (Specify) 28d. DESCRIBE HOW I 28t. LOCATION (Street City or Town, State) to the cause(s) and maintime, data and place, and	nner as stated. Indicate the cause of the c	(s) and manner as stated. ED (Month, Day, Year) / 12/94			



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-mours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNEPAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

COMPLETED BY PHYSICIAN: MEDICAL

BE 2 2 Accident

	i	i		. 1
		Į.		
	1	l		1
		١	1	1
,	,	,		/

	REG. NO. 1. DECEDENT'S NAME (First, Middle, Lest) DEWEY YOUNG 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. B									3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER 249-38-7631	5. SEX 1 M 2 F	6. AGE (In yrs. less	IF UNDER 24 HRS. HOURS MIN.	(Month, Day, Year) Coun			THPLACE (State or Foreign notry) Penville, S.C.			
POR	9e. FACILITY NAME (If not institution, give street end number) 7201 Leona Street RESIDENCE OF DECEDENT					9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY (Georges	
DIRECTOR	MD. 10b. COUNTY P. (y, town or Loca restvill	tion e, Maryl	and			10d. INSIDE CITY LIMITS? 1 YES 2 NO		
FUNERAL	10e. STREET AND NUMBER 7201 Leona Street					f. ZIP CODE 20747		10g. CIT	U.S	.A.	
COMPLETED BY FUN	11. MARITAL STATUS 1 Never Married	T EVER IN U.S. AR YES 2 N OR DATES 31, 19	NO II yes, specify Cuben, Mexicen, Puerlo Ricen, etc.)				Blac	CE — American Indian, ack, White, etc. ec/fy: Black			
	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12) 8th	(Gi	ve kind of Do NOT u	usual occupation work done during mosa retired.)	Baptist Church						
BE CO	17. FATHER'S NAME (First, Middle, List) George Robert Young 18. MOTHER'S NAME (First, Middle, Maiden Surname) Mamie Thomas										
10	190. INFORMANT'S NAME (Type/Print) Lou Ethel Young			b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 201 Leona St., Forestville, MD. 20747							
	20e. METHOD OF DISPOSITION 1 Burial 2 Cremelion 3 Rem 4 Donation, 5 Other (Specify)	oval from Stale	20b. PLACE other ple	o. PLACE OF DISPOSITION (Name of cometery, cremetory or other piece) Chelteham Cemetery Chelteham, M.							
1/3	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 4804 GA.AVI Vann & Williams F.H. Wash., D.C.							VE.,NW			
	23. PART 1. Enter the disesses, or shock, or heert feilure. IMMEDIATE CAUSE (Final disesse or condition resulting in death)	Nonsma	all Cell	Lung	g Cancer		ch es cerdiec or resp	Iretory er	rest,	Approximate Interval Between Onset and Death July, 1994	
ERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING	Respir	or as a consectory For our as a consectory	ailu	re					Oct.,1994	
E C	CAUSE (Disease or Injury that initiated events	(OR AS A CONSE	AS A CONSEQUENCE OF):								

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.

PERFORMED?	24b. WERE AUTOPSY FINDIR AVAILABLE PRIOR TO COMPLETION OF CAUS DF DEATH? 1 YES 2 NO

24

25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 ☐ Inpetient 2 ☐ ER/Outpetient 3 ☐ DOA OTHER:
4 | Nursing Homs 5 | Residence 8 | Other (Specify) 1 YES 2 NO 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 26b. TIME OF 26c. INJURY AT WORK? 26d. DEŞCRIBE HOW INJURY OCCURED 1 Natural 6 Pending Investigation 1 YES 2 NO

3 Suicide
4 Homicide 28a. PLACE OF INJURY — Al home, farm, etreet, factory, office building, atc. (Specify) 281. LOCATION (Street end Number or Rural Route Number, City or Town, State) 6 Could not be determined

29a. CERTIFIER (Check only one)

2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the lime, data and place, and due to the cause(e) and menner as stated. 2 MEDICAL EXAMINER: On the bests of examination end/or investigation, in my opinion, death occurred at the time, date end place, and due to the ceuse(e) end menner ee stated.

296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER

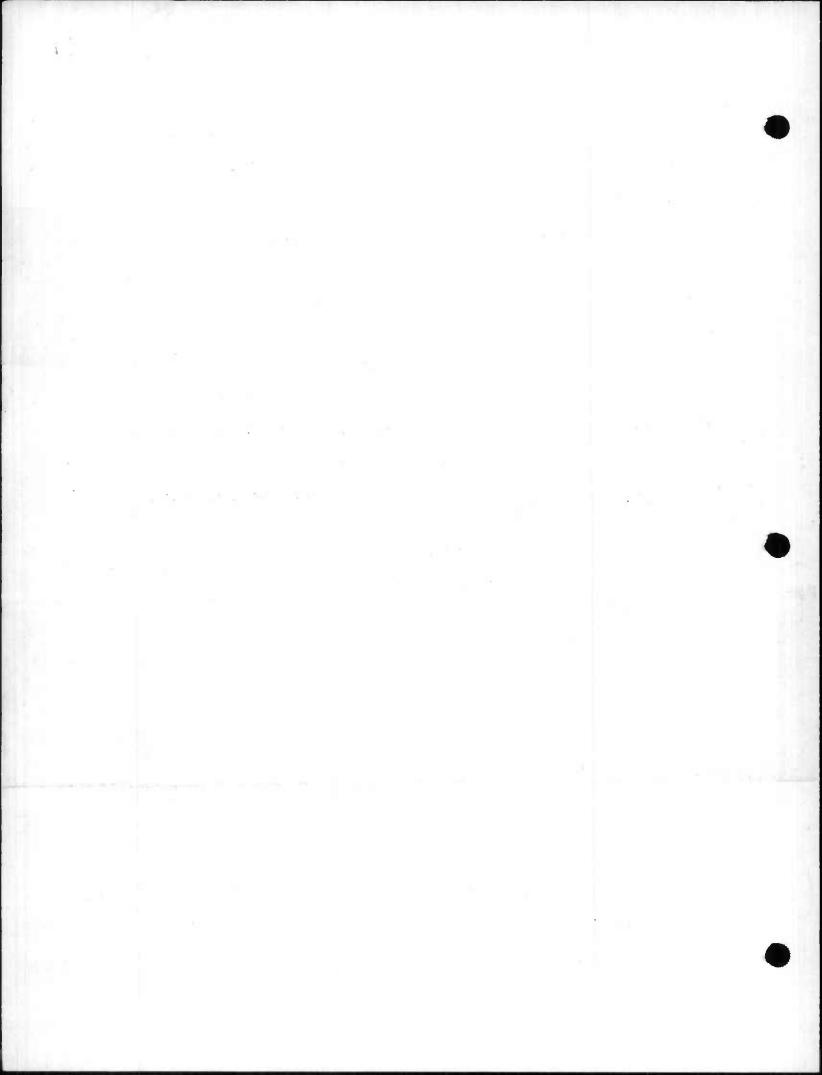
0. C. -1496/

COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

WAShinston CANGE Institute 110 IRVINGST. NA ERCECES -iNdsEt,

NOV 1 7 1994 Randala

DHMH-16 Rev 1/89



21215-0020	
MARYLAND	
BALTIMORE	
0,0	
BOX 68760	
). B(

DIVISION OF VITAL RECORDS, P.O.

CERTIFICATE OF DEATH REG. NO.		
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE		
	2 -8	UU

	REGISTRAR	Metalla di ann	AND / DEPARTMENT OF CERTIFICATE OI	DEATH	REG. NO.		
	1. DECEDENT'S NAME (First, M.	A Henry	Young	1.5	DATE OF DEATH	1999	0330
	4. SOCIAL SECURITY NUMBER	5. SEX 8. AGE	(In yrs. last birthday) IF UNDER 1 YEAR	IF UNDER 24 HRS. 7, E	ATE OF BIRTH	B. BIRTH	IPLACE (State of Foreign
	219-42-87	143 10M20F 4	YRS. MONTHS DAYS	HOURS MIN.	Month, Day, Your) Me 9, 1947	Countr	md.
œ	Oo. FACILITY NAME (If not inetit	ealtheare and number)	9b. CITY, TOWN	OR LOCATION OF DEATH	/ 9c.	COUNTY OF D	
2	RESIDENCE OF DECE	DENT	Salis	bury , Trico	,	W W	mico
DIRE	100. STATE	Ob. COUNTY	10c, CITY, TOWN OR LOC	ATION -MO	/		10d. INSIDE CITY
RAL	10a. STREET AND NUMBER	Workes!-	mound	OI. ZIP CODE	10g	. CITIZEN OF V	1 HYES 2 NO
ш	105 Gunk	y Street		21863		U.	5.
FUN	11. MARITAL STATUS 1 Never Married 2 Ma	12. WAS DECEDENT EVER	2 NO If yes,	ECENDENT OF HISPANIC O		14. RACE Black	E — American Indian, k, White, etc.
ВУ	3 Widowed 4 Divorce	IF YES, GIVE WAR OR D	DATES 1 TYPE	S 2 ANO Specify:		Speci	" Black
TED	(Specify only hi	ENT'S EDUCATION ighest grade completed)	16e. DECEDENT'S USUAL OCCUPAT (Give kind of work done during in life. Do NOT use retired.)		16b. KIND OF BUSINES	S/INDUSTRY	
PLETE	Elementary/Secondary (0-12	College (1-4 or 5 +)	Twin Groce	ry	Twin .	Proces	y_
COMI	17. FATHER'S NAME (First, Midd	lle, Last)		18. MOTHER'S NAME (F	irat, Middle, Malden Syrna		
BE (Clarence	- Joung, Sr		Alice	1Ay lor		PANILL
2	19a. INFORMANT'S NAME (Type	una,	196. MAILING ADDRESS (Street	and Number or Rural Route	Snown City of Town Stell	210 Gode)	1863
	20g. METHOD OF DISPOSITION		b. PLACE AND DATE OF DISPOSITION (N — City or To	wn, State
	4 Donation 8 Other (Sp	pecify)	/	wich Cement	1/19 Snow	-//	md.
	21. SIGNATURE OF GONERAL'S	SERVICE LICENSEE	22. NAME	AND ADDRESS OF FACILITY	JON FUNER		ome
	10	- VX		8 West Ro	1- Salis	//	md. 2180
	IMMEDIATE CAUSE (Final disease or condition	rt fallure. List only one cause on a	sach line.	node of dying, such as		y srrest,	Approximate Interval Bet
RTIFICATION	ahock, or head IMMEDIATE CAUSE (Final	a. Acquired and DUE TO (OR AS DUE TO (OR AS C.	A CONSEQUENCE OF):			y srrest,	Approximate Interval Bet
L CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list condition if any, isading to immedia cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. Acquired. a. Acquired. DUE TO (OR AS the G	A CONSEQUENCE OF): A CONSEQUENCE OF):	ency Sque	Irome		Approximate interval Bet Onset and I
MEDICAL	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list condition if any, isading to immedia cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. Acquired. a. Acquired. DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS d. D. DUE TO (OR AS d. D. DUE TO (OR AS d. D. DUE TO (OR AS d. D. DUE TO (OR AS d. D. DUE TO (OR AS d. D. D. D. D. D. D. D. D. D. D. D. D. D.	A CONSEQUENCE OF): A CONSEQUENCE OF):	ency Sque	I. 24a. WAS AN AUTO PERFORMED!	PSY 24b	Approximatinterval Bet Onset and II
MEDICAL	Sequentially list condition if any, isading to immediaceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) PART II. Other significant Dementing 25. WAS CASE REFERRED TO A EXAMINER?	a. Acquired. a. Acquired. DUE TO (OR AS to be to to to to to to to to to to to to to	A CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF): but not resulting in the underly! O VOUS System 28.	ng cause given in Part	I. 244. WAS AN AUTO PERFORMED! 1 YES 2 DIN	PSY 24b	Approximate interval Bett Onset and II Onset
MEDICAL	Sequentially list condition resulting in death) Sequentially list condition if any, is ading to immedia cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant Dementing 25. WAS CASE REFERRED TO A EXAMINER? 1 YES 2 DANO	a. ACQUITES a. ACQUITES DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS d. Conditions contributing to death in the contributing to death in the contribution of the co	A CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF): Dut not resulting in the underlying of the consequence of the conse	ng cause given in Part Lymphons PLACE OF DEATH (Check or	I. 24a. WAS AN AUTO PERFORMED? 1 YES 2 DON	PSY 24b	Approximate interval Bett Onset and II Onset
PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list condition if any, isading to immedia cause. Enter UNDERLYINK CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant Demen 1 9 25. WAS CASE REFERRED TO A EXAMINER? 1 9 YES 2 2 100 27. MANNER OF DEATH 1 Netural 5 9 Per	a. AC GULY CA. DUE TO (OR AS.	A CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF): Dut not resulting in the underly! A VOUS System 26. Inspetient 3 DOA A Nursing Ho 28. TIME OF INJURY 28. III	ng cause given in Part Lymphons PLACE OF DEATH (Check or	I. 24a. WAS AN AUTO PERFORMED? 1 YES 2 DAY	PSY 24b	Approximate Interval Bett Onset and E
D BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list condition if any, is ading to immedia cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant Dementing 25. WAS CASE REFERRED TO A EXAMINER? 1 YES 2 KNO 27. MANNER OF DEATH 1 Netural 5 Per Capacity Conditions of the capacity Capacity	a. ACQUITES a. ACQUITES DUE TO (OR AS tete C. DUE TO (OR AS DUE TO (OR AS d. Conditions contributing to death in the contribution of the c	A CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF): Dut not resulting in the underlying the consequence of the conseque	ng cause given in Part Lympkom PLACE OF DEATH (Check or orms 5 Residence 8 NJURY AT ORK? YES 2 NO	I. 24a. WAS AN AUTO PERFORMED? 1 YES 2 DON	PSY 24b.	Approximetrinterval Betronset and II
ED BY PHYSICIAN: MEDICAL	Sequentially list condition resulting in death) Sequentially list condition if any, isading to immedia cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant Dementing 25. WAS CASE REFERRED TO BEXAMINER? 1 YES 2 100 27. MANNER OF DEATH 1 Natural 5 Per Inv. 10 Natural 1 Natural 1 Natural 1 Natural 1 Natural 1 Natural 1 Natural 1 Natural 1 Natural 2 Accident 1 Natural 1 Natural 1 Natural 1 Natural 2 Natural 2 Natural 1 Natural 1 Natural 2 Natural 2 Natural 3	a. ACQUITES a. ACQUITES DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS A. DUE TO (OR AS DUE TO (OR AS A. DUE TO (OR AS DUE TO (OR AS A. DUE TO (OR AS DUE TO (OR AS A. DUE TO (OR AS A. DUE TO (OR AS DUE TO (OR AS A. DUE TO (OR	A CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF): Dut not resulting in the underlying of the consequence of the cons	ng cause given in Part Lym Whit PLACE OF DEATH (Check or NUMBER AT JORK? YES 2 NO Ice 281.	I. 24a. WAS AN AUTO PERFORMED? 1 YES 2 DAN 1 YES 2 DAN 1 OTHER (Specify) DESCRIBE HOW INJURY LOCATION (Street and No. City or Town, Stete)	PSY 24b. O CCURED Imber or Rural F	Approximets interval Bett Onset and E
MPLETED BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list condition if any, is ading to immedia cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant Dementing 25. WAS CASE REFERRED TO A EXAMINER? 1 YES 2 MO 27. MANNER OF DEATH 1 Netural 5 Pet 2 Accident 3 Suicide 6 Codet 29e. CERTIFIER (Check only) CERTIFIER	a. ACQUITES a. ACQUITES DUE TO (OR AS b. DUE TO (OR AS d. DUE TO (OR AS d. DUE TO (OR AS d. LOUE TO (O	A CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF): Dut not resulting in the underlying of the consequence of the cons	ng cause given in Part Lym Whi PLACE OF DEATH (Check or NJURY AT /ORK? YES 2 NO Ice 281.	I. 24a. WAS AN AUTO PERFORMED? 1 YES 2 DIN 1 YES 2 DIN 1 YES 2 DIN 1 OTHER (Specify) DESCRIBE HOW INJURY LOCATION (Street and No. City or Town, Stete)	PSY 24b. O CCURED Imber or Rural F.	Approximate interval Bet Onset and E Onset and E Onset and E Onset and E Onset and E Onset and E Onset and E Onset and E Onset and E Onset E Onset E Onset E Onset E Onset E Onset E Onset E Onset E Onset E Onset E Onset E
COMPLETED BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list condition if any, is ading to immedia cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant PART II. Other significant PART II. Other significant 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Per CACHON CONTROL OF CONTROL OF CACHON CON	a. ACQUITES DUE TO (OR AS DUE TO (A CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF): Dut not resulting in the underlying of the consequence of the cons	PLACE OF DEATH (Check or None 5 Residence 8 USURY AT ORRY? YES 2 NO Ice 28t.	1. 24a. WAS AN AUTO PERFORMED? 1 YES 2 JAN 1 YES 2 JAN 1 OFFICIENT AND AND AND AND AND AND AND AND AND AND	PSY 24b. O CCURED imber or Rural F e stated. to the couse(s	Approximets interval Bett Onset and E Onse
BE COMPLETED BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list condition if any, is ading to immedia cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant Dementing 25. WAS CASE REFERRED TO A EXAMINER? 1 YES 2 MO 27. MANNER OF DEATH 1 Netural 5 Pet 2 Accident 3 Suicide 6 Codet 29e. CERTIFIER (Check only) CERTIFIER	a. ACQUITES DUE TO (OR AS DUE TO (A CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF): Dut not resulting in the underlying of the consequence of the conse	PLACE OF DEATH (Check or None 5 Residence 8 NURY AT YES 2 NO NO NO NO NO NO NO	I. 24a. WAS AN AUTO PERFORMED? 1 YES 2 DAN Other (Specify) DESCRIBE HOW INJURY City or Town, Street and No. City or Town, Street and due date end place, end due	PSY 24b. O CCURED imber or Rural F e stated. to the couse(s	Approximate Interval Bety Onset and E Tonset
E COMPLETED BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list condition if any, is ading to immedia cause. Enter UNDERLYINK CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant Dementing 25. WAS CASE REFERRED TO A EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Per CANDERLY INV. 21 Accident Inv. 3 Suicide 6 Code 29c. CERTIFIER (Check only one) 2 MEDICA 29b. SIGNATURE AND TITLE OF	A. ACQUITES a. ACQUITES DUE TO (OR AS DUE TO (OR	A CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF): Dut not resulting in the underlying of the consequence of the cons	PLACE OF DEATH (Check or other property of the and place, and due to the death occured at the time,	I. 24a. WAS AN AUTO PERFORMED? 1 YES 2 DAN Other (Specify) DESCRIBE HOW INJURY City or Town, Street and No. City or Town, Street and due date end place, end due	PSY 24b. O CCURED imber or Rural F e stated. to the couse(s	Approximate interval Bett Onset and E Onset and E Onset and E Onset and E Onset and E Onset and E Onset and E Onset and E Onset and E Onset E
BE COMPLETED BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (final disease or condition resulting in death) Sequentially list condition if any, isading to immedia cause. Enter UNDERLYINK CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant Demential 25. WAS CASE REFERRED TO A EXAMINER? 1 YES 2 MO 27. MANNER OF DEATH 1 Netural 5 Per CANDING OF CARTIFICATION OF CARTIFIER (Check only one) 2 MEDICA 29b. SIGNATURE AND TITLE OF CARTIFICATION OF CARTIFIER (Check only one) 2 MEDICA 29b. SIGNATURE AND TITLE OF CARTIFICATION OF CARTIFIER (Check only one) 2 MEDICA 29b. SIGNATURE AND TITLE OF CARTIFICATION OF CARTIFIER (Check only one) 2 MEDICA 29b. SIGNATURE AND TITLE OF CARTIFICATION OF CARTIFIER (Check only one) 2 MEDICA 29b. SIGNATURE AND TITLE OF CARTIFICATION OF CARTIFIER (Check only one) 2 MEDICA 29b. SIGNATURE AND TITLE OF CARTIFICATION OF CARTIFIER (Check only one) 2 MEDICA 29b. SIGNATURE AND TITLE OF CARTIFICATION OF CARTIFIER (Check only one) 2 MEDICA 29b. SIGNATURE AND TITLE OF CARTIFICATION OF	a. ACQUITES a. ACQUITES DUE TO (OR AS DUE TO (OR	DAMMUNO DESCRIPTION OF STATE O	PLACE OF DEATH (Check or other property of the and place, and due to the death occured at the time,	I. 24a. WAS AN AUTO PERFORMED? 1 YES 2 DAN Other (Specify) DESCRIBE HOW INJURY City or Town, Street and No. City or Town, Street and due date end place, end due	PSY 24b. O CCURED imber or Rural F e stated. to the couse(s	Approximatinterval Bet Onset and I onset a

Ç----

hite and the real to the

Zeger JAY

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL DR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within couns after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or them 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21215-0020

		FOR
1	_	STATE
	_	REGISTRAR

	1 - STATE REGISTRAR		CE	RTIF	ICATE O	DEATH		REG. NO.	-			
	1. DECEDENT'S NAME (First, Middle, Last)			_			2. DATE OF	DEATH			3. TIME OF DEATH	
	JAY MILTON	ZEGER					Novemb	er 2		YEAR 994	2020	PM
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last	t birthday)	IF UNDER 1/YEAR	IF UNDER 24 HRS.	7. DATE OF	BIRTH			IPLACE (State or Foreig	
	215-34-4074	1 🔀 M 2 🗆 F	55	YRS.	MONTHS DAYS	HOURS MIN.	12-30	193	8	Countr	yland	
DIRECTOR	96. FACILITY NAME (If not institution, give s Washington County		1			or location of d	EATH			shing		
ᇤ	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY	r		10c. CITY, TOWN OR LOCATION						10d. INSIDE CITY		
		ington			gerstown						LIMITS?	,
FUNERAL	100. STREET AND NUMBER 734 Salem Avenue				01. ZIP CODE 21740				S.A.	VHAT COUNTRY?		
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	r Married 2 Married FORCES? 11 YES 2			13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or N If yea, specify Cuban, Mexican, Puerto Rican, etc.) 1 YES 2 NO Specify:				or No-	o- 14. RACE — American Indian, Black, White, etc. Specify: White		
딢	15. DECEDENT'S EDU (Specify only highest grade	CATION	1Sa. DE	CEDENT'S	USUAL OCCUPAT	TION past of working	16b. KII	ND OF BUS	SINESS/IN	DUSTRY		
COMPLETED	Elementary/Secondary (0-12) 10 years	College (1-4 or 5+)	life.	Do NOT us	Driver	not or working	והתח	ckin	y Fi	rm		
OM	17. FATHER'S NAME (First, Middle, Last)			Luck	DITVEL	18. MOTHER'S NA			~	LILL		
BE C	Roy M. Zeger					Helen	L.		rron			
TO B	19a. INFORMANT'S NAME (Type/Print)					and Number or Rural						
	Sandy L. Zeger			17930	Garde	en Lane H	lagerst		_		1740	
	20a. METHOD OF DISPOSITION 1 Burial 2	oval from State	20b. PLACE A	matory or o	of disposition (in the place)	Name of	0ATE	20c. LO	CATION -	City or To	mn, State Maryland	
	21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE	Nest	TICLVE	22. NAME	ANO ADDRESS OF FA	ACILITY	Thage	ELSU	OWII,	Maryrand	
	1) 100000	Nation				las A. Fi						
	23. PART I. Enter the disesses or t	omplications that	aused the de	ath. Do r	11331	Eastern	Blvd.	North	n Had	gerst	Approximate	
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. A.	LE A	u	0400		100×	4,4	75	,	Interval Betw Onset and D	veen
NO	DUE TO (OR AS A CONSEQUENCE OF): Sequentially, list conditions b.											
CATIC	Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING											
CERTIFICATION	CAUSE (Disease or Injury that Initiated events resulting in death) LAST	CAUSE (Disease or Injury that Initiated events OUE TO (OR AS A CONSEQUENCE OF):										
	PART II. Other significant condition	a contribution to	death but not a				20.1					
EDICAL	Act & R	ent =	-	//-	CON			PERFOR	MEO?	24b.	WERE AUTOPSY FINDS AMAILABLE PRIOR TO COMPLETION OF CAUS DF DEATH?	
PHYSICIAN: ME	DID TOBACCO USE	CONTRIBUTE	TO CAU	SE OF	DEATH	YES NO	o itr				1 TYES 2 NO	
M	25. WAS CASE REFERRED TO MEDICAL					PLACE OF DEATH (C/	- User			1		
SIC	1 VES 2 NO	HOSPITAL:	ER/Outpatient 3	□ DOA	OTHER:	me 5 - Residence	6 Other (Si	pecify)				
	27. MANNER OF OGATH 1 Natural 5 Pending	28a. OATE OF I (Month, Da		28b, TIM INJ	E OF 28c. II	JURY AT /ORK? YES 2 NO	28d. OEŞCR		NJURY O	CCUREO		
ED BY	2 Accident Investigation 3 Suicide S Could not be 4 Homicide determined	26e. PLACE OF building, e	INJURY — At her	me, ferm, :				ON (Street a	and Numbe	er or Rural R	Route Number,	
91	29a. CERTIFIER			- 17000	13791F-0	-777 - P-10-						
COMPLET	(Check only one) 2 MEDICAL EXAMINE	CtAN: To the best of r									and manner sa state	d.
BE C	296. SIGNATURE AND TITLE OF CERTIFIE		/ .			29c. LICENSE NU	MBER 7	3	29d. OA	TE SIGNED	(Month, Day,	
2	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED ONUS	OF DEATH (ITEN	4 27) (Type,	Print)	1 1/ 1/1	6 V L	ノ	•	1/	18159	
	11110 Med		Anns	4	ASI	HATE	710	~	1	P		
	NOV 29 1994	32. REGISTRAR	I'S SIGNATURE) '	,						

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 15 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	REGISTRAR		CERTIF	ICATE (OF DEATH	R	EG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last) RACHEL		·	ALTER		2. DATE OF C		1994	1 YEAR	3. TIME OF OEATH 6:21 P M
	4. SOCIAL SECURITY NUMBER 215-01-9537	1 M 2 X F 94	(In yrs. lest birthday)	IF UNDER 1 YE MONTHE DA	and the same of the same	7. DATE OF B (Month, Den MAY 2	0, 19	900	8. BIRTNP Country	THUANIA
OR	98. FACILITY NAME (If not institution, give since SINAI HOSPITAL	treet and number)		BALT	VN OR LOCATION OF DE IMORE	АТН		9c. COUN	ITY OF DE	
5	RESIDENCE OF DECEDENT									
DIRECTOR		IMORE		10c. CITY, TOWN OR LOCATION BALTIMORE						10d. INSIDE CITY LIMITS? 1 YES 2X NO
FUNERAL	7920 SCOTTS LEVE		10f. ZIP CODE 21208				USA		HAT COUNTRY?	
8	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	IN U.S. ARMED 3 2 NO DATES A	2 NO If yes, specify Cuban, Mex				Black, Specify	— American Indian, White, etc.		
	15. DECEDENT'S EDUC (Specify only highest grade	CATION	16a. DECEDENT'S	USUAL OCCU	ATION	16b. KIN	D OF BUSI	NESS/IND	USTRY	
COMPLETED	Elementary/Secondary (0-12)	The second secon	(Give kind of work done during most of working life. Do NOT use retind.) HOUSEWIFE				Ξ			
BE CO	17. FATNER'S NAME (First, Middle, Lest) CHAIM	GRAVITZ			18. MOTHER'S NA		e, Maiden Si	urname)		
10 8	19a. INFORMANT'S NAME (Type/Print) MRS. POLA GLAZ	ER			DR., APT.					215
- 1	20a, METNOD OF DISPOSITION	20	b. PLACE AND DATE O			DATE			City or Tow	
	4 Donation 5 Other Specify)	, K	Metery, cremetory or of CONO	her plece)	2/4/1994				E, M	
	21. SIGNATURE OF POMERAL SERVICE LIG	ENGEE .	•	SOL	E AND ADDRESS OF FAC LEVINSON &	BROS.				
\neg	22 MOT I Estar St. St.		**	6010	REISTERTO	WN RD.	BAI	TO.	MD_	
	23. PART I. Enter the diseases, or a shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition	List only one cause on	each lina.	ot anter tha	mode of dying, suci	h as cardiac	or reapira	itory arre	eat,	Approximate interval Batwean Onset and Death
	resulting in death)	DUE TO (OR AS	A CONSEQUENCE OF							
TION	Sequantially list conditions, If any, leading to immediata DUE TO (OR AS A CONSEQUENCE OF):									
CERTIFICATION	cause, Entar UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OR AS	A CONSEQUENCE OF):						
CERT	resulting in death) LAST	d								
	PART II. Other algnificant condition	a contributing to death	but not rasulting i	n tha under	ying cause given in	Part I. 24a	. WAS AN A			WERE AUTOPSY FINDINGS
EDICAL	14000	DSMAN	be (210	BESTC. 5	mar	PERFORM			AVAILABLE PRIOR TO COMPLETION OF CAUSE
MEC	13/100		1	17701		770				OF DEATN? 1 - YES 2 - NO
	DID TOBACCO USE CONTE	RIBUTE TO CAUSE (OF DEATH YE	S 🗆 NO	UNCERTAIN	1 🗆				0 14 1 0 14
X	25. WAS CASE REFERRED TO MEDICAL		26. PLACE OF DEAT							
Sic	EXAMINER?	HOSPITAL:	patient 3 🗆 DOA	OTHER:	Nome 5 - Residence	8 Other (Soi	ecify)			
PHYSICIAN:	27, MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME INJU	E OF 28c	INJURY AT WORK?	28d. DESCRIE		JURY OCC	URED	
ED BY	2 Accident Investigation 3 Suitside 8 Could not be	28e. PLACE OF INJUR's building, atc. (Spe	Y — Al home, farm, s		YES 2 NO	28f. LOCATION	N (Street and	d Number	or Rural Ro	ute Number,
LETE	4 Homicide determined 29a. CERTIFIER		- · · · · · · · · · · · · · · · · · · ·	_						
COMPLET	(Check only CERTIFYING PNYSIC	CIAN: To the best of my known. R: On the basis of examination								and manner as stated.
BE C	296. SIGNATURE AND TITLE OF CONTIFIES	1 /	nal)	29c. LICENSE NUM	IBER		25d. DATE	SIGNED I	Month, Day, Near)
2	30. NAME AND ADDRESS OF PERSON WHO	O COMPLETED CAUSE OF DI	EATH (ITEM 27) (3/00)	Print)	1//5/	40		- 0	0/	414
	31. DATE FILED (Month, Day, Year)	A2. REGISTRAR'S SIG	DO K.	175/	we bu	H, M	10 2	121	5	100
	DEC 0 6 1994 A	ali d'audion	roball	=	,	*				

DHMH-16 Rev 1/89

BALTIMORE, MARYLAND 21215-0020

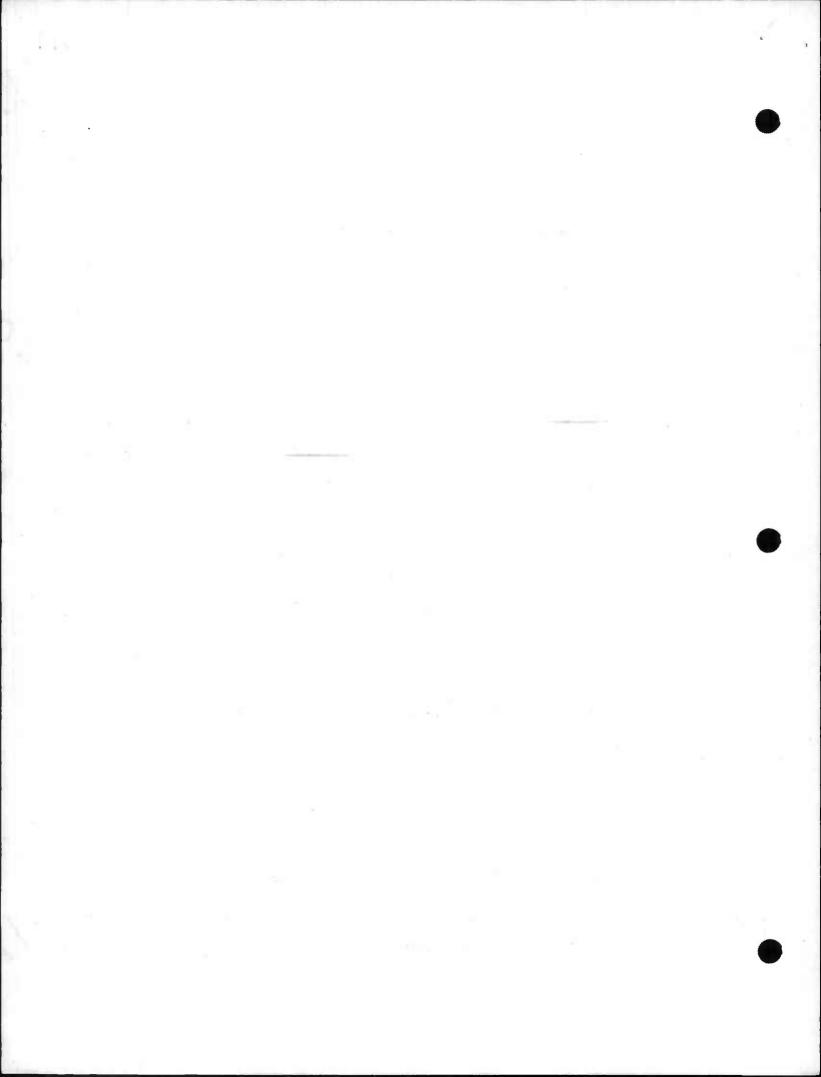
DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the Hospital or retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, compation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

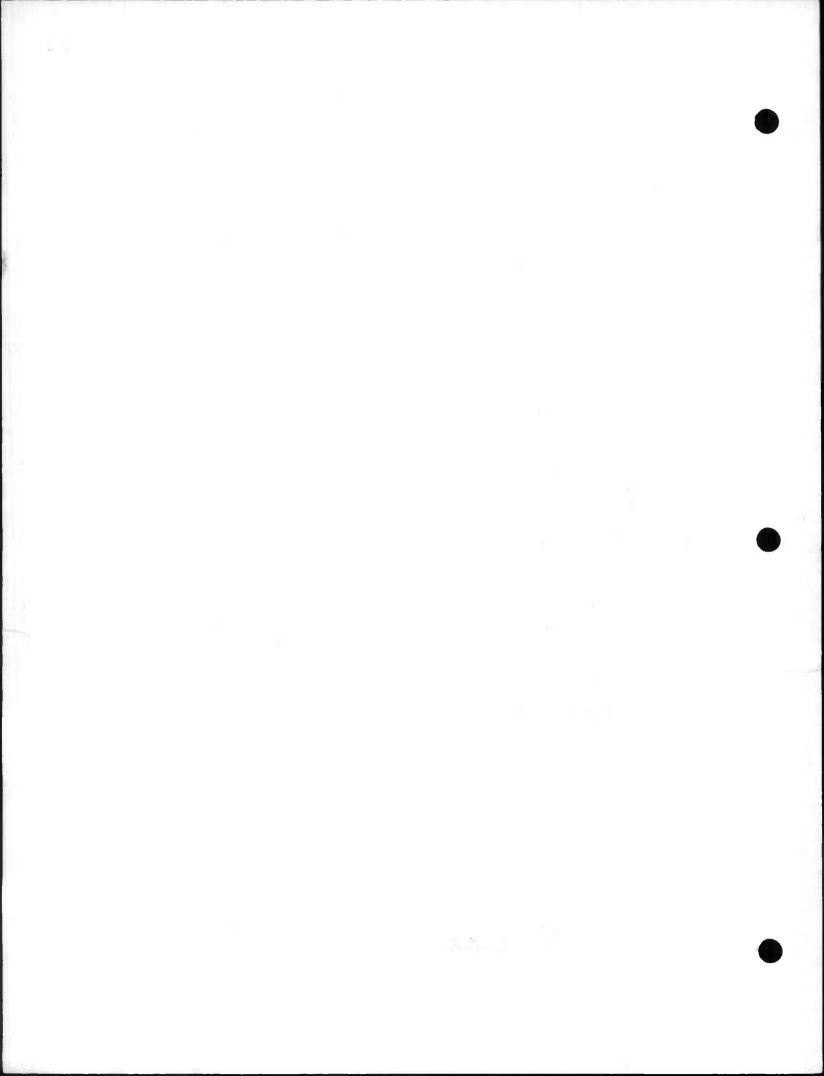
LOUIS	, Middle, Last)							2. DAT	E OF DEATH	AY	YEAR	3. TIME OF DEATH	
TOTA .	IEFFER!	SON ANI	REWS						ec. 4			2045 p.	
4. SOCIAL SECURITY NUME	BER	5. SEX	6. AGE (In)	yrs. last birthday)		R 1 YEAR	IF UNDER 24 HRS	7. DAT	E OF BIRTH rith, Day, Year)		B. BIRTHPLACE (State or Foreign Country)		
218-12-62		1 🔀 M 2 🗆 F	6	9 YRS.	MONTHS	DAYS	HOURS MIN.	03/	08/19	25		ryland	
9a. FACILITY NAME (If not in					9b. CIT	Y, TOWN	OR LOCATION OF	DEATH		9c. COUNT	Y OF DE	EATH	
St. Agnes	Hos	oital				Ba:	ltimor	<u>e</u>					
10e. STATE	10b. COUNTY	Y		10c. CI1	Y, TOWN	OR LOCA	TION					10d. INSIDE CITY	
MD	Balt	timore		A	rbu	tus						10d. INSIDE CITY LIMITS? 1 YES 2 NO	
10e. STREET AND NUMBER						10	f. ZIP CODE	-		10g. CITIZE	N OF W	THAT COUNTRY?	
1266 Map1	le Ave	enue					21227			Unit	ed	States	
11. MARITAL STATUS		12. WAS DECEDEN	T EVER IN U		13.	WAS DEC	ENDENT OF HISP	ANIC ORIG	IN? (Specify Ye	e or No- 1	4. RACE	RACE — American Indian, Black, White, atc. Specify:	
1 Never Married 2 X	_	IF YES, GIVE V	AR OR DATE	S			ecify Cuben, Max		o mican, atc.)				
	EDENT'S EDU	World			1			The second				white	
(Specify on	ly highest grade	completed)		6e. DECEDENT'S (Give kind of life. Do NOT u	work done	during me	ON ost of working	1	86. KIND OF BU	SINESS/INDUS	STRY		
Elementary/Secondary (0	0-12)	College (1-4 or 5		olice	man			B	altim	ltimore Co. Govt		Covt	
17. FATHER'S NAME (First, M	fidale, Last)			OTTEC	man		18. MOTHER'S		, Middle, Maiden		0.	GOVC.	
Louis J.	Andre	ews, Sr							e Rog				
19a. INFORMANT'S NAME (7				19b. MAILING	ADDRES	S (Street	and Number or Run				ode)		
Ann M. An	dree	ANDREWS					Avenu					1227	
20e. METHOD OF DISPOSIT	ION	ound from State	20b. Pl	ACEANDDATE	OF DISPO	SITION (No	ame of	3		CATION — CH			
4 Donation 5 NOther	(Specify)	ombment	LOI	ry, crematory or collidon P	ark	Car	ACT	12	/6 Ba	ltimo	re,	MD	
21. SIGNATURE OF FUNERA	AL SERVICE LIC	CEMPRE		20								cal Home	
1	6-	- (Si	1	1	328	Sulph:	ır S	p.Rd.	,Arbu	tus	s,MD 2122	
disease or condition resulting in death) a. Infarcts extensive, abdominal viscera DUE TO (OR AS A CONSEQUENCE OF): Dissecting and saccular aneurysms, aorta DUE TO (OR AS A CONSEQUENCE OF): at least cause. Enter UNDERLYING CALLES FOR THE PROPERTY OF													
if any, leading to imme	diate ING	DUE TO	cting OR AS A CO	on and	ccul	lar a	aneurys	ns, a	orta	is		15 days to 6 ye	
if any, leading to imme cause. Enter UNDERLY! CAUSE (Disease or inju that initiated events resulting in death) LAS	diate ING	DUE TO d. Hype To	Cting (OR AS A CC tensi (OR AS A CC	ONSEQUENCE O	gene	lar a	aneurysn	ns, a	orta cleros			15 days to 6 ye at leas 14 year	
if any, leading to imme- cause. Entar UNDERLY! CAUSE (Disease or inju- that initiated events	diate ING	DUE TO d. Hype To	Cting (OR AS A CC tensi (OR AS A CC	ONSEQUENCE O	gene	lar a	aneurysn	ns, a	orta	AUTOPSY RMED?		15 days to 6 ye at leas 14 year 14 year were autopsy finding analyse prior to completion of cause of death?	
if any, leading to imme cause. Enter UNDERLY! CAUSE (Disease or inju that initiated events resulting in death) LAS	ent condition	BUE TO C. Hyper DUE TO d	Cting (OR AS A CC tensi (OR AS A CC death but	ON and ONSEQUENCE O	gene	lar a	aneurysnized atl	ns, a	orta cleros	AUTOPSY RMED?		15 days to 6 ye at leas 14 year	
if any, leading to immecause. Enter UNDERLY! CAUSE (Disease or injuthat initiated events resulting in death) LAS PART II. Other aignifica DID TOBACCO	ent condition	BUE TO C. Hyper DUE TO d	Cting (OR AS A CC tensi (OR AS A CC death but	ON and ONSEQUENCE O	gene	lar a	aneurysmized atl	neros	Cleros 24a. WAS AA PERFOI 1X YES :	AUTOPSY RMED?		15 days to 6 ye at leas 14 year 14 year were autopsy finding analyse prior to completion of cause of death?	
if any, leading to immecause. Enter UNDERLY CAUSE (Disease or injuthat initiated events resulting in death) LAS PART II. Other aignifica	ent condition	BUE TO C. Hyper DUE TO d	Cting (OR AS A CO tensi (OR AS A CO death but	ON AND ON SEQUENCE OF	gene F): DEA	lar a	ized ath	ns, aneros in Part I. O X	cleros 24a. WAS AM PERFO 1 X YES 2	AUTOPSY RMED?		15 days to 6 ye at leas 14 year 14 year were autopsy finding analyse prior to completion of cause of death?	
if any, leading to immecause, Enter UNDERLIV CAUSE (Disease or injuthat initiated events resulting in death) LAS PART II. Other aignification DID TOBACCO 25. WAS CASE REFERRED TO EXAMINER?	ent condition	DUE TO c. Hyper DUE TO d	Cting (OR AS A CC tensi (OR AS A CC death but	on and onsequence of on are resulting	DEA	lar a eral nderlyin TH Y 26. Pi	g cause givan	neros in Part I. O X Check only	cleros 24a. WAS AM PERFO 1 X YES 2	I AUTOPSY RMED? 2 NO		15 days to 6 ye at leas 14 year 14 year were autopsy finding analyse prior to completion of cause of death?	
if any, leading to immecause. Enter UNDERLY CAUSE (Disease or injuthat initiated events reaulting in death) LAS PART II. Other aignification of the control	ondition USE (D MEDICAL	DUE TO d. CONTRIBUTE HOSPITAL: 11 Impattant 2	Cting (OR AS A CC tensi (OR AS A CC death but	on and onsequence of on are resulting	gene	eral : nderlyin TH Y 26. Pi R: nsing Horr 26c. INJ	ized ath	neros in Part I. O X Check only	cleros 24a. WAS AN PERFO 1 X YES 2	I AUTOPSY RMED? 2 NO		15 days to 6 ye at leas 14 year 14 year were autopsy finding analyse prior to completion of cause of death?	
if any, leading to immecause. Enter UNDERLY CAUSE (Disease or injuthat initiated events reaulting in death) LAS PART II. Other algnification of the control	ent condition USE (DUE TO C. Hyper DUE TO d	Cting (OR AS A CO tensi (OR AS A CO death but ER/Outpatle IRJURY BY Year) FINJURY	ON AND AUSE OF	DEA	eral nderlyin TH Y 28. Pi R: rsing Hom 26c. INJ wo 1 □	aneurysnized atl	OX Check only 28d. D	24a. WAS AN PERFOI 1X YES 2	I AUTOPSY RMED? ≥ □ NO INJURY OCCU	RED	15 days to 6 ye at leas 14 year 14 year were autopsy finding analiable Prior To Completion of Cause of Death?	
if any, leading to immecause. Enter UNDERLYI CAUSE (Disease or injust that initiated events reaulting in death) LAS PART II. Other algnifica DID TOBACCO 25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 2 Accident 3 Suicide 6	on USE (Dending investigation	DUE TO C. Hyper DUE TO d	Cting (OR AS A CC tensi (OR AS A CC death but	ON AND AUSE OF	DEA	eral nderlyin TH Y 26. PI R: rsing Hom 26c. INJ wo 1 □	aneurysnized atl	OX Check only 28d. D	Cleros 24a. WAS AN PERFOI 1X YES :	I AUTOPSY RMED? ≥ □ NO INJURY OCCU	RED	15 days to 6 ye at leas 14 year 14 year were autopsy finding analiable Prior To Completion of Cause of Death?	
if any, leading to immecause. Enter UNDERLIV CAUSE (Disease or injuthat initiated events resulting in death) LAS PART II. Other aignification DID TOBACCO 25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5	O USE (D MEDICAL Pending Investigation Could not be determined	DUE TO c. Hyper DUE TO d	Cting (OR AS A CC tensi (OR AS A CC death but ER/Outpette INJURY ey, Year) Trining Tri	ON SEQUENCE O On and ONSEQUENCE O not resulting AUSE OF 28b. TIM IN. At home, farm,	DEA OTHE 4 Number of survey Medicular of the street, face and at the second of the sec	TH Y 26. Pl R: rsing Horn 26c. INJ ttory, office	ized atl	OX Check only 28d. D	24a. WAS AN PERFOI 1X YES 2	I AUTOPSY RMED? I NO INJURY OCCUI	RED Pural Ri	15 days to 6 ye at leas 14 year 14 year 14 year 14 year 14 year 14 year 14 year 15 year 16 year 16 year 17 yes 2 \(\text{Number}, \)	
if any, leading to immecause. Enter UNDERLIV CAUSE (Disease or injuthat initiated events resulting in death) LAS PART II. Other aignification DID TOBACCO 25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5	D USE (D MEDICAL Pending Investigation Could not be determined FIFYING PHYSI ICAL EXAMINE	DUE TO C. Hyper DUE TO d	Cting (OR AS A CC tensi (OR AS A CC death but ER/Outpette INJURY ey, Year) Trining Tri	ON SEQUENCE O On and ONSEQUENCE O not resulting AUSE OF 28b. TIM IN. At home, farm,	DEA OTHE 4 Number of survey Medicular of the street, face and at the second of the sec	TH Y 26. Pl R: rsing Hom 26c. INJ ttory, office	g cause givan	in Part I. OX Check only 28d. D 28d. D	24a. WAS AN PERFOI 1X YES 2	I AUTOPSY RMED? I NO INJURY OCCU and Number or oner as stated and due to the o	RED Rural A	15 days to 6 ye at leas 14 year 14 year 14 year 14 year 14 year 14 year 15 year 16 year 16 year 16 year 16 year 16 year 17 yes 2 no	
if any, leading to immecause. Enter UNDERLYI CAUSE (Disease or injuthat initiated events resulting in death) LAS PART II. Other algnifica DID TOBACCO 25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 2 Accident 3 Suicide 6 4 Homicide 29a. CERTIFIER (Check only one) 2 MEDI	D USE (D MEDICAL Pending Investigation Could not be determined FIFYING PHYSI ICAL EXAMINE	DUE TO C. Hyper DUE TO d	Cting (OR AS A CC tensi (OR AS A CC death but TO C. ER/Outpatte INJURY — y, Year) my knowled; xamination as	ON SEQUENCE O On and ONSEQUENCE O not resulting AUSE OF 28b. TIM IN. At home, farm,	DEA OTHE 4 Number of form on, in my of the the ton, in my of the the ton, in my of the the ton, in my of the the ton, in my of the ton, in	TH Y 26. Pl R: rsing Hom 26c. INJ ttory, office	ized atl	in Part I. OX Check only 6 Got Ch	24a. WAS AN PERFOI 1X YES 2	I AUTOPSY RMED? INJURY OCCU and Number or nore as stated did due to the o	RED Rural R cause(a)	15 days to 6 ye at leas 14 year 14 year 14 year 14 year 14 year 14 year 14 year 15 year 16 year 16 year 17 yes 2 \(\text{Number}, \)	



DIVISION OF VITAL RECORDS, P.O. BOX 68760.

TO THE HDSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within from fours after death. Page 6 may be retained by the hospital or attending physician.	
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	
be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	
IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	

	REGISTRAR		CERTI	FICATE C	F DEATH	REG. NO				
3	1. DECEOENT'S NAME (First, Middle, Last)	BA	CH					YEAR YEAR YEAR		
	4. SOCIAL SECURITY NUMBER 218-05-7248		GE (In yrs. last birthday 76 YRS.	MONTHS DA		7. DATE OF BIRTH (Month, Day, Year) MAR. 8,19		BIRTHPLACE (State or Foreign Country) MARYLAND		
- 4	9a. FACILITY NAME (If not institution, give s			9b. CITY, TO	N OR LOCATION OF DE			Y OF DEATH		
DIRECTOR	UNIVERSITY HOSPITAL			В	ALTIMORE					
Ä	10a. STATE 10b. COUNTY	(10c. C	TY, TOWN OR LO	CATION			10d. INSIDE CITY		
	MARYLAND 100. STREET AND NUMBER	BALTIMORE		BALTIMORE			LIMITS? 1 YES 2 NO 10g. CITIZEN OF WHAT COUNTRY?			
FUNERAL	6944 MILBROOK PAR			101. ZIP CODE 10g. CITIZEN OF WHAT S						
BY FU	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 15 Y IF YES, GIVE WAR O	ER IN U.S. ARMED (ES 2 NO PR DATES WWII	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or If yes, specify Cuban, Maxican, Puerto Rican, etc.) 1 YES 2 NO Specify:			n or No— 1	No— 14. RACE — American Indian, Black, White, etc. Specify: WHITE		
	15. DECEDENT'S EDU	CATION	16a. DECEDENT	S USUAL OCCUP	ATION	16b, KIND OF BU	SINESS/INDU			
COMPLETED	(Specify only highest grade	College (1-4 or 5+)	(Give kind o	work done during use retired.) AB DRIV	most of working			AXT		
N	17. FATHER'S NAME (First, Middle, Last)				40 4007115010 414					
BE CC	SMERYL.		BACH		TZV	ME (First, Middle, Maiden	Surname)	DREXLER		
10	19a. INFORMANT'S NAME (Type/Print) MR. SAMUEL BACH					Route Number, City or Tow BALTIMORE				
	20a. METHOD OF DISPOSITION 1 XBuriel 2 Cremation 3 Rem. 4 Donation 5 Other (Specify)	oval from Stata	20b. PLACE AND DAT			OATE 20c. LO	CATION — CH	ly or Town, State		
	21. BIOMATHRE OF FUNERAL BERVICE LIC	ENSE				GILITY BROS.,				
	· Det	J Hew	ia					IMORE, MD 21215		
CERTIFICATION	23. PART I Lentar ha diseases, or o shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	B. DUE TO (OR A	n aach iine.					interval Between		
EH	resulting In death) LAST	d			llou	fre m.				
: MEDICAL	PART II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO 24b. WERE AUTOPSY FINDIN AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH YES NO 1 YES 2 NO									
A	25. WAS CASE REFERRED TO MEDICAL	CONTRIBUTE	IO CAUSE C							
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO									
ВУ РН	27. MANNER OF OEATH 28e. DATE OF INJURY (Month, Day, Year) 1 Ngddrel 5 Pending 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY WORK? 1 YES 2 MyO									
ETED B	3 Suicide 6 Could not be determined	3 Suicide 6 Could not be 28a. PLACE OF INJURY — At home, farm, street, factory, office 28t. LOCATION (Street and Number or Rural Route Number,								
COMPLE	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, desth occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.									
BE CC	291 SIGNATURE AND TITLE OF CERTIFIER	R			29c. LICENSE NUI			SIGNED (Month, Day, Year)		
2	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF		De, Print)			11/.	39/94		
	G. VELA MIZ		D'CHZ (ARE						
	DEC 06 1994 A	32 REGISTRAR'S	ALL.							



eath. Page 6 may be retained by the hospital or attending physician. funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS. P.O.

BALTIMORE, MARYLAND	hours after death. Page 6 may be retained by the hosp	ed in by the funeral director, page 5 should be detached or removal.	medical examiner must be notified at once.	
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HISPITATION AND ANY SIGNAN. The law requires that the death certificate be executed within Z4 hours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached to filled witting. 22. hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatte event, the medical examiner must be notified at once.	

	REGISTRAR		EHILL	ICATE OF	DEATH	REG. N	Ю.		
	1. DECEDENT'S NAME (First, Middle, Last)	55				2. DATE OF DEATH	DAY .	YEAR	3. TIME OF DEATH
	Robert	Wilson Barr				Dec. 4,	1994	TEAN	M
		S. SEX 8. AGE (In yrs. I	asl birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS, HOURS MIN.	7. DATE OF BIRTH		8. BIRTH	PLACE (State or Foreign
	-79 10 1917	2 □ F 60	YRS.	MONTHS DAYS	HOURS MIN.	April 23	1934	We	st Virginia
	9e. FACILITY NAME (If not institution, give stree	et end number)		9b. CITY, TOWN	OR LOCATION OF D	EATH	9c. COU	NTY OF D	
E	12 Sidewell Cou	rt		Es	sex			Balt	imore
DIRECTOR	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY		10c CITY	Y. TOWN OR LOC	TION				44.4 10.00.5 0.00.
	Md. Balti	more		SSex	AT TOTAL				10d. INSIDE CITY LIMITS?
	10s. STREET AND NUMBER			Т,	Of, ZIP CODE		too CITI	ZEN OF W	1 YES 2 NO
RA	12 Sidewell Co	urt			21221		log. Citi	Ü.	SA.
FUNERAL	11. MARITAL STATUS	2. WAS DECEDENT EVER IN U.S.	RMED	13 WAS DE	CENDENT OF HISDA	NIC ORIGIN? (Specify	Yea ou No.	14 DACE	— American Indian,
	1 Never Married 2 Merried	FORCES? 1 YES 2	NO	If yes, s		nn, Puerto Rican, etc.)	TOO OF NO.	Black	, White, etc.
ВУ	3 Wildowed 4 Divorced	I TES, GIVE WAR ON DATES		10.76	S 2 HO Speci	у.		Speci	White
ED	15. DECEDENT'S EDUCAT (Specify only highest grade cor		ECEDENT'S	USUAL OCCUPAT	ION	16b. KIND OF I	BUSINESS/IND		
ᆿ		College (1-4 or 5+)	fe. Do NOT us	se retired.)	nost or working	Deshira	. Marrie	04	
MP			De	reman		ruibbe:	, Manua	liact	uring Go.
COMPL	17. FATHER'S NAME (First, Middle, Last) Paul Barr				18. MOTHER'S NA	ME (First, Middle, Maid	en Sumeme)	2011	
BE					PALA	The South	SLATIT	.e	
0	19e. INFORMANT'S NAME (Type/Print)					Route Number, City or 1			
-	0	ith				imore, Ma	_		
	20e. METHOD OF DISPOSITION Duriel Commettee 3 Remove	of from State 20b. PLAC	EAND DATE O	OF DISPOSITION /	lame of	12/7/94 B	LOCATION -	City or To	wn, State
٠,	4 Denetion 5 Other (Specify)	darder	15 01				al cino	re c	O., M.
o 11	South Comment of the				AND ADDRESS OF FA	ki Funera	Home	DA	
1	sechary	non							. Md. 21221
	1. PART I. Entar the alsesses, of con	melications that caused the	leath Do n	at antenthe		A VE	Ball III	III O I C	
1 3	shock, or heart faffure. Hat opt one cause on each line.								
1		at only one cause on each ill	na.						
	iMMEDIATE CAUSE (Final disease or condition	at only one cause on each ill	na.						Interval Batween
	IMMEDIATE CAUSE (Final	at only one cause on each ill	na.						Interval Batween
N	iMMEDIATE CAUSE (Final disease or condition resulting in death)	DUE TO (OR AS A CONS	EOUENCE OF	Carde					Interval Batween
TION	iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A CONS	EOUENCE OF	Carde	ac ar	my Thm i	à 'isea		Interval Batween
ICATION	immediate cause (Final disease or condition resulting in death) Sequentially list conditions,	DUE TO (OR AS A CONS	EOUENCE OF	Carde	ac ar	my Thm i	à 'isea		Interval Batween
TIFICATION	iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OR AS A CONS	EOUENCE OF	Carde	ac ar	my Thm i	à 'isea		Interval Batween
SERTIFICATION	immediate cause (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	DUE TO (OR AS A CONS	EOUENCE OF	Carde	ac ar	my Thm i	à 'isea		Interval Batween
AL CERTIFICATION	iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OR AS A CONS DUE TO (OR AS A CONS DUE TO (OR AS A CONS DUE TO (OR AS A CONS	EOUENCE OF	Carde Carde Card	ac Ar clovas y culas	my Thm I cular (1) Dipec	G (Sea	se.	Interval Batween Onset and Death WERE AUTOPSY FINDINGS
	iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONS DUE TO (OR AS A CONS DUE TO (OR AS A CONS DUE TO (OR AS A CONS	EQUENCE OF	Cardu F): Cara F): Va In the undarity	ac ar clovan	Part I. 24a. WAS.	(SEA)	se.	Interval Batween Onset and Death Onset and Death WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE
EDICAL	immediate Cause (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONS DUE TO (OR AS A CONS DUE TO (OR AS A CONS DUE TO (OR AS A CONS Contributing to death but not	EOUENCE OF EOUENCE OF LECCE FRANKING I	Carde Fi: Card Fi: La Vo F	ac ar clovan	Part I. 24a. WAS.	G (Sea	se.	Interval Batween Onset and Death WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
MEDICAL	immediate Cause (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONS DUE TO (OR AS A CONS DUE TO (OR AS A CONS DUE TO (OR AS A CONS Contributing to death but not	EOUENCE OF EOUENCE OF LECCE FRANKING I	Carde Fi: Card Fi: La Vo F	ac ar clovan	Part I. 24a. WAS.	(SEA)	se.	Interval Batween Onset and Death WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE
MEDICAL	iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions of the conditions of th	DUE TO (OR AS A CONS DUE TO (OR AS A CONS DUE TO (OR AS A CONS DUE TO (OR AS A CONS Contributing to death but not	EOUENCE OF EOUENCE OF LECCE FRANKING I	Cardu	ac ar clovas y cular ng cause givan in	Part I. 24a. WAS. Pent I 1 YES	(SEA)	se.	Interval Batween Onset and Death WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
MEDICAL	iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions of the conditions of th	DUE TO (OR AS A CONS DUE TO (OR AS A CONS DUE TO (OR AS A CONS DUE TO (OR AS A CONS DUE TO (OR AS A CONS CONTributing to death but not A CONS CONTRIBUTE OF CARROLLE A CONS CONTRIBUTE OF CARROLLE A CONS CONTRIBUTE OF CARROLLE A CONSPITAL:	EOUENCE OF LECTOR OF TRANSPORTED OF	Cardu Fi: Card	ac ar ar clovas a clovas a cular a cul	Part i. 24a. WAS. PERF 1 YES	(SEA)	se.	Interval Batween Onset and Death WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
MEDICAL	iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions of the conditions of th	DUE TO (OR AS A CONS A fluo Cle DUE TO (OR AS A CONS DUE TO (OR AS A CONS DUE TO (OR AS A CONS Contributing to death but not A CLUELE M HOSPITAL: Inpetient 2 ER/Outpetient 280. DATE OF INJURY	EOUENCE OF LECTOR OF TRANSPORTED OF	Cardu F): Card F): Card The undarity of t	ac ar ar clovas a clovas a cular a cul	Part I. 24a. WAS. PERF 1 YES	AN AUTOPSY ORMED?	246.	Interval Batween Onset and Death WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other algnificant conditions of the conditions of the cause o	DUE TO (OR AS A CONS DUE TO (OR AS A CONS DUE TO (OR AS A CONS DUE TO (OR AS A CONS DUE TO (OR AS A CONS CONTributing to death but not A CONS CONTRIBUTE CONS CONTRIBUTE CONS CONTRIBUTE CONS CONTRIBUTE CONS CONTRIBUTE CONS CONTRIBUTE CONS CONTRIBUTE CONS CONTRIBUTE CONS CONTRIBUTE CONS CONTRIBUTE CONS CONTRIBUTE CONS CONTRIBUTE CONS CONTRIBUTE CONS CONTRIBUTE CONS CONTRIBUTE CONS CONTRIBUTE CONS CONTRIBUTE CONS CONTRIBUTE	EOUENCE OF EOUENCE OF LLC EOUENCE OF reauthing i	Cardu F): Card F): Card T): Card T): Card To S OTHER: 4 Nursing Ho E OF 28c. II	ac are clovas ac	Part i. 24a. WAS. PERF 1 YES	AN AUTOPSY ORMED?	246.	Interval Batween Onset and Death WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other algnificant conditions of the conditions of th	DUE TO (OR AS A CONS A file Color DUE TO (OR AS A CONS DUE TO (OR AS A CONS DUE TO (OR AS A CONS Contributing to death but not for Chu lex Colorele M Colorele M Colorele M 28e. DATE OF INJURY 28e. PLACE OF INJURY — At 1	EOUENCE OF TEACHTHING TO THE COUNTY OF THE C	Cardu F): Card F): Ca	ac ar clovas clovas quala ng cause givan in PLACE OF DEATH (C) me 5. Rasidence DURY AT ONK? YES 2 \(\) NO	Part I. 24a. WAS. PERF 1 YES	AN AUTOPSY ORMEO? 2 NO	24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other algnificant conditions of the conditions of the cause o	DUE TO (OR AS A CONS A fluo Cle DUE TO (OR AS A CONS DUE TO (OR AS A CONS DUE TO (OR AS A CONS Contributing to death but not A CLUELE M HOSPITAL: Inpetient 2 ER/Outpetient 280. DATE OF INJURY	EOUENCE OF TEACHTHING TO THE COUNTY OF THE C	Cardu F): Card F): Ca	ac ar clovas clovas quala ng cause givan in PLACE OF DEATH (C) me 5. Rasidence DURY AT ONK? YES 2 \(\) NO	Part I. 24a. WAS. PERF 1 YES	AN AUTOPSY ORMED? 2 NO V INJURY OCC	24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions of the conditions of th	DUE TO (OR AS A CONS THE TO (OR AS A CONS DUE TO (OR AS A CONS DUE TO (OR AS A CONS DUE TO (OR AS A CONS CONTributing to death but not A CONS CONTRIBUTION COLUMN CONS DUE TO (OR AS A CONS DUE TO (OR AS A CONS CONTRIBUTION COLUMN CONS DUE TO (OR AS A CONS CONTRIBUTION COLUMN CONS DUE TO (OR AS A CONS CONTRIBUTION COLUMN CONS DUE TO (OR AS A CONS CONTRIBUTION 288. DATE OF INJURY (Month, Day, Visar) 288. PLACE OF INJURY — At I building, etc. (Specify)	EOUENCE OF EOUENCE OF LUC EOUENCE OF TRANSMITTER 28b. TIMINA NORMA, farm, 4	Cardu F): Card F): La Va F	eccovanica con control	Part I. 24a. WAS. PERF 1 YES Other (Specify) 28d. DESCRIBE HOW. Ste	AN AUTOPSY ORMED? 2 NO	24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions of the conditions of th	DUE TO (OR AS A CONS A FILLO CLIC DUE TO (OR AS A CONS DUE TO (OR AS A CONS DUE TO (OR AS A CONS CONTributing to death but not FILLO CLIC CONTRIBUTION TO THE CONTRIBUTION (Morth, Day, Year) 286. PLACE OF INJURY — At 1 building, etc. (Specify) ANT. To the best of my knowledge, of the contribution	EOUENCE OF WTIC EOUENCE OF LECTOR FRANKING TRANKING TOTAL TO	Cardu F): Card F): Ca	ng cause givan in	Part I. 24a. WAS. PERF 1 YES B Other (Specify) 28d. DESCRIBE HOW City or Fown, State to the cause(s) end in the cause(s) and	AN AUTOPSY ORMED? 2 NO V INJURY OCCUPATION	24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant conditions of the conditions of th	DUE TO (OR AS A CONS THE TO (OR AS A CONS DUE TO (OR AS A CONS DUE TO (OR AS A CONS DUE TO (OR AS A CONS CONTributing to death but not A CONS CONTRIBUTION COLUMN CONS DUE TO (OR AS A CONS DUE TO (OR AS A CONS CONTRIBUTION COLUMN CONS DUE TO (OR AS A CONS CONTRIBUTION COLUMN CONS DUE TO (OR AS A CONS CONTRIBUTION COLUMN CONS DUE TO (OR AS A CONS CONTRIBUTION 288. DATE OF INJURY (Month, Day, Visar) 288. PLACE OF INJURY — At I building, etc. (Specify)	EOUENCE OF WTIC EOUENCE OF LECTOR FRANKING TRANKING TOTAL TO	Cardu F): Card F): Ca	ng cause givan in PLACE OF DEATH (C) TORK? YES 2 NO Tock To and place, end due death occurred at the	Part I. 24a. WAS. PERF 1 YES Other (Specify) 28d. DESCRIBE HOW. Streeck only one) 1 to the cause(s) end in time, date end place,	AN AUTOPSY ORMED? 2 NO V INJURY OCCUPATION	24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant conditions of the conditions of th	DUE TO (OR AS A CONS A FILLO CLIC DUE TO (OR AS A CONS DUE TO (OR AS A CONS DUE TO (OR AS A CONS CONTributing to death but not FILLO CLIC CONTRIBUTION TO THE CONTRIBUTION (Morth, Day, Year) 286. PLACE OF INJURY — At 1 building, etc. (Specify) ANT. To the best of my knowledge, of the contribution	EOUENCE OF WTIC EOUENCE OF LECTOR FRANKING TRANKING TOTAL TO	Cardu F): Card F): Ca	PLACE OF DEATH (CI mme 5 Rasidence UURY AT ORK? YES 2 NO ice	Part I. 24a. WAS. PERF 1 YES Beck only one) 8 Other (Specify) 28d. DESCRIBE HOW City or Town, State to the cause(s) end in time, date end place, MBER	AN AUTOPSY ORMEO? 2 NO VINJURY OCC st end Number re)	24b. CURED or Rural R ted.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
BE COMPLETED BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other algnificant conditions of the conditions of th	DUE TO (OR AS A CONS A FALLO CLES DUE TO (OR AS A CONS DUE TO (OR AS A CONS DUE TO (OR AS A CONS CONTributing to death but not A CLUS LEC DUE TO (OR AS A CONS DUE TO (OR AS A CONS CONTributing to death but not A CLUS LEC DUE TO (OR AS A CONS CONTRIBUTION OR AS A CONS CONTRIBUTI	EOUENCE OF EOUENCE OF LLC EOUENCE OF reauthtry: 28b. Timeliny home, farm, a	Cardu F): Card F): L VO F): In the undarityl L T S OTHER: UNY M 1 Intreet, factory, off ad at the time, dar on, in my opinion,	PLACE OF DEATH (CI mme 5 Rasidence UURY AT ORK? YES 2 NO ice	Part I. 24a. WAS. PERF 1 YES Other (Specify) 28d. DESCRIBE HOW. Streeck only one) 1 to the cause(s) end in time, date end place,	AN AUTOPSY ORMEO? 2 NO VINJURY OCC st end Number re)	24b. CURED or Rural R ted.	were autopsy findings Amailable Prior to Completion of Cause Of Death? 1 YES 2 NO
E COMPLETED BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant conditions of the conditions of th	DUE TO (OR AS A CONS A FALLO CLES DUE TO (OR AS A CONS DUE TO (OR AS A CONS DUE TO (OR AS A CONS CONTributing to death but not A CLUS LEC DUE TO (OR AS A CONS DUE TO (OR AS A CONS CONTributing to death but not A CLUS LEC DUE TO (OR AS A CONS CONTRIBUTION OR AS A CONS CONTRIBUTI	EOUENCE OF EOUENCE OF LLC EOUENCE OF reauthtry: 28b. Timeliny home, farm, a	Cardu F): Card Card F): Card F): Card Card F): Card Card F): Card Card Card	PLACE OF DEATH (CI me 5 Residence UURY AT ORK? YES 2 NO ice is and place, end dur death occured at the	Part i. 24a. WAS. PERF 1 YES B Other (Specify) 28d. DESCRIBE HOW City or Town, State to the cause(a) end in time, date end place, MBER O G C S	AN AUTOPSY ORMEO? 2 NO VINJURY OCC the end Number on the ord due to the ord due to the ord of the ord of the ord of the ord of the ord of the ord of the ord of the ord ord ord ord ord ord ord ord ord ord	24b. 24b. cured a consequence consequenc	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
BE COMPLETED BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other algnificant conditions of the conditions of th	DUE TO (OR AS A CONS A FALLO CLES DUE TO (OR AS A CONS DUE TO (OR AS A CONS DUE TO (OR AS A CONS CONTributing to death but not A CLUS LEC DUE TO (OR AS A CONS DUE TO (OR AS A CONS CONTributing to death but not A CLUS LEC DUE TO (OR AS A CONS CONTRIBUTION OR AS A CONS CONTRIBUTI	EOUENCE OF EOUENCE OF LLC EOUENCE OF reauthtry: 28b. Timeliny home, farm, a	Cardu F): Card Card F): Card F): Card Card F): Card Card F): Card Card Card	PLACE OF DEATH (CI me 5 Residence UURY AT ORK? YES 2 NO ice is and place, end dur death occured at the	Part I. 24a. WAS. PERF 1 YES Beck only one) 8 Other (Specify) 28d. DESCRIBE HOW City or Town, State to the cause(s) end in time, date end place, MBER	AN AUTOPSY ORMEO? 2 NO VINJURY OCC the end Number on the ord due to the ord due to the ord of the ord of the ord of the ord of the ord of the ord of the ord of the ord ord ord ord ord ord ord ord ord ord	24b. 24b. cured a consequence consequenc	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO

End of the control of

permit. Pages 1, 2, 3 should

use as the burial-transit

be detached for

5 should

notified at

be

must

examiner

medical

the

event,

traumatic

other 1

0 injury,

shows any

23

item

marked, or

28 is

item

IMPORTANT: 11

John A. Nesbitt.

DEC 0 6 1994

31. DATE FILED (Month, Day, Year)

299

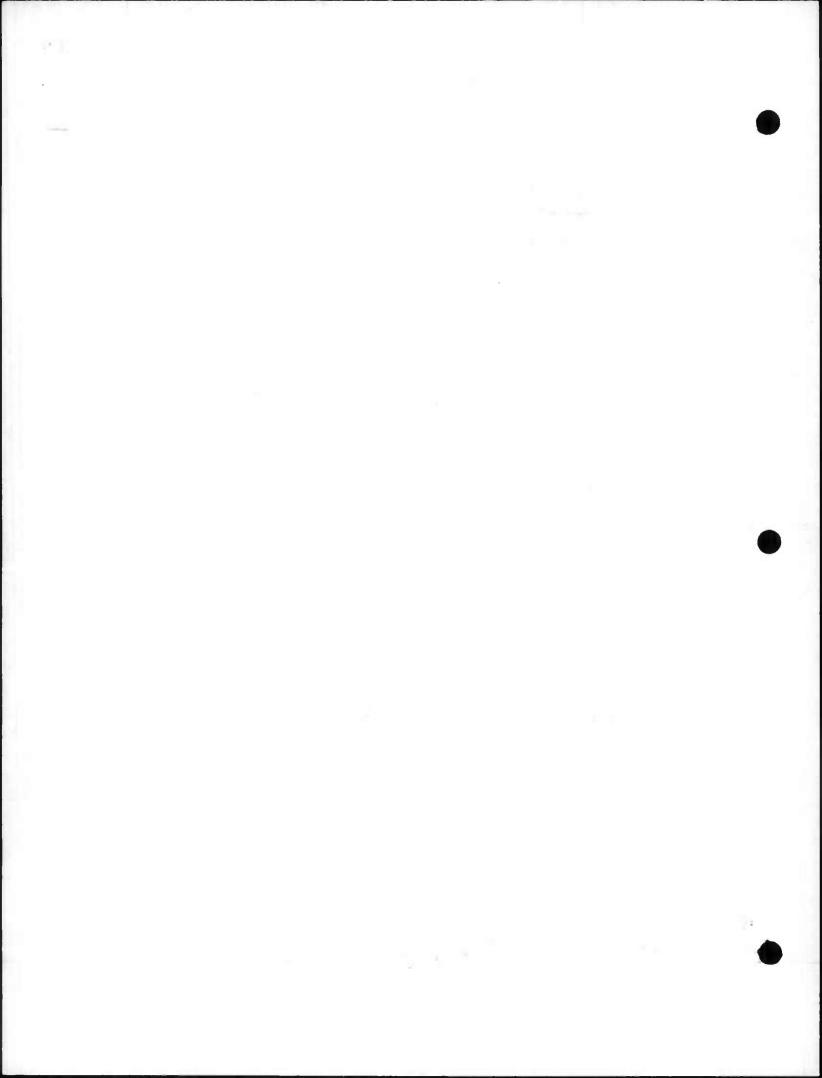
T.	CA	
9	010	
96	lire	
5	al	
Ę.	ner	
dea	2	
Te.	幸	Sept.
(0)	3	in the
D.	ء.	2
Ĕ	Ped	
t	y fi	Pin.
É	etel	8
*	de	200
ted	00	le:
noa	B	ì
ě	G	\$
2	cia	200
ate	18k	è
iific	0	an a
Cer	Sing	1
5	len	7
dea	150	Sme
he	the	1.14
att	B	pure
=	ped	4
res	Sign	Pos
900	E.	4
N D	pe	,
10	Sec	څ
1	te	000
ż	fica	ů
CIA	erti	the
125	SC	4
폾	€	
9	her	anth
ō	A	de
TE	g G	600
A	EG	9
OR O	PR	200
A	7	5
PIT	ER	1
THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a hours after death. Page 6 may	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, p	dish.
H	E	Par Par
Ξ	E	3

ITEM: 3. PER F.H. FILM G-718 12/6/94 t.t. STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 -CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH
December 3. TIME OF DEATH 1994 Amelia Dimling Bercowitz 6:50 QA A M 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In vrs. lest birthday) 7. DATE OF BIRTH (Month, Day, Year) IF UNDER 1 YEAR 8. BIRTHPLACE (State or Foreign IF UNDER 24 HRS. 1 🗌 M 2 😾 YRS. 213-05-8503 October 29,1897 Maryland 9a. FACILITY NAME (If not institution, give street and number, 9b. CITY, TOWN OR LOCATION OF DEATH 9c COUNTY OF DEATH DIRECTOR 6004 Huntridge Lane Apt. 2126 **Baltimore Baltimore County** RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Baltimore County Maryland Baltimore 1 YES 2 X NO 10e. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 6004 Huntridge Lane Apt. 2126 U.S.A. 21210 11 MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE - American Indian, Black, White, etc. 1 Never Married 2 Married If yes, specify Cuban, Maxican, Puarto Rican, etc.) BY 1 YES 2 X NO Specify: Specify 3 Wildowed 4 Divorced White COMPLETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify o College (1-4 or 5 +) 10 Homemaker Own Home 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Malden Surname) Nicholas Dimling Katharina BE Herget 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 9 CHarles E. Dimling 426 Chumleigh Rd. Baltimore, Maryland 21212 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE Green Mount Crematory Dec. Baltimore, Maryland 21. SIGNATURE OF FUNERAL SERVICE LICEN 22. NAME AND ADDRESS OF FACILITY Mitchell-Wiedefeld Home 6500 York Rd. Baltimore, Maryland 21212 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, Approximate Interval Between mock, or heart fallure. List only one Onset and Death IMMEDIATE CAUSE (Final MULTIPLE MYELOMA disease Dr condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): PHYSICIAN: MEDICAL CERTIFICATION Sequentially list conditions. DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 TYES 2 NO 1 | YES 2 | NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) OTHER:
4 | Nursing Home | 5X | Res 1 TES 2 NO 1 Inpetient 2 ER/Outpetient 3 I DOA 6 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY 28h, TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED Natural 1 YES 2 NO BY 2 Accident Investigation 3 Sulcide 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, atc. (Specify) 26f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be COMPLETED 4 Homicide 29a. CERTIFIER
(Check only one)

1 **XCERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 3 29d. DATE SIGNED (Mgrth, Day, Year)

12/5/194 BE Q red 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

> III, M.D. 201 E. University Parkway, Baltimore, Maryland 21218 32. REGISTRAR'S SIGNATURE Luka Bevidan DHMH-16 Rev 1/89



BALTIMORE, MARYLAND 21203-3146	Furs after death. Page 6 may be retained by the hospital or attending physic	I in by the funeral director, page 5 should be detached for use as the burial
		Illect
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	L OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the major after death. Page 6 may be retained by the hospital or attending physic	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burkan and the complete the burkan and the complete the burkan and the complete the burkan and the complete the burkan and the complete t

ttending physician. e as the burial-transit permit. Pages 1, 2, 3 should TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a more death. Page 6 may be retained by the host TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is merked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND	MENTAL HYGIENS
CERTIFICATE OF DEATH	REG. NO.

	FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTI				IYGIENE		
	DECEDENT'S NAME (First, Middle, Last) RUDOLPH A. BRAI	OV.				2. DATE OF C	oeath pay	YEAR	3. TIME OF OEATH
	RUDOLPH A. BRA		(In yrs. last birthday)	F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF E			2:30 A M
	567-10-8367 Se. FACILITY NAME (If not institution, give str	ù⁄⊠M 2 □ F	83 YRS. W	ONTHS DAYS	HOURS MIN.	Feb.	13, 1911	Country	Ge r many
TOR	Sharon Nursing H			01r		LAIN		ntgo	
DIRECTOR	10s. STATE 10s. COUNTY			TOWN OR LOCAT				- 1	10d. INSIDE CITY LIMITS? 1 V YES 2 NO
	Maryland M 100. STREET AND NUMBER	ontgomery	5	ilver S	L ZIP CODE	_	10g, CIT		HAT COUNTRY?
FUNERAL	3310 N. Leisure	Tanil Diesi	#521	37.	20906				
ξĮ	11. MARITAL STATUS	12. WAS DECEDENT EVER		13. WAS DEC	ENDENT OF HISPAI	NIC ORIGIN? (S		ISA 14. RACE	- American Indian,
à l	1 Never Married 2 S Married 3 Nidowed 4 Divorced	FORCES? 17 YES			ecity Cuban, Mexica 2 2 NO Specif		n, etc.)	Black, Specify	White, etc.
	15. OECEOENT'S EOUC (Specify only highest grade of	ATION	16a. OECEDENT'S US	BUAL OCCUPATION	ON	16b. KJN	ID OF BUSINESS/IND	DUSTRY	WILLE
Щ	(Specify only highest grade of Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of wor life. Do NOT use	n uone aunng mo retired.)	et or wonang				
COMPLETED	12 Yrs		Food Bro	ker			Grocery	7	
ខ្ល	17. FATHER'S NAME (First, Middle, Last)				11.		le, Malden Sumame)	100	14
BE (Alfred Brady				Marth	a Braun	nschweig		
6	Jane Brady		3310 N	Leis	and Number or Rural	Aoute Number, o	City or Town, State, Zi	silve larvl	r Spring, and 20906
	20a, METHOD OF DISPOSITION 1XXXBurial 2 □ Cremation 3 □ Remo		o. PLACE OF DISPOSIT				20c. LOCATION —		
	4 Donation 5 Other (Specify)	E E	lome Of Pe	ace Cer	netery 1	1/22/9	Colma.	Ca1	ifornia
	21. SIGNATURE OF FUNERAL SERVICE LICE			22. NAME A	ND ADDRESS OF FA	CILITY			
	1 tomalal (ATTHON	week	SIETN	HEBKEW	MEMORI.	AL FUNERA	AL HO	ME, INC.
	23. PART I. Enter the diseases, or c	omplications that cause	date death. Do no	enter the mo	de of dylna suc	t NW.	WASHING	rest.	Approximate
- 1	shock, or heert feilure. I	ist only one cause on e	ach line.				or respiratory or	,	Interval Between Onset and Death
	IMMEDIATE CAUSE (Finel disease or condition	SEPTIC	CHOCK						
	resulting in death)		STIUCK A CONSEQUENCE OF):						24 HOURS
ا ج		ΔΩΡΤΡΑΊ	CION PNEUN	MONT A					1 1777777
CERTIFICATION	Sequentially list conditions, if any, leading to immediate		A CONSEQUENCE OF):						1 WEEK
3	cause. Enter UNDERLYING CAUSE (Disease or Injury	DYSPHAC	GIA						
드	that initiated events	DUE TO (OR AS	A CONSEQUENCE OF):						
E	resulting in deeth) LAST	ADVANCE	ED ALZHEIN	ER'S D	EMENTIA				YEARS
	PART II. Other significent conditions	contributing to death i	out not resulting in	the underlyin	g cause given in	Part I. 24	e. WAS AN AUTOPSY	24b.	WERE AUTOPSY FINDINGS
B				•			PERFORMED?		MAILABLE PRIOR TO COMPLETION OF CAUSE
						_ ''	YES 2 ZLNO		OF DEATH?
Σ						_			I LI TES 2 LI NO
¥	25. WAS CASE REFERRED TO MEDICAL		· · · · · · · · · · · · · · · · · · ·	26. P	LACE OF OEATH (C)	heck only one)		_	
PHYSICIAN: MEDIC	EXAMINER? 1 YES 2 X NO	HOSPITAL:		OTHER:	ne 5 🗆 Residence		neoffel		
Ξĺ	27. MANNER OF DEATH	28a. DATE OF INJURY	28b. TIME		JURY AT		IBE HOW INJURY OF	CUREO	
2	1 Natural 5 Pending	(Month, Day, Year)	INJU		ORK? YES 2 NO				
) BY	2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE OF INJUR	Y — At home, farm, str	eet, factory, offic	20	28f. LOCATIO	ON (Street and Number	r or Aural A	oute Number,
	4 Homicide determined	building, etc. (Spe	icary)			City or I	own, State)		
COMPLETED	29a. CERTIFIER 1 X CERTIFYING PHYSIC	CIAN: To the best of my know	viedge, death occurred	at the time, dat	and place, and du	a to the cause(a) and manner as etc	ted.	
N N	000)	R: On the basia of examination) and manner as stated.
	296. SIGNATUJIE AND TITLE OF CERTIFIER				29c. LICENSE NU	MBCO	294 DA	TE SIGNED	(Month, Day, Year)
BE	C HOOLE	MT			7				
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF D	EATH (ITEM 27) (Nps. F	Print)	D337	00		vovem	ber 19, 199
	Ted E. Howe.				0	1-0	Man-1	1	
	31. DATE FILED (Month. Day, Jose)	A REGISTRAN SIG	ATVAE		U.	lney.	Mary 1and	1	
15	· DEC 0 6 1994 gal	THE STATE OF THE S							

Table ... Fidelia a relief and the Martine and the sales CREDWE ME BALTIMORE, MARYLAND 21215-0020

TO BE COMPLETED BY FUNERAL DIRECTOR

•	
0	
6876	
7	
8	
<u> </u>	
×	
BOX	
m	
P.0.	
Ţ.	
ш	
10	
~	
ш	
<u> </u>	
0	
RECORDS,	
ш	
œ	
_	
VITAL	
٩.	
>	
OF	
O	
7	
$\overline{}$	
\simeq	
S	
_	
_	

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

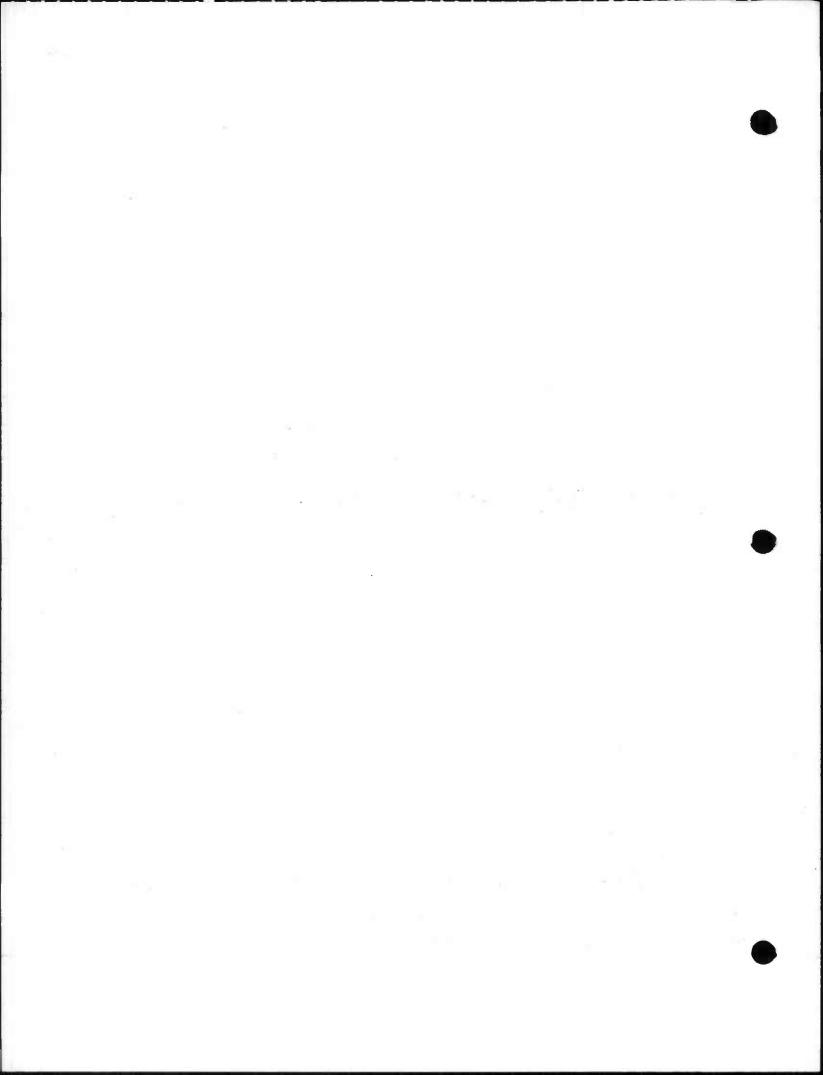
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within-cerhours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH	MENTAL HYGIENE REG. NO.
DECEDENT'S NAME (First, Middle, Last)	· · · · · · · · · · · · · · · · · · ·	2. DATE OF DEATH

1 - STATE REGISTRAR	STATE OF MARYLAND		CATE C			REG. NO	_		
1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF DEATH			3. TIME OF DEATH
JANE INGLIS	BLAKE					December 1	1994	YEAR	4:50 a m
4. SOCIAL SECURITY NUMBER 5	SEX 6. AGE (In yrs. Is	st birthday)	IF UNDER 1 YEA			7. DATE OF BIRTH (Month, Day, Year)			LACE (State or Foreign
215-32-6156	□ M 2 X F 85	YRS.	MONTHS DAY	'S HOURS	MIN.	December 9.	1908		land
9a. FACILITY NAME (if not institution, give street	t and number)		9b. CITY, TOV	N OR LOCATI	ON OF DE			NTY OF DE	
St. Joseph Hospit	al_		Tow	son			Ba	altimo	ore
RESIDENCE OF DECEDENT		100 CITY	, TOWN OR LO						
	+imana	_		CATION				- 1	10d. INSIDE CITY LIMITS?
Maryland Bal	timore	1	owson	10f. ZIP CODI			I too CIT		1 YES 2 (X) NO
526 Allegheny Aver	24.0			21204			log. Cit		TAI COUNTRY?
	LUC 2. WAS DECEDENT EVER IN U.S. A	RMED	13. WAS			IC ORIGIN? (Specify Yas	or No	USA	- American Indian,
1 Never Married 2 Married	FORCES? 1 YES 2 X	NO	II yea	specify Cuba (ES 2)(NO	n, Maxica	ı, Puarto Rican, etc.)	01110-	Black,	White, etc.
3 Widowed 4 Divorced			,	Y.A.	Openy			Specify	White
15. DECEDENT'S EDUCAT (Specify only highest grade con		ECEDENT'S I	USUAL OCCUP	ATION most of working	ia.	16b. KIND OF BUS	SINESS/INI	DUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5+)	a. Do NOT use	retired.)						
	4 Arti	st/Engi	ineering	7			ectro	nic	
17. FATHER'S NAME (First, Middle, Lest)	_					ME (First, Middle, Maiden			
Clarence Sey		lis			<u>labe</u>			_	
, , , , , , , , , , , , , , , , , , ,	1					loute Number, City or Tow			
Daniel C.I.Blake					nue	owson, Mar			
1 Burlei 2 XX Cremation 3 Ramova	I Irom Stata 20b. PLACE cemetery, cr	and DATE O	FDISPOSITION her place) Cemet					City or Tow	
4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICEN:		mount		ery		2,1994 Ba	I T I MC	ore, r	Maryland
1 51/1	7/	-	22. NAME	AND ADDRES		tchell-Wie	edefe	eld Ho	ome
Denni & Islan	Kenaka		6500	York	Road	Baltimore	e, Ma	arylar	nd 21212
23. PART i. Enter the diseases, or com	plications that caused the d	eeth. Do n	ot enter the	mode of dyl	ng, sucl	as cerdlec or respi	ratory an	rest,	Approximete
IMMEDIATE CAUSE (Fine)	t biny one couse on each in	·							interval Between Onsat and Death
disease or condition resulting in deeth)	SEPTIC	SHOO	CK						3 days
	DUE TO (OR AS A CONSE		,						
Sequentially list conditions, b	DECUBIT								S-GWEEKS
if any, leeding to immediate ceuse. Enter UNDERLYING	DUE TO (OR AS A CONSE	OUENCE OF):						
CAUSE (Disease or injury C	DUE TO (OR AS A CONSE	OHENCE OF	١.						-
that initiated events resulting in death) LAST	OUL TO (OH AS A CONSE	OUT OF	,.						i
d									
PART II. Other algnificent conditions c						Part I. 24a. WAS AN PERFOR			WERE AUTOPSY FINDINGS
Ronal Failure	Hypernatre	min	Det	zara	tim	1 YES 2			COMPLETION OF CAUSE OF DEATH?
									TYES 2 NO
DID TOBACCO USE CONTRIB	BUTE TO CAUSE OF DEA	ATH YES	S 🗆 NO	M UNC	ERTAIN	1 🗆			
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	26. PLA QSPITAL:		H (Check only o	ne)					
1 YES 21 NO	N Inpetient 2 ☐ ER/Outpetient :		OTHER: 4 - Nursing h	lome 5 🗆 Ra	aldenca	8 Other (Specify)			
27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME INJU		INJURY AT WORK?		28d. DESCRIBE HOW II	NJURY OC	CURED	
1 Natural 5 Pending 2 Accident Investigation				YES 2	NO				
3 Suicide 6 Could not be	26a. PLACE OF INJURY — At he building, atc. (Specify)	ome, larm, st	reet, factory, o	ffica		281. LOCATION (Street a City or Town, State)	nd Number	or Rural Ro	ute Number,
s Nomicide detarraned	The second								
	N: To the best of my knowledge, de								
one) 2 MEDICAL EXAMINER: C	On the basis of examination and/or	Investigation	, in my opinio	n, death occur	ed at the	time, data and place, an	d due to th	na cause(a)	and menner as steted.
296. SIGNATURE AND TITLE OF CERTIFIER	,			29c. LICE	NSE NUM	BER LO 9	29d. DAT	E SIGNED (Month, Day, Year)
Cottinea at	andel, his			D.	272	09	Dec	ember	1, 1994
30. NAME AND ADDRESS OF PERSON WHO CO	OMPLETED CAUSE OF DEATH (ITE	M 27) (Type,	Print)					2.20	.,
Patricia Savadel	120 Sr. Pierre	Driv	e Tows	on, Ma	ryla	and 21204			
31. DATE FILED (Month, Day, Year)	32 REGISTRAR'S STRUATURE								
31. DATE FILED (Month Day 1997)	32, REGISTRAR'S BENATURE								



AND 21215-0020
, MARYL
BALTIMORE
68760
BOX (

DIVISION OF VITAL RECORDS, P.O

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buriat-transit permit. Pages 1, 2, 3 should be filled within the Shape hours after death with the Shape hours and Marrial Buriate price in burial committee of the filled within the Shape hours.

	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
AR	CERTIFICATE OF DEATH	REG. NO.

	1. DECEOENT'S NAME (First, Middle, Last		7. A	15				2. DATE OF MONTH	DEATH DAY	, y	/EAR	3. TIME OF DEA	
	4. SOCIAL SECURITY NUMBER	E	BLAN			-		- 11	- Carrie	9 90		3:05	_
	21412 8718	5. SEX	3. AGE (In yrs. lest	YRS. WONT	DER 1 YEAR	HOURS	24 HRS. MIN.	7. DATE OF (Month, D		8.	Country Country	PLACE (State or F	oreig
	9a. FACILITY NAME (If not institution, give		80					1/	16/1	4		MD	
Œ	UNIVE MARYLAN		,	90. 0	TY, TOWN			EATH	1	9c. COUNTY	Y OF DE	ATH	
2	RESIDENCE OF DECEDENT				B/SC.	IMDA	E						_
DIRECTO	10e. STATE 10b. COUN	ITY		10c. CITY, TOW							T	10d. INSIDE CITY	1
	MD			BAI	tino	CE						1 YES 2	NO
RAI	10e. STREET AND NUMBER				101	f. ZIP COD	E			10g. CITIZE	N OF W	HAT COUNTRY?	
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT	EVED IN II C ADA	es T	40. 1170. 070					1.	2.1	H	
	1 Never Merried 2 Merried	FORCES? 1 [YES 2 N		If yea, sp	ecity Cybs	n, Maxica	NC ORIGIN? (Specify Yea o an, atc.)	or No- 14	Black,	- American Indi White, atc.	an,
ВУ	3 Widowed 4 Divorced	IF TES, GIVE WAT	N ON DATES	1	1 U YES	2 № NO	Specify	y:		- 1	Speed	IK.	
	15. DECEOENT'S ED (Specify only highest grad		18a. DEC	CEOENT'S USUA	OCCUPATIO	ON net of working	v7	16b. KI	ND OF BUSI	NESS/INDUS	TRY	1.5	
LET	Elementary/Secondary (0-12)	College (1-4 or 5+)	life.	Do NOT use retire	d.)	JOST OF WORKS	'9						
COMPL	12/		V	NKNOW	NN						_		
8	17. FATHER'S NAME (First, Middle, Last)					16. MOTI	HER'S NA	ME (First, Mide	dle, Maiden Si	umame)			
BE	19a. INFORMANT'S NAME (Type/Print)	2 14					1mA	5	ANC				_
2	1 11 11		196	. MAILING AOOR	ESS (Street a	and Number	or Rural F	Route Number,	City or Town,				
		end by	24	403 K	oth	Auc	56	470.	40 2	2121			
	20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of DATE Concention 3 Removal from State Concention 3 Removal from Sta												
- 1	4 Department ST Other (Specify) 21. SIGNATURE OF FUNERAL BERVICE LICENSEE 22. NAME AND ADDRESS OF FULLITY 22. NAME AND ADDRESS OF FULLITY												
	Estep Bros. Foreral Home N.A.												
9	23. PART I. Unfor the diseases, or complications that coused the deeth. Do not enter the mode of dying, such as cerdiac or respiratory arrest, Approximate												
	23 DADY I. Emer the diseases or	Land the Land of the Land	4 11 /	2	1300	Eur	BW	Place	BAT	tou!	11		
	nock, or heart fellure	complications that on Last only one couse	coused the dee	eth. Do not en	13 ac	ede of dy	ెట ing, suci	Place	GA+	tou tory arrest	t,	Approxim	
	23. PART I. Emer the disesses, or hock, or heert fellure IMMEDIATE CAUSE (Finel disease or condition	. List obly one ceuse	on each line.		ter the mo	de of dyl	ing, suci	Place h es cerdiad	GA+	atory arres	t,	Approxim	atv
	IMMEDIATE CAUSE (Finel	. List obly one ceuse	on each line.		ter the mo	de of dyl	ing, suci	Place h es cerdiad	GA+	atory arrest	<i>t</i> ,	Approxim Interval B	atv
2	IMMEDIATE CAUSE (Finel	. List obly one ceuse	o on each line.		ter the mo	de of dyl	ing, suci	Place h es cerdiad	GA+	atory arrest	(, <u>()</u>	Approxim Interval B	atv
NOL	mock, or heer feiture IMMEDIATE CAUSE (Finel disease or condition reculting in death) Sequentially list conditions,	e. SM OUE TO (O	on each line.	ELL L	ter the mo	de of dyl	ing, suci	Place h es cerdiad	GA+	toy arres	t,	Approxim Interval B	atv
CATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	e. SM OUE TO (O	on each line.	ELL L	ter the mo	de of dyl	ing, suci	Place h es cerdiad	GA+	tou latory arres	1,	Approxim Interval B	atv
TIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that inkited events	e	on each line.	UENCE OF):	ter the mo	de of dyl	ing, suci	Place h es cerdiad	GA+	toy arrest	t,	Approxim Interval B	atv
ERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	e	A A CONSEO	UENCE OF):	ter the mo	de of dyl	ing, suci	Place h es cerdiad	GA+ c or respira	tory arrest	ι,	Approxim Interval B	atv
IL CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that inkited events	e. OUE TO (O d. OUE TO (O	ON EAS A CONSEO	UENCE OF):	ter the mo	cade of dyl	√ Co	Place h es cerdiad YR	GA + C or respire			Approxim Interval B	atv
4	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that inkited events resulting in death) LAST	e. OUE TO (O d. OUE TO (O	ON EAS A CONSEO	UENCE OF):	ter the mo	cade of dyl	√ Co	Part I. 24	a. WAS AN AI PERFORM	UTOPSY	24b.	Approxim Interval B Onset and Onset and WERE AUTOPSY F AMALABLE PRIOR COMPLETION OF	atv
EDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that inkited events resulting in death) LAST	e. OUE TO (O d. OUE TO (O	ON EAS A CONSEO	UENCE OF):	ter the mo	cade of dyl	√ Co	Part I. 24	a. WAS AN AI	UTOPSY	24b.	Approxim Interval B Onset and Onset and WERE AUTOPSY F AMALABLE PRIOR COMPLETION OF (OF DEATH?	atv 1 D
MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that inkited events resulting in death) LAST	e. OUE TO (O d. ODE COntributing to de	R AS A CONSEO	UENCE OF): UENCE OF): UENCE OF):	underlying	g ceuse ç	√∫ CØ	Part I. 24	a. WAS AN AI PERFORM	UTOPSY	24b.	Approxim Interval B Onset and Onset and WERE AUTOPSY F AMALABLE PRIOR COMPLETION OF	atv 1 D
MEDICAL	Sequentisity list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent conditions. DID TOBACCO USE CON' 25. WAS CASE REFERRED TO MEDICAL	e. OUE TO (O c. OUE TO (O d. TRIBUTE TO CAU	R AS A CONSEO	UENCE OF): UENCE OF): UENCE OF): DESUITING IN the	underlying	g ceuse ç	√ Co	Part I. 24	a. WAS AN AI PERFORM	UTOPSY	24b.	Approxim Interval B Onset and Onset and WERE AUTOPSY F AMALABLE PRIOR COMPLETION OF (OF DEATH?	atv 1 D
SICIAN: MEDICAL	Sequentistly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent conditions. DID TOBACCO USE CON 25. Was Case Referred to Medical Examiner? 1 Yes 2 No	e. OUE TO (O d. ODE COntributing to de	P AS A CONSEO R AS A CONSEO R AS A CONSEO R AS A CONSEO SE OF DEAT 28. PLACE	UENCE OF): UENCE OF): UENCE OF): UENCE OF): E OF OEATH (Chr.	underlying NO Cock only one) ER:	g couse (w∫ Co	Part I. 24	ia. WRS AN AI PERFORM	UTOPSY	24b.	Approxim Interval B Onset and Onset and WERE AUTOPSY F AMALABLE PRIOR COMPLETION OF (OF DEATH?	indi To
MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) PART II. Other significent conditions. DID TOBACCO USE CON 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	e. OUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O	SE OF DEAT 28. PLACE PRAY A CONSEO THE AS A CONSEO TH	UENCE OF): UENCE OF): UENCE OF): UENCE OF): E OF OEATH (Chr.	underlying NO Cock only one) ER: Washing Hom	g couse (w∫ Co	Part I. 24	ia. WRS AN AI PERFORM	UTOPSY JED?	24b.	Approxim Interval B Onset and Onset and WERE AUTOPSY F AMALABLE PRIOR COMPLETION OF (OF DEATH?	atw 1 D
SICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significent conditions DID TOBACCO USE CON 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Retural 5 Pending Investigation	e. OUE TO (O b. DUE TO (O c. OUE TO (O d. TRIBUTE TO CAU HOSPITAL: 1 Inpatient 2 = E 28e. DATE OF IN (Month, Day)	SE OF DEAT 28. PLACE R/Outpatient 3 1997 1997)	UENCE OF): UENCE OF): UENCE OF): UENCE OF): UENCE OF): OF OEATH (Checked of the content of	underlying NO Cack only one) ER: tursing Hom 28c. INJ	g couse g UNC	given in	Part I. 24 Part I. 24 1 8 Other (S) 28d. OESCR	-G. WAS AN AI PERFORM TYES 2 THE PERFORMAN PROCESS TO THE PERFORMANCE PERFORMANCE PERFORMAN PROCESS TO THE PERFORMAN PROCESS TO THE PERFORMAN PROCESS TO THE PERFORMAN PRO	UTOPSY ED7 NO	24b.	Approxim Interval B Onset and Onset and WERE AUTOPSY F AMALABLE PRIOR COMPLETION OF 6 OF DEATHY 1 YES 2	atw 1 D
BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significent conditions DID TOBACCO USE CON 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending	e. OUE TO (O b. DUE TO (O c. OUE TO (O d. ONB CONTRIBUTE TO CAU HOSPITAL: 1/2 Inputent 2 E 28e. DATE OF IN (Month, Day,	SE OF DEAT 28. PLACE 28. PLACE 28. PLACE 28. PURY 1987) NJURY — At hon	UENCE OF): UENCE OF): UENCE OF): UENCE OF): UENCE OF): OF OEATH (Checked of the content of	underlying NO Cack only one) ER: tursing Hom 28c. INJ	g couse g UNC	given in	Part I. 24 Part I. 24 1 Other (S) 28d. 0ESCR	ia. WRS AN AI PERFORM YES 2	UTOPSY ED7 NO	24b.	Approxim Interval B Onset and Onset and WERE AUTOPSY F AMALABLE PRIOR COMPLETION OF 6 OF DEATHY 1 YES 2	indi To
ETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significent conditions. DID TOBACCO USE CON. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending trivestigation to be determined.	e. OUE TO (O b. DUE TO (O c. OUE TO (O d. TRIBUTE TO CAU HOSPITAL: 1 Inputant 2 E 28e. DATE OF IN (Month, Day, 28e. PLACE OF I building, at-	SE OF DEAT 26. PLACE RAS A CONSEO RAS A C	UENCE OF): UENCE	underlying NO Cack only one) Lest turning Hom 28c. INJ WO 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	g couse (given in	Part I. 24 Part I. 24 1 Other (S) 28d. OESCR 28f. LOCATIC City or 1	pecify) IBE HOW INJ ON (Street and own, State)	UTOPSY ED? NO	24b.	Approxim Interval B Onset and Onset and WERE AUTOPSY F AMALABLE PRIOR COMPLETION OF 6 OF DEATHY 1 YES 2	indi To
ETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significent conditions. DID TOBACCO USE CON. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	e. OUE TO (O b. DUE TO (O c. OUE TO (O d. TRIBUTE TO CAU HOSPITAL: 1 Thingstant 2 E 28e. DATE OF IN (Month, Day, 28e. PLACE OF I building, atc.	on each line. ALL CR AS A CONSEO R AS A CONSEO R AS A CONSEO Beeth but not re SE OF DEAT 26. PLACE (R/Outpetient 3 JURY Year) NJURY — At hom c. (Specify)	UENCE OF): UENCE	underlying NO [ER: dursing Hom 28c. INJ WO 1 WO 1 Color, official to time, data	g couse g UNC IU	given in ERTAIN NO	Part I. 24 Part I. 24 B Other (S) 28d. OESCR 28f. LOCATIC City or 3	pecify) IBE HOW INJ ON (Street and own, State)	UTOPSY ED? NO NO HURY OCCUR	24b.	Approxim Interval B Onset and Onset and WERE AUTOPSY F AMALABLE PRIOR COMPLETION OF COPPLETION OF COPPLETION OF COPPLETION OF COPPLETION OF COPPLETION OF COPPLETION OF COPPLETION OF COPPLETION OF COPPLETION OF COPPLETION OF COPPLETION OF COPPLETION OF COMPLETION OF COMPLETION OF COPPLETION OF CO	INDI TO
BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significent conditions DID TOBACCO USE CON 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Retural 5 Pending trivestigation and Suicide 8 Could not be detarmined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINERY	e. OUE TO (O b. DUE TO (O c. OUE TO (O d. ODE TO CAU HOSPITAL: 1 Tippitlant 2 = 28e. DATE OF IN (Month, Day, 28e. PLACE OF In building, at-	on each line. ALL CR AS A CONSEO R AS A CONSEO R AS A CONSEO Beeth but not re SE OF DEAT 26. PLACE (R/Outpetient 3 JURY Year) NJURY — At hom c. (Specify)	UENCE OF): UENCE	underlying NO [ER: dursing Hom 28c. INJ WO 1 WO 1 Color, official to time, data	g couse g UNC IU	given in ERTAIN NO	Part I. 24 Part I. 24 B Other (S) 28d. OESCR 28f. LOCATIC City or 3	pecify) IBE HOW INJ ON (Street and own, State)	UTOPSY ED? NO NO HURY OCCUR	24b.	Approxim Interval B Onset and Onset and WERE AUTOPSY F AMALABLE PRIOR COMPLETION OF COPPLETION OF COPPLETION OF COPPLETION OF COPPLETION OF COPPLETION OF COPPLETION OF COPPLETION OF COPPLETION OF COPPLETION OF COPPLETION OF COPPLETION OF COPPLETION OF COMPLETION OF COMPLETION OF COPPLETION OF CO	INDI TO CAUS
E COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significent conditions. DID TOBACCO USE CON. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	e. OUE TO (O b. DUE TO (O c. OUE TO (O d. ODE TO CAU HOSPITAL: 1 Tippitlant 2 = 28e. DATE OF IN (Month, Day, 28e. PLACE OF In building, at-	on each line. ALL CR AS A CONSEO R AS A CONSEO R AS A CONSEO Beeth but not re SE OF DEAT 26. PLACE (R/Outpetient 3 JURY Year) NJURY — At hom c. (Specify)	UENCE OF): UENCE	underlying NO [ER: dursing Hom 28c. INJ WO 1 WO 1 Color, official to time, data	g ceuse g UNC TORK? YES 2 a and placa, teath occur	given in ERTAIN NO	Part I. 24 Part I. 24 1 Other (S 28d. OESCR 28f. LOCATIC Chy or 3	PERFORM YES 2 Pecify) BE HOW INJ ON (Street armown, State) a) and manned d place, and d place, and	UTOPSY ED7 NO NO HURY OCCUR of Number or er as stated. dus to the c	24b. Rural Ro	Approxim Interval B Onset and Onset and WERE AUTOPSY F AMALABLE PRIOR COMPLETION OF COPPLETION OF COPPLETION OF COPPLETION OF COPPLETION OF COPPLETION OF COPPLETION OF COPPLETION OF COPPLETION OF COPPLETION OF COPPLETION OF COPPLETION OF COPPLETION OF COMPLETION OF COMPLETION OF COPPLETION OF CO	INDI TO CAUS
COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significent conditions DID TOBACCO USE CON 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Retural 5 Pending trivestigation and Suicide 8 Could not be detarmined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINERY	e. OUE TO (O b. DUE TO (O c. OUE TO (O d. ODE CONTributing to de TRIBUTE TO CAU HOSPITAL: 1/2 Inputant 2 = E 28a. PLACE OF In building, ste SICIAN: To the best of materials.	SE OF DEAT 26. PLACE 27. PLACE 28. PLACE 28. PLACE 28. PLACE 28. PLACE 28. PLACE 28. PLACE 28. PLACE 28. PLACE 28. PLACE 28. PLACE 28. PLACE 28. PLACE 28. PLACE 28. PLACE 29. PLACE	UENCE OF): UENCE OF): UENCE OF): UENCE OF): UENCE OF): DOBLET (Che DOBLET	underlying NO [ER: dursing Hom 28c. INJ WO 1 WO 1 Color, official to time, data	g ceuse g UNC TORK? YES 2 a and placa, teath occur	given in ERTAIN addence	Part I. 24 Part I. 24 1 Other (S 28d. OESCR 28f. LOCATIC Chy or 3	PERFORM YES 2 Pecify) BE HOW INJ ON (Street armown, State) a) and manned d place, and d place, and	UTOPSY ED7 NO NO HURY OCCUR of Number or er as stated. dus to the c	24b. Rural Ro	Approxim Interval B Onset and Onset and WERE AUTOPSY F AMALABLE PRIOR OF COMPLETION OF CO OPPETI	INDI TO CAUS



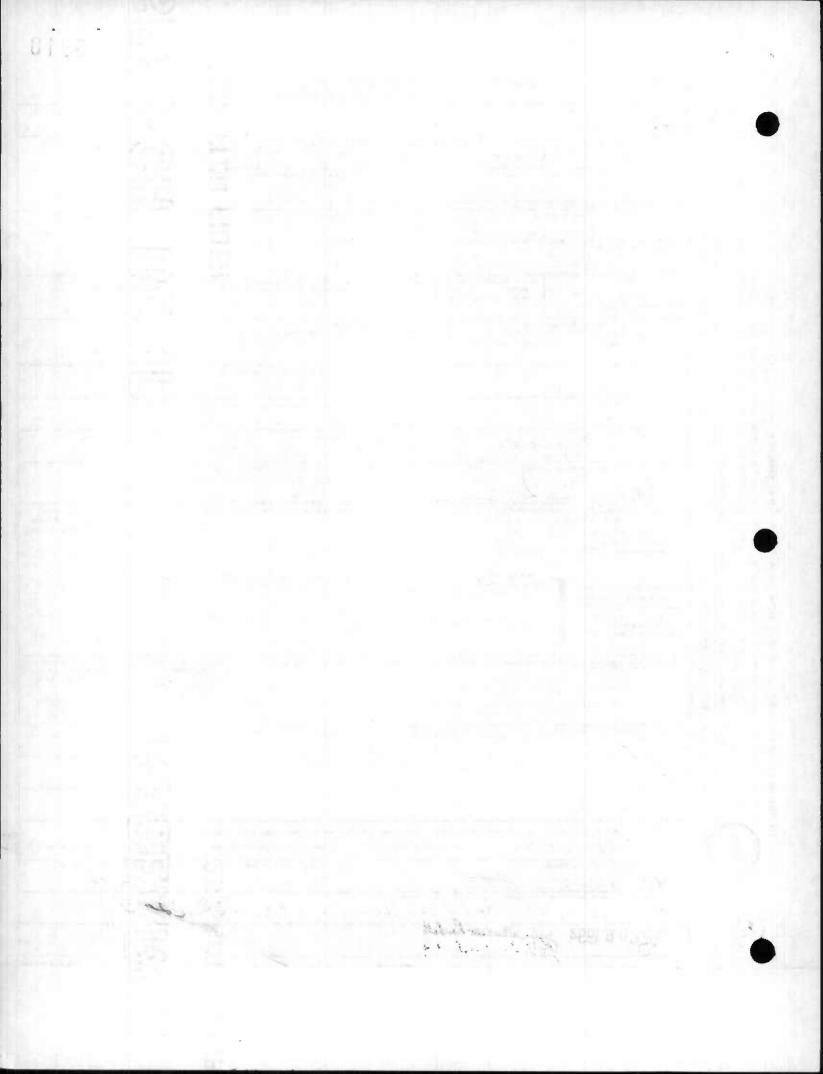
I .

•	
BOX 68760,	
9	
9	
∞	
O	
_	
×	
0	
_	
0	
_	
~	
\cup	
٠.	
0	
-	
CO.	
~	
œ	
$\overline{}$	
0	
RECORDS	
ш	
2	
_	
_	
d	
>	
-	
0	
_	
7	
ON OF VITAL	
9	

1 - FOR STATE REGISTRAR

TOOL SCOURTY MARKET OF SUPERIOR OF THE STATE		GERTRUDE	277	WER			2. DATE OF D	2 DAY 94	YEAR	:05 p
ACTION MANDER NUTSING HOME RESIDENCE OF DECEMBENT M. CONTY M. Prince George M. CONTY M. CONTY M. CONTY M. CONTY TOWN ON LOCATION M. Prince George M. CONTY M				100		IF UNDER 24 HRS, HOURS MIN.	7. DATE OF B (Month, Day DEC • 2	1898	Indi	CE (State or Foreign .ana
TO SETTERY AND HOMBERS TO SETTERY AND HOMBERS TO SETTING THE ANALYSIA STATUS THE ANALYSIA	OR	Carroll Manor Num					TH	1500		
STREET AND HAUMBER 4922 LaSalle Road 10, Wed DECENDENT EVER IN U.S., JAMED 11, MARTIAL STATUS 11, MARTIAL STATUS 12, MART DECENDENT EVER IN U.S., JAMED 12, WES AVE WAS COLORED TO STATUS OF VERS IN U.S., JAMED 13, WES DECENDENT EVER IN U.S., JAMED 14, LASALLE American toolland 15, Wed DECENDENT EVER IN U.S., JAMED 17, U.S. S. W. W. L. COLORED TO STATUS OF VERS IN U.S., JAMED 17, WES JAMED 18, DECENDENT EDUCATION 19, DECENDENT EDUCATION 10, DEVELOPE TO EDUCATION 11, DEVELOPE TO EDUCATION 11, DEVELOPE TO EDUCATION 11, DEVELOPE TO EDUCATION 12, DEVELOPE TO EDUCATION 13, DECENDENT EDUCATION 140, DEVELOPE TO EDUCATION 150,	DIRECT	10a. STATE 10b. COUNT								LIMITS?
The Second Mix Oriented Second		10e. STREET AND NUMBER				H. ZIP CODE	. 63	2 2000	N OF WHAT	
18. DECEDENT'S EDUCATION Control of No Propriet (prote control or control		1 Never Married 2 Married	FORCES? 1	YES 2 NO	If yes, s	pecify Cuban, Maxican,			Specify:	
The continue of the second contributions of the second con	LETED	(Specify only highest grad	e completed)	(Give kind of w	vork done during m e retired.) -	ON osl of working	1		STRY	
198. MARING ADDRESS (Street and Number or Numil Room Number, City or Sown, Sale, Zip Code) Janet Morris 209. MENDO of Disposition 199. Do. Box 534 Lakemore, Ohio 44250 219. MENDO of Disposition 199. Do. Box 534 Lakemore, Ohio 44250 220. MENDO of Disposition 199. Do. Box 534 Lakemore, Ohio 44250 220. MENDO of Disposition 199. Do. Box 534 Lakemore, Ohio 44250 220. MENDO of Disposition 199. Do. Box 534 Lakemore, Ohio 44250 220. MENDO of Disposition 199. Do. Box 534 Lakemore, Ohio 44250 220. MENDO of Disposition 199. Do. Box 534 Lakemore, Ohio 44250 Wabash, Indiana 235. NAME AND ADDRESS OF RACILITY Donaldson Funeral Home P. A. 2313 Talbott Ave. Laurel, Md. 20707 23. NAME AND ADDRESS OF RACILITY Donaldson Funeral Home P. A. 313 Talbott Ave. Laurel, Md. 20707 24. PART II. Other significant conditions, Indianal India				CTEL	K		E (First, Middle	, Maiden Sumame)	Timerro	Nes
Burlet 2 Cremation 3	0	Janet Morris						o 44250		
Donaldson Funeral Home P.A. 313 Talbott Ave. Laure1, Md. 20707 23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, interval Bet Onset and Ideases or condition and the subject of the s		1 Donation 5 Other (Specify)			metery			/		
22. PART I. Enter the diffesses, or complications that caused the death. Do not anter the mode of dying, such as cardiac or reapiratory arrest, interval Bate abock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEDUENCE OF): DUE TO (OR AS A CONSEDUENCE O		Donaldson Funeral Home P.A.								
PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PRINCHED OF DEATH IT I WAS AN AUTOPSY PERFORMED? 1 YES 2 ND 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL HOSPITAL: 1 I I I I I I I I I I I I I I I I I I I		disease or condition resulting in death) DUE TO (OR AS A CONSEDUENCE OF): Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events DUE TO (OR AS A CONSEDUENCE OF): DUE TO (OR AS A CONSEDUENCE OF):								
27. MANNER OF DEATH 1. Netural 2 Accident 3 Suicide 4 Homicide 2 Accident 3 Suicide 5 Pending investigation 3 Suicide 4 Homicide 2 Accident 3 Suicide 4 Homicide 2 Accident 3 Suicide 4 Homicide 2 Accident 3 Suicide 4 Homicide 2 Accident 3 Suicide 4 Homicide 2 Accident 3 Suicide 4 Homicide 2 Accident 3 Suicide 4 Homicide 2 Accident 3 Suicide 4 Homicide 2 Accident 3 Suicide 4 Homicide 2 Accident 3 Suicide 4 Homicide 2 Accident 3 Suicide 4 Homicide 2 Accident 3 Suicide 4 Homicide 2 Accident 3 Suicide 4 Homicide 2 Accident 3 Suicide 4 Homicide 2 Accident 3 Suicide 4 Homicide 2 Accident 3 Suicide 4 Homicide 2 Accident 3 Suicide 4 Homicide 4 Homicide 5 Pending 1 Yes 2 NO 2 Accident 3 Suicide 4 Homicide 4 Homicide 5 Pending 1 Yes 2 NO 2 Accident 3 Suicide 4 Homicide 5 Pending 1 Yes 2 NO 2 Accident 3 Suicide 4 Homicide 5 Pending 1 Yes 2 NO 2 Accident 3 Suicide 4 Homicide 5 Pending 1 Yes 2 NO 2 Accident 3 Suicide 4 Homicide 5 Pending 1 Yes 2 NO 2 Accident 5 Yes 2 NO 2 Accident 5 Yes 2 NO 2 Accident 5 Yes 2 NO 2 Accident 6 Yes 2 NO 2 Accident 6 Yes 2 NO 2 Accident 6 Yes 2 NO 2 Accident 6 Accident 6 Accident 6 Yes 2 NO 2 Accident 6 Accident 6 Accident 6 Accident 7 Yes 2 NO 2 Accident 7 Yes 2 NO 2 Accident 6 Accident 7 Yes 2 NO 2 Accident 8 Accident 8 Accident 9 Acciden	EDICAL	PART II. Other significant condition	na contributing to de	eth but not resulting i	n the underlylr	ng ceuse given in F		PERFORMEO?	AVA COI OF	ILABLE PRIOR TO MPLETION OF CAU DEATH?
27. MANNER OF DEATH Netural 5	SICIAN:	EXAMINER?		2/Outpetlant 3 [] DOA	OTHER:			-15.1		
3 Suicide 4 Homicide 29a. CERTIFIER 29a. CERTIFIER 29b. SIGNATURE AND TITLE OF CERTIFIER 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29c. LICENSE NUMBER 29d. DATE SIGNEO (Month, Pay, Year)	PHY	27. MANNER OF DEATH 1 Netural 5 Pending	28s. DATE OF INJ (Month, Day,	IURY 28b. TIMI	E OF 28c. IN W	JURY AT ORK? YES 2 NO				
one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and placa, and due to the cause(a) and manner as attered at the time, data and placa, and due to the cause(a) and manner as attered at the time, data and placa, and due to the cause(a) and manner as attered at the time, data and placa, and due to the cause(a) and manner as attered at the time, data and placa, and due to the cause(a) and manner as attered at the time, data and placa, and due to the cause(a) and manner as attered at the time, data and placa, and due to the cause(a) and manner as attered at the time, data and placa, and due to the cause(a) and manner as attered at the time, data and placa, and due to the cause(a) and manner as attered at the time, data and placa, and due to the cause(a) and manner as attered at the time, data and placa, and due to the cause(a) and manner as attered at the time, data and placa, and due to the cause(a) and manner as attered at the time, data and placa, and due to the cause(a) and manner as attered at the time, data and placa, and due to the cause(a) and manner as attered at the time, data and placa, and due to the cause(a) and manner as attered at the time, data and placa, and due to the cause(a) and manner at the time, data and place, and due to the cause(a)		4 Homicide determined building, atc. (Specify)								Number,
296. BIGNATURE AND TITLE OF CERTIFIER 296. LICENSE NUMBER D 26.33/ 12/2/94	OMPLI	(Check only CERTIFYING PHYS								d manner as atat
	BE	Matalineach	enderne	-		29c. LICENSE NUM D 2633/	BER	29d. DATE	SIGNEO (MO	nth, Day, Your)
		ST. DATE FILED WOMB 1994	22 1 El Bank	ANGLES						

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.



3 should

68	2000
XO	he a
B	Ganea
0	0000
Э,	dand
3DS	440
Ö	o the
REC	rooming
AL	100
TIV	AM: TO
DIVISION OF VITAL RECORDS, P.O. BOX 68	THE TENDING DUNCTOIAN. The last requires that the death considered he assessed
ON	DIVIG
SI	TEN
6	Ė
	E

	0	ì		
	100	3		
	d	5		
	rmit			
	an all			
an.	frans	3		
physician	irial			ı
od Di	4			
endir	as th	}		
or attle	650			Ì
ftal c	be detached for use as the hurial-transit narmit Page			
hosp	chec		95	
the	deta		DUC	
600	d be		d at	
Tallne	shou		uffe	
e re	5		U U	
day C	Dag		t be	
0	ector.		SOF	
2306	dire		Injury, or other traumatic event, the medical examiner in	
HELLI.	Jnera		amir	
er ou	lled in by the funeral d	Val.	i ex	
IP S	by I	removal.	dica	
TOO!	ed in	0,	E	
67	letely fills	ation.	the	I
MILIII	plete	rem	ent,	1
201	Com	'ial, c	2	-
Syecu	and	o bur	natic	I
3	ician	ior to	Taur.	
Cale	physi	ne pr	er t	ı
Cellin	Jing	ygier	to the	I
catt	attenc	Mental Hy	Y, 0r	
in o	the a	Men	July I	
Jar L	d by	and	my ji	I
S	Signe	-	5	١
requires that the death certifical	een s	of H	show	١
AADI	as by	Dept.	23	I
	ate h	tate L	E E	1
SIMIL	irtific	he S	or 1	1
100	iis ce	ith t	ed,	ŀ
2	er th	ath w	nark.	
	CIOR: After this certificate has been signed by the attending physician and complete	r de	8 is marked, or item 23 shows any injury, or other	
	ŝ	dis after death with the State Dept. of Healt	28	
O LITE THE WILL WIT IN LEADING FAIL	ŝ	•	tem 2	1
*	SAL.)	=	
100	H.	ŧ	ANT	1
1	Ή	ed *	ORT	
-	LO	E 1	4	l

			94	22212				
	1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AN CERTIFICATE OF DEATH	ND MENTAL HYGIEN	_					
	1. DECEDENT'S NAME (First, Middle, Last)	2. DATE OF DEATH		3. TIME OF DEATH				
DIRECTOR	Bernice M. Brown 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (1) yr (1) birther 5. UNITS A WAR.	December	3. 1994	м				
	S. AUSE (III) ITS. IIIIST DITTORY) IF OWDER 1 YEAR IF ONDER 24 H	(Month Dev Year)	Count	IPLACE (State or Foreign Y)				
	9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION O		906 Mai	ryland				
	3508 Horton Avenue Baltimore	DEATH	Sc. COUNTY OF C	EATH				
IRE	10s. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION			10d. INSIDE CITY LIMITS?				
LD	Maryland Baltimore			1 X YES 2 NO				
RA	107. ZIP CODE	-	10g. CITIZEN OF V					
FUNERAL	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECEMBENT OF HI	SPANIC ORIGIN? (Specify Yes	U.S.+					
	1 Never Married 2 Married FORCES? 1 YES 2 NO If yes, specify Cuban, M	exican, Puerto Rican, atc.) pecify:	Black	— American Indian, c, White, atc.				
D BY	Og months to smooth	puony.	Speci	White				
H	15. OECEDENT'S EDUCATION (Specify only highest grade completed) [Standardsov(Secondary (d.13)] [Standardsov(Secondary (d.13)	16b. KIND OF BUS	INESS/INDUSTRY					
COMPLETED	Elementary/Secondary (0-12) 6th Waitness							
BE CO	17. FATHER'S NAME (First, Middle, Leat) Edward Hay Sr. 16. MOTHER'S	S NAME (First, Middle, Melden Mary F. Will	Surname)					
TO B	19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number of R	tural Route Number, City or Town	n, State, Zip Code)					
F	Gilbert Wolford 3508 Horton Avenue	Baltimore	, Maryla	nd 21225				
	20e. METHOD OF DISPOSITION 1 Removal from State 4 Donation 5 Other (Specify) 20b. PLACEAND DATE OF DISPOSITION (Name of comments) or other place of comments of							
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS O	F FACILITY —	timore,	Manyland				
	4007 KLTCAL	once Funeral e Hwy. Balt	umore. I'll	4. d. 21225				
	23. PART I. Enter the diseases, or complications that ceused the deeth. Do not enter the mode of dying, shock, or haert failura. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition rasulting in death) DUE TO (OR AS A CONSEQUENCE OF):			Approximata interval Between Onset and Daath				
ERTIFICATION	Sequentially liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST	ulm disea	se					
IN: MEDICAL CE	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given	n in Part I. 24e. WAS AN PERFORI	MED?	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO				
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTHER:	(Check only one)						
17S	1 Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Medider							
BY PI	25a. OATE OF INJURY 1 Natural 5 Pending (Month, Day, Year) 2 Accident Investigation 1 YES 2 NO	26d. DESCRIBE HOW IN	JURY OCCURED					
	3 Suicida 6 Could not be determined 6 Could not be determined Could not be determined Could not be determined Could not be building, atc. (Specify)	26t, LOCATION (Street as City or Town, State)	nd Number or Rural R	oute Number,				
COMPLETE	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and pieca, and one) 2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occurred at	due to the cause(s) and mani	her as stated.					
	20h SIGNATIBE AND TITLE OF CETTIFIED							
BE	COKERTY MD	29d. DATE SIGNED	(Month, Day, Year)					

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

CHRISTOPHER D. KRISC WEY DO WASH

31. DATE FILED (Month, Day, Year)

DEC U 6 1994 File Deutscar Roules BART MD 21230 BIVD

KI.

4	
S	
BALTIMORE, MARYLAND 21	
7	
=	
4	
_	3
>	
~	
4	
4	
E.	
-	
-	
12.1	М
~	
4	
0	
=	
2	
-	
_	3
-	η
-	Г
	п
	*
-	
-	i
0	
9	
-	ı
00	1
9	
×	
0	
BOX 68760,	
110	ľ
	1

215-0020

DIVISION OF VITAL RECORDS, P.O.

	P	
	Pol	
	3	
	2	
	S	
	s certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	
	14	
	Perm	
	Str	
an.	Par.	
Sici	-lal	
듄	3	
Sing	皇	
ten	38	
35	nse	
la o	Š	
Spi	hed	
9	etac	
4	0 0	
5	P	
aine	Pour	
를	50	
8	906	
may	9	
9	900	
300	P.	
ē.	eral	
deal	5	
Je Je	를	lens!
60	ā	ram
100	d in	2
Ĺ	1	90
Dic	tely	mat
¥	nple	67.0
rted	3	dal
2000	and	à
90	ian	of the
ate	ysic	price
pie	2	900
Cer	ding	dumin
E E	tten	let i
90	he 3	Mem
=	A	1
tha	pe	th 2
rSICIAN: The law requires that the death certificate be executed within a hours after death. Page 6 may be retained by the hospital or attending physician.	sign	deat
regu	Heu	of h
WE	Sp	and .
Pe	13	9
- Z	Cate	Chat
CIA	ertif	- ord
3	SC	inh i
2	上	the san
SING SING	Afte	deat
EN	 H	Par e
E T	5	40
8	DIR	Spring
B.	A	4 46
05	9	9
2	E	1

31. DATE FILE 0 6 1994

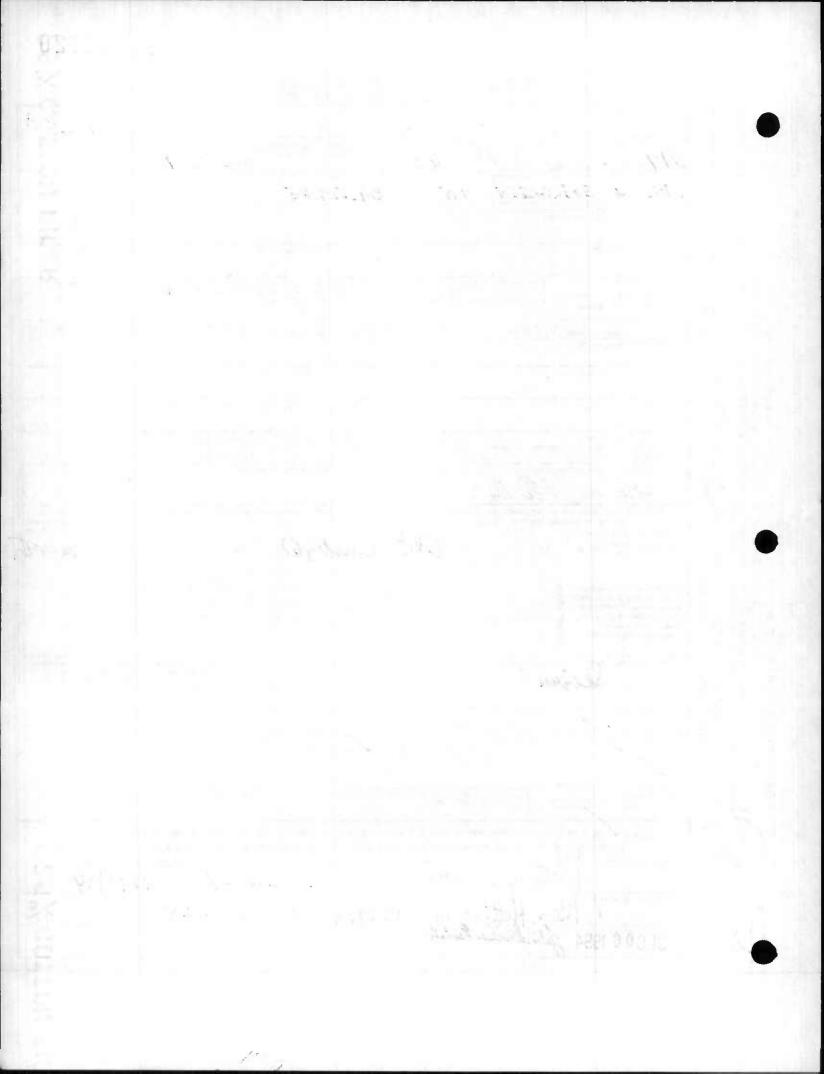
	1. DECEDENT'S NAM	NE (First, Middle, Las	"Bu	rave		ICATE (REG. NO		YEAR	3. TIME OF DEA
	4. SOCIAL SECURITY	Y NUMBER	5. SEX	A. AGE (In yrs. Ia	4	IF UNDER 1 Y	EAR IF UNDE	R 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	,	. BIRTHP Country)	PLACE (State or F
	90. FACILITY NAME	T- Tala (If not institution, give	1 M 2 F	6	J YRS.	Sh CITY TO	WN OR LOCAT	ION OF DEAT	04-19-	3/ 9c, COUNT		ryland
S S	INNS OF			NW			MORE			SE. COUNT	T OF DES	AIN
DIRECTOR	RESIDENCE OF	F DECEDENT			10c CI	TY, TOWN OR L				-	-	10d. INSIDE CITY
DIR	Maryland					timore						LIMITS?
AL	10e. STREET AND NU					CIMOLO	10f. ZIP CO	E		10g. CITIZE		HAT COUNTRY?
FUNERAL	4716 Par	rk Heigh	ts Avenue				2	1215			USA	
BY FUN	11. MARITAL STATUS 1 Never Married 3 Widowed 4	2 Merried	12. WAS DECEDENT FORCES? 1 IF YES, GIVE W	T EVER IN U.S. AI YES 2 V MR OR DATES	RMED NO	If ye		an, Mexican,	ORIGIN? (Specify Y Puerto Rican, etc.)	es or No 1	4. RACE Black, Specify	- American Indi White, atc.
ETED		15. DECEDENT'S Et				B USUAL OCCU		Inc	16b. KIND OF B	USINESS/INDU	STRY	21.0.01
<u>=</u>	Elementary/Secon		College (1-4 or 5 +	-) #/6	e. Do NOT u	use retired.)						
COMPL	17. FATHER'S NAME	(First Miriria I set)			Mursi	ny Ass			Keswic		ing	Home
III	Frank Ja	,,						Mary		n Sumame)		
00	190. INFORMANT'S N			16	9b. MAILIN	G ADDRESS (SI			ute Number, City or To	wn, State, Zip C	lode)	
	Lori Bro	own			1716	Park H	eights	Aven	ue B	altimon	re,	MD 212
	20g METHOD OF DIS 1 Q Burlet 2 C C 4 Donatton 5 C 21. SIGNATURE OF F	remation 3 Re Other (Specify) FUNERAL SERVICE	alkel	eometery, cr MD Vet	rematory or o	Cemete 22. NAI 250 Bal	eryGar ME AND ADDR 1 Gwyn timore	ns Fa , Mar	Dec7 On Nutter 11s Park yland 2	Funera way 1216	Mill al. H	s, Mary Omes, 1
	1 (X Buriel 2 Cit 4 Donation 5 Cit 21. SIGNATURE OF F	remation 3 Re Other (Specify) FUNERAL SERVICE Other (Specify) The diseases, o k, or heart failure SE (Final tition	r complications that	cemetery, on MD Vet	ceran	conterplace) Cemete 22. NAI 250 Ball	eryGar ME AND ADDR 1 Gwyn timore	ns Fa ns Fa , Mar	Dec7 On Nutter 11s Park yland 2	wings N Funera Way 1216	Mill al. H	omes,]
	1 (XBurlel 2 Ct 4 Donation 5 CT 21. SIGNATURE OF F Shock IMMEDIATE CAUS disease or condition	remation 3 Re Other (Specify) FUNERAL SERVICE	LICENSEE Complications that List only one coun B. DUE TO	t ceused the desse on each line	enth. Do WA EQUENCE C	comete 22. NAI 250 Ball not anter the	ery Gar ME AND ADDRI Ol Gwyn timore mode of de	ns Fa ns Fa , Mar	Dec7 On Nutter 11s Park yland 2	wings N Funera Way 1216	Mill al. H	omes,]
: MEDICAL CERTIFICATION	1 XBurial 2 Cit 4 Donation 5 C 21. SIGNATURE OF F 23. PART I. Enter shock immediate Caus disease or condit resulting in death Sequentially list of sny, leading to cause. Enter UNE CAUSE (Disease that initisted ever resulting in death	remation 3 Re Other (Specify) FUNERAL SERVICE	b. DUE TO d.	t coused the dise on each line (OR AS A CONSE	eath. Do	comete 22. NAI 250 Ba 1. not anter the	ery Gar ME AND ADDR 11 Gwyn timore mode of d	iss of facilins. Fa., Mar	Dec7 On Dec7 O	Funera Funera 1216 piratory arrea	Mill. H	s. Mary
: MEDICAL CERTIFICATION	1 XBurial 2 Ct 4 Donation 5 CT 21. SIGNATURE OF F 23. PART I. Enter shock immediate Cause disease or condit resulting in death Sequentially list of sny, leading to cause. Enter UNIC CAUSE (Disease that initiated ever resulting in death PART II. Other signature of the cause of	remation 3 Representation of the (Specify) FUNERAL SERVICE IN The Interest of the diseases, or the diseases	b. DUE TO d	cemetery, or MD Vet t ceused the dese on each line (OR AS A CONSE (OR AS A CONSE death but not	enth. Do WH EQUENCE C EQUENCE C	other place) Comete 22. Nat 250 Ball. not anter the	riying cause	given in Property (Checkels)	Dec 7 On The Park of the Park	Vings N Funera Vay 1216 piratory arrea	Mill. H.	Approximintarial B Onset an Interval B Onset an Interval B Onset and Int
SICIAN: MEDICAL CERTIFICATION	1 X Burlel 2 Ct. 4 Donation 5 CT. 21. SIGNATURE OF F 23. PART I. Enter shock immediate Cause disease or condit resulting in death Sequentially list of sny, leading to cause. Enter UNIC CAUSE (Disease that initiated ever resulting in death PART II. Other signature of the caus	remation 3 Representation of the (Specify) FUNERAL SERVICE IN The Interest of the diseases, or the diseases	DUE TO DUE TO	cemetery, or MD Vet t ceused the dese on each line (OR AS A CONSE (OR AS A CONSE death but not	eath, Do Leanner of the course	OFFI: OF	riying cause 26. PLACE OF C. INJURY AT WORK? YES 2	given in Property in Section 19 in Property in Property in Property in Property in Section 19 in Property in Prope	Dec 7 On The Park of the Park	N AUTOPSY RMED? 2 NO	Mill. H.	Approxim Interval B Onset sn (T)(() WERE AUTOPSY F AMALABLE PRIOR COMPLETION DF OF DEATHY 1 YES 2

SON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

(ICH | CLUT | 177)

Jahr: Brechtran Fightine

DHMH-16 Rev 1/89



TO BE COMPLETED BY FUNERAL DIRECTOR

Portract: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

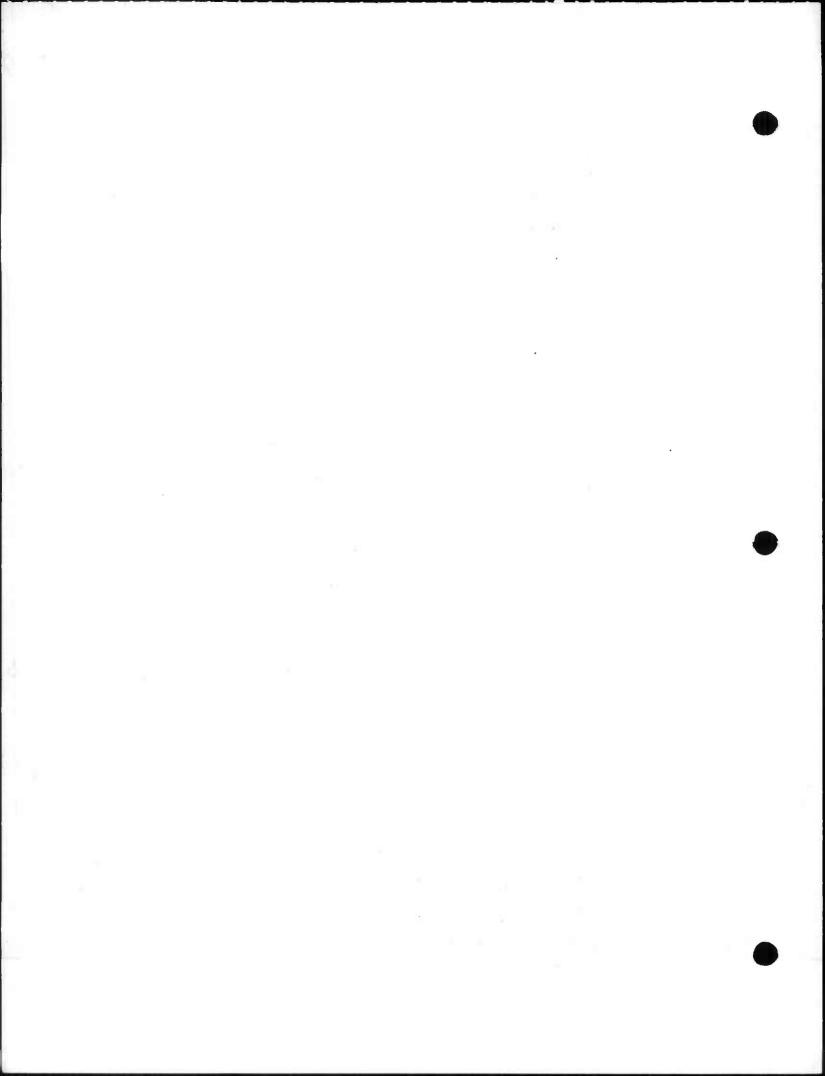
TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

30	with
6876	executed
\hat{a}	2
.O. BC	equires that the death certificate be ext
o, D	death
ă	the
O.B.	that
REC	requires
Ξ.	3W
Y	The
DIVISION OF VITAL RECORDS, P.O. BOX 68760	to the hospital or attending physician: The 13
ISION	ATTENDING
\leq	OR.
1	HOSPITAL
E.	뿔
	0

1	FOR STATE REGISTRAR	
Γ	1. DECEDENT'S NAME (Fir	3
	BEATRICE	
г		_

1 - STATE REGISTRAR		SIMIE UF N	IANTLAN	CERT					MENIAL HYGIEN REG. NO	E			
1. DECEDENT'S NAME (First, Mi	iddie, Last)								2. DATE OF DEATH			3. TIME OF DEATN	<u> </u>
BEATRICE			Μ.			BRYAN			DECEMBER 2, 1994		10:07	рм	
4. SOCIAL SECURITY NUMBER		5. SEX	6. AGE (In)	rs. last birthd		DER 1 YEAR	IF UNDE		7. DATE OF BIRTH	<u>-, .</u>	8. BIRTHI	PLACE (State or Fore	aign
224-48-294	9	1 🗌 M 2 💢 F	7	7 YR	B. MONTH	S DAYS	HOURS	MIN.	Nov. 28,	917	Mai	ne .	
9e. FACILITY NAME (If not institu					120	ITY, TOWN			EATN	9c. COL	INTY OF DE	EATH	
NORTH ARUNDE		PITAL AS	SSOCIA	ATION	G	LEN E	BURNI	Ε		Α.	A. CO	UNTY	
RESIDENCE OF DECEI	DENT 0b. CDUNTY			10c.	CITY, TOW	N DR LOCA	TION				T	10d. INSIDE CITY	
MD A	nne A	Arundel			dent							LIMITS?	40
10e. STREET AND NUMBER							H. ZIP COD	E		10g. CI1	IZEN OF W	HAT COUNTRY?	
537 Higgin	s Dri	ive					211	13		US	A		
11. MARITAL STATUS	T	12. WAS OECEDEN			1	3. WAS DE	CENDENT (OF HISPAI	NIC ORIGIN? (Specify Yes			- American Indian , White, etc.	n,
1 Never Married 2 X Ma 3 Widowed 4 Divorce	1000	FORCES? 1 IF YES, GIVE W					ecify Cube		n, Puerto Rican, etc.) y:			White White	
											1	WILLE	
(Specify only his	1	ompleted)		Give kind		ne durina m		ng	16b. KIND OF BUS	SINESS/IN	DUSTRY		
Elementary/Secondary (0-12)	' 1	College (1-4 or 5 +		Home					Ore	n H	0770		
17. FATHER'S NAME (First, Middl	le, Last)	<u></u>				_	16. MOT	NER'S NA	ME (First, Middle, Maiden		Ollie		
Joseph Bri	ere								n Linsky				
19e. INFDRMANT'S NAME (Type	/Print)			19b. MAIL	ING ADDRI	ESS (Street			Route Number, City or Tow		p Code)		
Roy Bryan									Odenton			1113	
20e. METNOD OF DISPOSITION		al from State	20b. PL	ACE AND DA	TE OF DISP	OSITION //	ame of		DATE 20c. LO	CATION -	City or Toy	en State	
4 Donetion 5 Other (Sp		en from State	Ar	Tingt	or other place	Nati	ona!	l Ce	m. 12/6	Ar	ling	ton, VA	4
21. SIGNATURE OF FUNERAL	ERVICE MICE	HSEE/	/		2	Haro	ND ADDRE	SS OF FA	neral Ho	m o	D 7		
Dabak	40	anery	M	**		12 R	idae	elv	AVe. Ann	apo	lis.A	MD 214	101
23. PART i. Enter the dine	ses, or co	mplications that	caused th	ne death. D	o not ent	er the mo	de of dy	ing, suc	h as cardiac or respi	ristory ar	rest,	Approximate	
shock, or hear IMMEDIATE CAUSE (Fine)	t fallure. Li	st only one cau	se on each	ı lige.	1	20	,					Onset and I	
disease or condition resulting in deeth)		Lock	w	me	Col	itte	0						
readiting in deeth)		pugrib	OH ASIA DO	ONSEQUENCE	99/)	-		11	24 /			1	
Sequentially list condition		and	na	00	llu	segs	2	Cel	2 lea				
if any, leading to immedie	te	10 E 10	OFFAS A OF	NSEQUENCE	OFF	1W	Co.	.1	1				
cause. Enter UNDERLYING CAUSE (Disease or injury	4 .	DUE TO	Cell	Markoneno.	20	Ceca	u,		0				
that initiated eventa reaulting in death) LAST	1	(no	2111	100	th	1							
l			ye		7								
PART II. Other significant	conditions	contributing to	genth but	not requiffe	g in the	undertyin	g causes	given in	Part 19 244. WAS AN PERFOR	AUTOPSY MED?		WERE AUTOPSY FIND MAILABLE PRIOR TO	
moon	eyegy	una,	KIL	usio	mer	ene	2	Mary	T YES 2		-1-2	COMPLETION OF CAL	
auto 14	wox	Joelen	JU.									1 YES 2 NO	9
DID TOBACCO USE		BUTE TO CA	USE OF	DEATH	YES	NO [JUNG	ERTAIN					
25. WAS CASE REFERRED TO M EXAMINETY?		HOSPITAL:	26.	PLACE OF D	OTH								
1 TYES 2 NO		Impetient 2		-	4 - A	fursing Hon	-	sidence	6 Other (Specify)				
1 Natural 5 Pen	odina	Month, De			TIME OF INJUSTY	W	JURY AT	215	264. DESCRIBE HOW I	NURY OC	CURED		
2 Accident Inve	estigation	26s. PLACE OF	This is there	N. Samer Same			YES I) NO					
	ald not be pernined	building,	ME. (Specify)	AL PIONIE, Tarr	m, atreet, n	actory, orne	*		28f. LOCATION (Street a City or Town, State)	ind Numbe	r or Rusic As	julii Numbie:	
29e. CERTIFIER	Monrae				_	_		_		_			_
(Check only									to the ceuse(s) end mer				
	4		enmarion er	ad/or investig	ation, in m	y opinion,			time, date end place, en	d due to t	he ceuse(s)	end menner es atat	rted.
295. MONITURE AND TITLE OF	A CENTIFIER	Man		IN			29c. LIC	NSE NUM	ABER (29d. DA1	E SIGNED	From free year	
30, MANE AND ADDRESS OF PE	ERSON WHO	COMPLETED CAUS	E OF DEAD	OTEM 271 /2	ime Print)		$\perp \nu$	٧٧	774		10/	3/7 7	
/ //			11) #20	5/GLI	EN BI	URNIE, MAR	YLANI	210	61	
31. DATE FILED (Month, Day, Year	r)	32 REGISTRA				. ,, 20	J, UL	01	1011	1111		-	
DEC 0 6 199	14 yeu	The state of		-									





Pages 1, 2, 3 permit. for use as the burial-transit Page 6 may be retained by the hospital or attending physician. the funeral director, page 5 should be detached Ħ å must examiner medical signed by the attending physician and completely filled in by Health and Mental Hygiene prior to burial, cremation, or remo the event, 1 other traumatic 0 any injury, Shows has been of h 23 this certificate h 0 marked, After the DIRECTOR: A hours after d 28 8 FUNERAL I HOSPITAL = TO THE HOSPITA
TO THE FUNERA
De filed within 72
IMPORTANT: 1

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

DIRECTOR

FUNERAL

BY

0

П

COMPL

2

CERTIFICATION

MEDICAL

PHYSICIAN:

ВY

COMPLETED

BE

2

1 Natural

29a, CERTIFIER

IYEM: 1. PER F.H. FILM G-718 12/6/94 t.t. STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE REGISTRAR CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATN 3. TIME OF DEATH BESSIE M. BOYNTON YEAR Bowton 0 1991 0006 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. fast 5. SEX IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH a. BIRTHPLACE (State or Foreign S. CAROLINA 6/12/1906 HOURS 212-32-3706 88 1 M 2 X I YRS. 9e. FACILITY NAME (If not institution, give street and number, 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH 2724 Tivoly Avenue Baltimore 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Baltimore Maryland 1 X YES 2 NO 10e. STREET AND NUMBER 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 2724 Tivoly Avenue 21218 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 XNO 11, MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yea, specify Cuban, Mexican, Puarto Rican, etc.) 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES 1 TES 2 NO Specify Specify: 3X Widowed 4 Divorced Black 18e. DECEDENT'S USUAL OCCUPATION 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade completed) (Give kind of work done life. Do NOT use retired.) Elamentery/Secondary (0-12) College (1-4 or 5+) 12th N/A N/A 17. FATNER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) Richmond Roundtree Mittie Golphin 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Rev. Gabriel P. Churn, Sr 1100 W. North Avenue Balto., MD 21202 20a. METNOD OF DISPOSITION

1 M Burlat 2 Cremetton 3 G Removal from State
4 G Donatton G Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 12/8 DATE 20c. LOCATION - City or Town, State Eternal Hope 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY LEROY O. DYETT & SON FUNERAL HOME 4600 LIBERTY HEIGHTS AVENUE 21207 23. PART 1. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory strest, shock, or heart falliute. List only one cause on each line. interval Betwe IMMEDIATE CAUSE (Final Onset and Death theroscleratic Cardiovascular Disease disease or condition_ reaulting in death) DUE TO (OR AS A CONSEQUENCE OF Sequentially list conditiona, DUE TO (OR AS A CONSEQUENCE OF). if any, leading to immediata cause. Entar UNDERLYING CAUSE (Disease Dr injury DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in death) LAST PART ii. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 TO NO OF DEATH? 1 | YES 2 | NO

DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL EXAMINER? OTHER: ☐ Inpetient 2 ☐ ER/Outpetient 3 ☐ DOA 4 Nursing Home 5 Realdence 6 Other (Specify)

26a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF 28c. INJURY AT 1 YES 2 NO

Investigation 2 Accident 26a. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 3 Suicide 6 Could not be 4 Homicide determined

28f, LOCATION (Street and Number or Rural Route Number, City or Town, State)

28d. DESCRIBE HOW INJURY OCCURED

1 _ CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 2 😾 MEDICAL EXAMINER: On the beels of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) end manner as stated.

29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d, DATE SIGNED (Month, Day, Year)

HO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

111 Penn Street, Baltimore,

M

DEC 0 6 1994

22. RECISTRAR'S SIGNATURE

Dec 04 1994

Nev. Calerial P. China, It. 1101 I. Baids Sement spread of Little

_	
0	
O	
-	
0	
5-0020	
_	
	- 1
u)	
-	
01	
64	
-	
O.I.	
0.4	
-	
-	
-	-
-Q	
- 7	- 1
>	
MARYLAND 2121	1
	•
-	
-Q	
_	
>	
BD	
BALTIMORE,	
-	
000	
-	
\sim	4
\sim	,
1	
2	
=	
	-
\vdash	
	1
_	
<1	1
_	
0.0	
_	1
	-
-	
	6 1
-	AND THE PERSON NAMED IN
0	3
10	
19/	
7	- 1
~	1
	1
9	п
×	
BOX 68	
O	4
=	1
•	
	1
o.	3
	1

₫	4
D D	The second second
	1
	-
	ľ
	ŀ
BOX 68/60	
9	3
œ	1
0	-
2	1
ď	-
_	4
٠,	1
7	4
ń	4
\Box	44
ŗ	4
ζ.	1
Ц	1
r	1
	-
1	ž
Ξ	1
2	4
5	3
_	č
	0
2	2
DIVISION OF VILAL RECORDS, P.O. P.	PARTY OF ATTENDIAL PRINCIPAL TA IN THE COLUMN TANK THE TANK THE COLUMN TANK TH
2	0
ב	0
	ATTA
	3

	Pages		
DH AI FINDING PHYSICIAN: The law requires that the death certificate be executed within mours after death. Page 6 may be retained by the hospital or attending physician.	DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages		
e hosp	etachec		
ě.	be d		4-
retained t	should a		from 20 in marshaul on blane 23 about any inference described described the modified and he matthews as a second
9	age 5		1
may	or. p		4
30e 6	Jirect		i
ath. Pa	uneral (and and
ter de	the f	Mal.	In land
s aft	6	remo	dia
1000	ed in	10	i
þ	y fill	rtion,	44.
MIDN	pletel	hours after death with the State Dept. of Health and Mental Hygiene prior to bunial, cremation, or removal.	-
fed	COM	al, c	-
Doecn	and	pmq (a malia
20	cian	or to	-
cate	Shysi	e pri	4
erell erell	ing p	ygien	4900
att.	ttend	lal H	-
e de	the a	Men	frank
at th	Š	and	-
es th	gned	alth	-
adnii	IS US	of He	A. Care
Z AR	s bee	pt.	0
9	e ha	le De	-
3	ficat	Sta	The same
SICIA	cert	the (-
PHY	this	with	Acres
NG.	After	leath	-
ENC	JR: 4	ter d	-1 0
A	ECT	rs at	0
5	DIR	Po	ibas

	FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFIC			MENTAL HYGIEN	E	
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATN		3. TIME OF DEATH
1	Sandra	Ellen	Bales			DECEMBER I		21:30 PH
	4. SOCIAL SECURITY NUMBER			UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		HPLACE (State or Foreign
	216-62-2174	275	yrs yrs.	ONTHS DAYS	HOURS MIN.	Mar 6, 19		aryland
_	9a. FACILITY NAME (If not institution, give s				R LOCATION OF DE		9c. COUNTY OF	OEATN
DIRECTOR	Union Memoria	1 Hospital		Balti	more Ci	ty		
띫	10a. STATE 10b. COUNTY	1	10c. CITY, T	OWN OR LOCAT	ION	-		10d, INSIDE CITY
뚬	Maryland	•	Ва	ltimore				LIMITS?
	10e. STREET AND NUMBER				ZIP CODE		10g. CITIZEN OF	WHAT COUNTRY?
FUNERAL	2613 Hampden	Avenue		2	1211		U.S.A	
5	11. MARITAL STATUS	12. WAS DECEDENT EVER II FORCES? 1 YES		13. WAS DEC	ENDENT OF NISPAN	IIC ORIGIN? (Specify Yes	or No.— 14. RAC	CE — American Indian,
BY	1 Never Married 2 Married 3 Wildowed 4 Divorced	IF YES, GIVE WAR OR D			2 NO Specify	n, Puarto Rican, etc.)	Spe	ck, White, etc.
	15. DECEOENT'S EDUC	CATION	45- 050505050	 				
	(Specify only highest grade	completed)	(Give kind of work life, Do NOT use re	done during mos	N st of working	16b, KIND OF BUS	SINESS/INDUSTRY	
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	Disab:	ility			-	
8	17. FATNER'S NAME (First, Middle, Lest)				18. MOTNER'S NAI	ME (First, Middle, Maiden	Surname)	
BEC	Samu	iel Bales, J	r.		Lorett	a Ely		
2	19a. INFORMANT'S NAME (Type/Print)		19b, MAILING AO	ORESS (Street a	nd Number or Rural F	Route Number, City or Town	n, State, Zip Code)	
-	Loretta E. Bales		2613 Hai	mpden A	venue, E	Baltimore,	Md. 212	11
	20a. METHOO OF DISPOSITION 1 □ Burlal 2 😾 Cremetion 3 □ Remo	oval from State cen	PLACE AND DATE OF Directory, cremetory or other	plece)			CATION — City or 1	
	4 Donation 5 Other (Specify)		een Mount	~	12/		Baltimore	e, Md
ı		. / /	2			Jr. Funer	cal Home	
	, , ,	Seit 4	7	3818 R	oland Av	enue. Balt	imore, N	Md. 21211
	 PART i. Enter the diseases, or of shock, or heart failure. 	complicationa trat cause List only ons cause on a	d the daath. Do not ach lina.	antar tha mod	la of dying, auch	n aa cardiac or reapi	ratory arrest,	Approximata Interval Between
1	iMMEDIATE CAUSE (Final disease or condition		0.1					Onset and Daath
	resulting in daath)	Kichey	failer	re				
_ 1	_	LOE TO TON AS	CONSEQUENCE OF):					days
RTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (ORUS /	COUSEQUENCE OF):					Lauras
Z I	cause. Entar UNDERLYING		CONSEQUENCE OF):	(Ro 80	notation)		900
	CAUSE (Disease or injury that initiated events	OUE TO (OR AS	CONSEQUENCE OF):	())/			100
CER	resulting in dasth) LAST	1						19 days
AL C	PART ii. Other significant condition	a contributing to death b	ut not reaulting in t	ha undariying	cause given in	Part i. 24a, WAS AN	AUTOPSY 24	b. WERE AUTOPSY FINDINGS
						PEREOR	27.3.2	AWAILABLE PRIOR TO COMPLETION OF CAUSE
MEDIC								DF DEATN?
	DID TOBACCO USE CONTI	RIBUTE TO CAUSE C	F DEATH YES		UNCERTAIN	M		1 123 2 2 10
PHYSICIAN:	25. WAS CASE BEFERRED TO MEDICAL EXAMINER?		28. PLACE OF DEATH (Check only one)				
2	1 DES 2 NO	HOSPITAL:		THER: Nursing Home	5 - Realdenca	6 Other (Specify)		
E	27. MANNEP OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME O			28d. DESCRIBE HOW II	NJURY OCCURED	
à l	1 Natural 5 Pending 2 Accident Investigation				ES 2 NO			
- 1	3 Suicide 6 Could not be 4 Homicide detarmined	26a. PLACE OF INJURY building, etc. (Spec	— At home, farm, stras	nt, factory, office		28f. LOCATION (Street a City or Town, State)	and Number or Rural	Route Number,
COMPLEIED	29a, CERTIFIER							
Z Z	(Check only	CIAN: To the best of my know R: On the basis of examination						
8	29b. SIGNATURE AND TITLE OF CERTIFIER			T my opinion, de				
9	a.JEHA I	764-1			29c. LICENSE NUM		DEC /	0 (Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETEO CAUSE OF DE	ATH (ITEM 27) (Type, Prin	nt)		38946	· ou	. 2/11
	ZEINA JEHA	NOINN,	MEMOR	YAL.	HOSPI	ML		
	31. DATE FILED (Month, Day, Year)	32 REGISTRAR'S SIGN	ATURE					
	DEC 0 1994	ly divoler han	dall					

BALTIMORE, MARYLAND 21215-0020	HYSICIAN: The law requires that the death certificate be executed within 2 mours after death. Page 6 may be retained by the hospital or attending physician.	his certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detected for use as the hurranest narm? Dance 1 2 about	tion, of removal.	the madical averages assets he assisted to seem
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITH OR ATTRIONS PHYSICIAN: The law requires that the death certificate be executed within	TO THE FUNE HE COMPANY THIS CONTRICATE has been signed by the attending physician and completely	be filed within 72 per per per per per per per per per per	IMPORTANT Him 28 M marked or Her 23 shows any injury or other trainmate awant the medical available of most the most the most the most time.

	1 - STATE REGISTRAR	SIAIE OF M	IARYLAND / CE	DEPAR	ITMENT	OF HE	ALTH DEAT	AND N	TENTAL HYGIEN REG. NO	E		
1	1. DECEDENT'S NAME (First, Middle, Last)	rancis	A. Bir	d				I	2. DATE OF DEATH DOWNTH		YEAR	3. TIME OF DEATH
:	4. SOCIAL SECURITY NUMBER 200-26-6209	5. SEX 1 X M 2 F	6. AGE (In yrs. last	birthday) YRS.	IF UNDER		# UNDER	24 HRS. MIN.	7. DATE OF BIRTH (Month, Day, Year)		Count	IPLACE (State or Foreign ry)
	9a. FACILITY NAME (If not institution, give s	reet and number)	59		9b. CITY	TOWN OR	LOCATIO	ON OF DEA	May 11, 1	935	I Peni	nsylvania
TOR	128 Jack Pine Driv	e			Pa	sade	na			Anne	e Aru	unde l
DIRECTOR	10a. STATE 10b. COUNTY					R LOCATIO)N					10d. INSIDE CITY LIMITS?
	Maryland Anne A	rundel		Pas	aden		ZIP CODE					1 TYES 2 NO
FUNERAL	128 Jack Pine Driv	е				-	2112					States
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 IF YES, GIVE W	YES 2 N	AED O		MAS DECEN f yes, spec	Ify Cuba	n, Maxican,	C ORIGIN? (Specify Yes , Puarto Rican, etc.)		14. RACE	— American Indian, k, Whita, atc.
E	15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)	16a, DEC	EDENT'S	USUAL OC	CCUPATION furing most	of workin	-	16b. KIND OF BUS	SINESS/IN	DUSTRY	
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	Hio.	Do NOT us	se retired.)	uning most	OF WORKIN	,				
OM	17. FATHER'S NAME (First, Middle, Last)			naly	St	1	IB. MOTH	IER'S NAM	INSA Dept		Def	ense
TO BE COM	Carl P.	Biro					M	ary				ollins
	19a INFORMANT'S NAME (Type/Print) Mrs. Eleanor A. Bi	rd	196.	MAILING 28 J	ack	Street and	Dri	or Rural Ro	Pasadena,	n, State, Zij	211	22
121 00	20a. METHOD OF DISPOSITION 1	eval from State	20h PLACEAL	MDDATEC	EDIEDOE	TION /Nom	201		0.75 200.100	DATION	Ott	
	4 □ Donation SV Other (Specify) E ∏ 21. SIGNATURE OF FUNERAL SERVICE CO	tombment	Glen H	aven	Memo	orial	Pa	rk 12	2/8/94 G1e	n Bu	rnie	MD.
Samine mass	* Wheney G	lynup			320	J4 MC	unt	ain F	Home of Road Pasa	dena	. MD	a . 21122
	23. PART I. Enter the diseases, or cachock, or heart failure. I IMMEDIATE CAUSE/Finel disease or condition resulting in death)	Conse	coused the deepe on each line.	of	24	ns (as cerdiac or respi	ratory ar	reat,	Approximate Interval Between Onset and Daath
CERTIFICATION	Sequentially list conditione, if amy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST		OR AS A CONSEQU									
	PART II. Other eignificent conditions	contributing to c	leath but not re	sulting I	n the un	derlying	euse q	Iven In P	ert i. 24a. WAS AN	MITOPSY	24h	WERE AUTOPSY FINDINGS
: MED					~				PERFORI	MED?		AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
ICIAN	25, WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER		E OF DE	ATH (Checi	k only one)			
HYS	1 YES 2 NO 27. MANNER OF DEATH	1 Inpetient 2 I		DOA 28b, TIME	4 🗆 Nurs				Other (Specify)	I II IBY OC	CHOED	
ВУР	t Netural 5 Pending 2 Accident Investigation	(Month, Day	(, Year)	INJ	M	WORK 1 YES	?		od. DESCRIBE NOW IN	JUH! OCI	CONED	
	3 Suicide a Could not be 4 Homicide detarmined	28s. PLACE OF building, a	INJURY — At hom tc. (Specify)	e, farm, s	treet, facto	ry, office		2	City or Town, State)	nd Number	or Rural A	oute Number,
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC One) 2 MEDICAL EXAMINER	IAN: To the best of m	ny knowledge, deat	h occurre	d at the tir	ne, data an pinion, deat	d place, h occure	and dua to	the cause(a) and man	ner as stat	ed. e cause(a)	and menner as stated.
TO BE	296. SIGNATURE AND TITLE OF CERTIFIER	Manu				2		SE NUMB		29d. DAT	E SIGNED	(Month, Day, Year)
	30. NAME AND ACCORDS OF PERSON WHO EUGENE THOMAS MA 31. DATE FILED (Month, Day, Year) DEC U 6 1994	NION, M.				High	nway	Sui	tes 110-11	12 P.	sade	na,MD 21122

0	11111
0	-
O	1
15	1
12	1
N	4 6 44
9	
A	4
7	4
3	7
A	the San
2	-
щ	4
田田田田田田田田田田田田田田田田田田田田田田田田田田田田田田田田田田田田田田田	-
\underline{v}	ď
IMORE, MARYLAND 21215-0020	Banks C many has anderland the star freezeled as the affect of the star

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

DIVISION OF VITAL RECORDS, P.O. BOX 68/60,

TO THISTORY OF ATTENDED BY ATTENDED BY PASSION OF WITHIN 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE RINGS OF CHICAGO AND THIS certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit, the medical examiner must be notified at once.

1 tem 17, Film 718, 12/6/94, 1t 1 - STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTI	FICATE OF	DEATH	RE	G. NO.	
	1. DECEDENT'S NAME (First, Middle, Last) LUELLEN		BRISCOE			2. DATE OF DE	DAY	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX 6.	AGE (In yrs. last birthday) IF UNDER 1 YEAR		DECEMB		1994 6:40 A M
- 8	214-62-8621	1 - M 2-CXF	41 YRS.	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BUR (Morith, Day, 01-13	-53	a. BIRTHPLACE (State or Foreign Country) MARYLAND
	Sa. FACILITY NAME (If not institution, give			9b. CITY, TOWN	OR LOCATION OF D	EATN	9c. COU	JNTY OF DEATH
TOR	THE JOHNS HOPK	INS HOSPIT	AL	BALT	MORE CIT	Υ	N	IONE
DIRECTOR	MARYLAND 106. COUNT	NONE	10c. C	TY, TOWN OR LOC BALT	IMORE C	ITY		10d. INSIDE CITY LIMITS? 1) YES 2 NO
A.	10e. STREET AND NUMBER			1	Of. ZIP CODE		10g. CIT	FIZEN OF WHAT COUNTRY?
ER	1312 N. MONT	FORD AVE			21	213	UNI	TED STATES
BY FUNERAL	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT E FORCES? 1 IF YES, GIVE WAR	YES 2 NO	If yes, o	CENDENT OF HISPA pecify Cuban, Maxico S 2 NO Specific	en, Puerto Rican,	Ptc.)	14. RACE — American Indian, Black, White, atc. Specify:
ED B								ICAN AMERICAN
ITE	15. DECEDENT'S EDU (Specify only highest grad	e completed)	(Give kind o	'S USUAL OCCUPAT f work done during n use retired t	ION lost of working	16b. KIND	OF BUSINESS/IN	DUSTRY
COMPLET	Elementary/Secondary (0-12) 9 TH	NONE		ETARY		so	CIAL S	ECURITY
E CON	17. FATNER'S NAME (First, Middle, Last) LIBERT HARR	ISON				RED NU		
TO BE	19a. INFORMANT'S NAME (Type/Print) GEORGE BRISCOE				and Number or Rural NTFORD	Route Number, City	or Town, State, Zi	
	20a. METHOD OF DISPOSITION		7					
	M Buriel 2 Cremation 3 Ren 4 Donation 5 Other (Specify)	noval from State	20b. PLACE AND DATE cometery, cremetory or MT. Z.I.	e of disposition (/ other place)	12/8/			- City or Town, State
	21. SIGNATURE OF FUNERAL SERVICE U	CENSE	M1. 210	22. NAME	AND ADDRESS OF FA	CILITY	BALTO	
1	Ealurn B	Derug	DiA.					AL HOME TO, MD.21213
	23. PART I. Enter the diseases, or shock, or heert fellure. IMMEDIATE CAUSE (Finsi disease or condition resulting in death)	Liet only one cause	seused the death. Do on each line. C. R AS A CONSEQUENCE		ods of dying, suc	ch as cardiac o	r respiretory sr	interval Between Onset end Death
NO	Sequentially list conditions,		R AS A CONSEQUENCE R AS A CONSEQUENCE					Blans Backs Syears
AT	if eny, leading to immediate cause. Enter UNDERLYING	Advan		OF);				5.000 c
CERTIFICATION	CAUSE (Disease or injury that initiated events	b	R AS A CONSEQUENCE	OF):				2 dears
Ë	resulting in deeth) LAST	d						
	PART II. Other eignificent condition			in the underlyi	ng cause given in	Part I. 24a.)	MAS AN AUTOPSY	
EDICAL	_bilateral temp	ioral blue	ding				YES 2 NO	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
Σ						_		1 O YES 2 O NO
AN:	25. WAS CASE REFERRED TO MEDICAL				N 100 05 DE1TH 101			
SICI	EXAMINER?	HOSPITAL:	R/Outpatient 3 🗆 DOA	OTHER:	me 5 Residence		Mal	
PHYSICIAN:	27. MANNER OF OEATN 1 Netural 5 Pending	29a. DATE OF IN (Month, Day,	JURY 28b. T	IME OF 28c. IP	JURY AT ORK?		NOW INJURY OC	CURED
ED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF I	INJURY — At home, farm c. (Specify)			261. LOCATION City or Town		or or Rural Route Number,
ET								
COMPLET	(Check only	ER: On the best of my						nted. the cause(s) and manner as stated.
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIE	on MD	•		JHH L8			TE SIGNED (Month, Day, Year)
TÖ	30. NAME AND ADDRESS OF PERSON WI			oe, Print)			/4	
		PKINS 1-10						34 444
	DEC 06 1994 July	منيا		+0				9 1 1 1 1 1

DHMH-16 Rev 1/89

62.4

5

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

AVENUE 32. REGISTRARIO SIGNATURE

201, WISE

31. DATE FILED (Month, Day, Year) DEC 0 6 1994

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH 3. TIME OF DEATH AMPHOR 7.04 PM CON 11 4. SOCIAL SECURITY NUMBER IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 6. BIRTHPLACE (State or Foreign 213-34-5091 12/M 2 | F DAYS HOURS VRS 05-21-33 BALTIMORE 9a. FACILITY NAME (If not institution, give street and number) 9h CITY TOWN OR LOCATION OF DEATH DIRECTOR BON SECOUR HOSPITAL timore RESIDENCE OF DECEDENT 10b. COUNTY 10a. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Md Ltimore 1 FES 2 NO FUNERAL 10e. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? 1217 W. FAYETTE ST. 21223 IISA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, atc. If yes, specify Cuban, Mexican, Puerto Rican, atc.)

1 YES 2 NO Specify: 1 Never Married 2 Married ВУ Specify: 3 Wildowed 4 Divorced BLACK 16a. DECEDENT'S USUAL OCCUPATION
(Takes kind at work done during most of working) BE COMPLETED 15. DECEDENT'S EDUCATION 16h KIND OF BUSINESS/INDUSTRY (Specify only highest grade comple Elementary/Secondary (0-12) College (1-4 or 5 +) B UNKNOWN LABORER 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First Middle Maiden Surname) JAMES THOMPSON notified at SARAH CAMPHOR 19s. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 LILLIAN DAVIS 1102 DRUID HILL AVE. BALTO. MD. 21201 2 20e, METHOD OF DISPOSITION
1 Description 2 Cremation 3 Removal from State 20b. PLACE AND OATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State OATE must MT ZION CEMETERY 12-07-94 □ Donation 5 □ Other (Specify) _ LANSDOWNE MD. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY ALBERT P. WYLIE F/H PA 23. PART I. Enter the diseases, or compileations that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, 1838 N ahock, or heart failure. List only ona cause on each lina. interval Retween Onset and Daath IMMEDIATE CAUSE (Final disease or condition SMOCK 4 hour event, 1 reaulting in death) DUE TO (OR AS A CONSEQUENCE OF): SEPSIS traumatic CERTIFICATION Sequantially list conditions, OUE TO (OR AS A CONSEQUENCE OF) If any, leading to immediate cause. Enter UNDERLYING NEUMON IA CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 6 injury, PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL PERFORMED? AVAILABLE PRIOR TO 23 shows any DEMENTIA COMPLETION OF CAUSE OF DEATH? 1 | YES 2 | NO-1 TES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 | Inpattlint 2 | ER/Outpatient 3 | DOA OTHER: 1 TES 2 NO 4 Nursing Home 5 Residence 6 Other (Specify) 0 27. MANNER OF DEATH 28s. OATE OF INJURY 28b. TIME OF INJURY 28c. INJURY AT WORK? 26d. DESCRIBE HOW INJURY OCCURED merked, Natural М 1 YES 2 NO ВУ Investigation 2 Accident 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 29f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Sulcide COMPLETED 8 Could not be 4 Homicide 29a. CERTIFIER CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, end due to the cause(e) end menner as stated. 2 MEDICAL EXAMINER: On the beats of examination and/or investigation, in my opinion, death occured at the time, date end place, and due to the cause(e) end manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNEO (Month, Day Year) BE

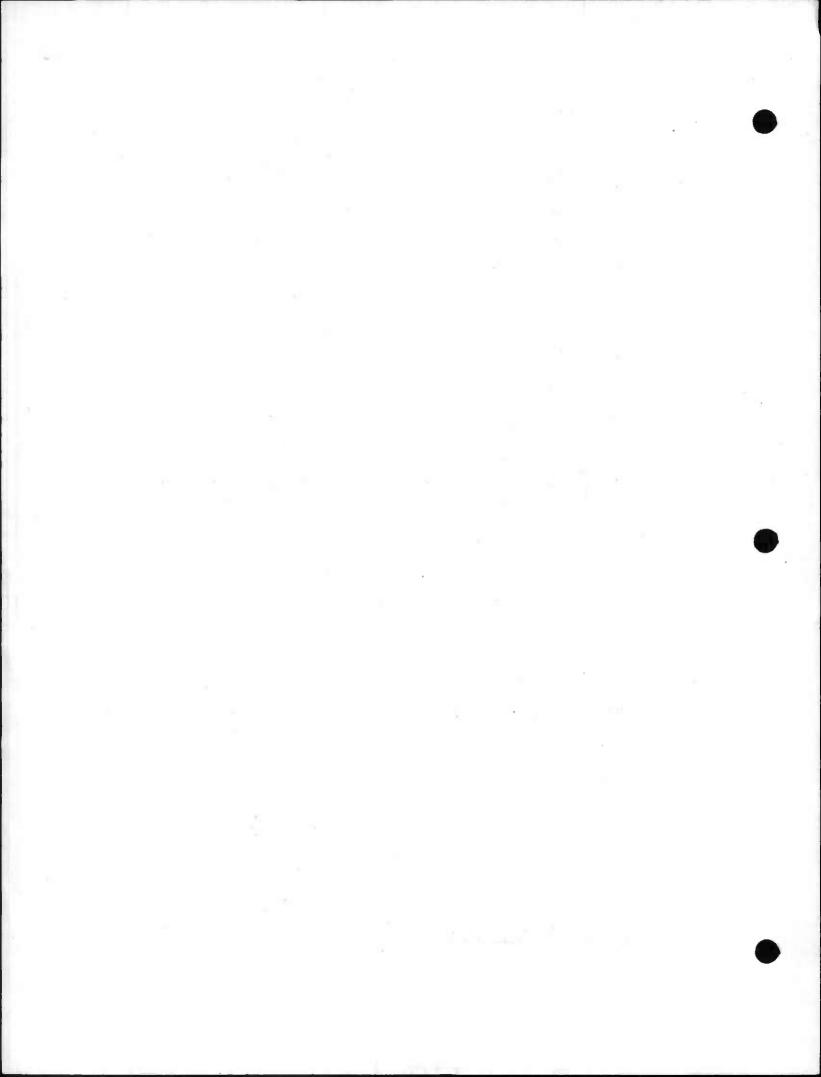
28/95

1

21229

33407

BALTIMORE



1. DECEDENT'S NAME (First, Middle, Last)

2. DATE OF DEATH

FOR STATE REGISTRAR

ITEMS: 23 PART I, 27, 28a-f, PER MEO FILM G-718 12/17/94 t.t

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

DEC. MICHAEL CARMEAN 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Yea IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS 220 56 8823 1 M 2 F MIN. YRS June 10 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH DIRECTOR permit. Pages 1, 2, 3 401 SOUTH GILMORE STREET BALTIMORE CITY RESIDENCE OF DECEDENT 10a. STATE tob. COUNTY 10c. CITY, TOWN OR LOCATION Anne Arundel Baltimore Maryland 10e. STREET AND NUMBER FUNERAL 10f. ZIP CODE 4331 Contez Road hours after death. Page 6 may be retained by the hospital or attending physician. ed in by the funeral director, page 5 should be detached for use as the burial-transit 21225 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-If yes, specify Cuben, Mexican, Puerto Rican, etc.) 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED BALTIMORE, MARYLAND 21215-0020 FORCES? 1 YES 2
IF YES, GIVE WAR OR DATES 1 Never Married 2 Married 1 TYES 2 NO BY Specify 3 Widowed 4 Divorced 18e. DECEDENT'S USUAL OCCUPATION ETED. 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comple (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) Self Employed COMPL 12th notified at once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) George Carmean Mary Sonner t9a, INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Victoria Carmean 4331 Contez Road Baltimore, Maryland 21225 pe 20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE must 1 St Burial 2 Cremetion 3 Re 4 Donation 5 Other (Specify) Cedan Hill Cemetery 12/6 Baltimore, Maryland medicai examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE George J. Gonce Funeral Home P.A. manucour 4001 Ritchie Hwy. Baltimore, Md. 23. PART I. Entar tha diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, signed by the attending physician and completely filled in by Health and Mental Hygiene prior to burial, cremation, or remo ahock, or haart failure. List only ona cause on each line. **IMMEDIATE CAUSE (Final** the disease or condition_ reaulting in death) . NARCOTIC AND COCAINE INTOXICATION other traumatic event, DIVISION OF VITAL RECORDS, P.O. BOX 68760, DUE TO (OR AS A CONSEQUENCE OF) CERTIFICATION Sequantially list conditiona, DUE TO (OR AS A CONSEQUENCE OF) If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 6 PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part i. 24s. WAS AN AUTOPSY PERFORMED? MEDICAL any 1 YES 2 | NO Shows this certificate has been with the State Dept. of DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES \square NO \square UNCERTAIN \square PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) OTHER: 1 YES 2 NO Inpetient 2 - ER/Outpetient 3 - DOA Home 5 - Realdence 8 X Other (Specify) APARTMENT 10 27. MANNER OF DEATH 28a. DATE OF INJURY 286. TIME OF 28c. /NJURY AT marked, 28d. DESCRIBE HOW INJURY OCCURED 1 Natural AM 1 YES XX NO FOUND 12-3-94 CTOR: After the ВY 8:00 UNKNOWN Investigation 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 401 S. GILMORE ST. 90 3 Sulcide 8 (C) Could not be COMPLETED 4 Homicide 28 HOUSE BALTIMORE 29a, CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my appelledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 2 X MEDICAL EXAMINER: and/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(a) and menner as stated. MATURE AND TITLE, OF CER 29c. LICENSE NUMBER 29d, DATE SIGNED (Month, Day, Year) BE O.C.M.E P P 8 2 COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)
11 Penn Street, Baltimore, Maryland 21201

> 32. REGISTRAR'S SIGNATURE Davidson Rank

3. TIME OF DEATH

Α

8:06

8. BIRTHPLACE (State or Foreign

10d. INSIDE CITY

14. RACE — American Indian, Black, White, etc.

t YES 2 NO

White

Onset and Death

24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO

1 YES 2 NO

3,1994

DEC.

COMPLETION DF CAUSE

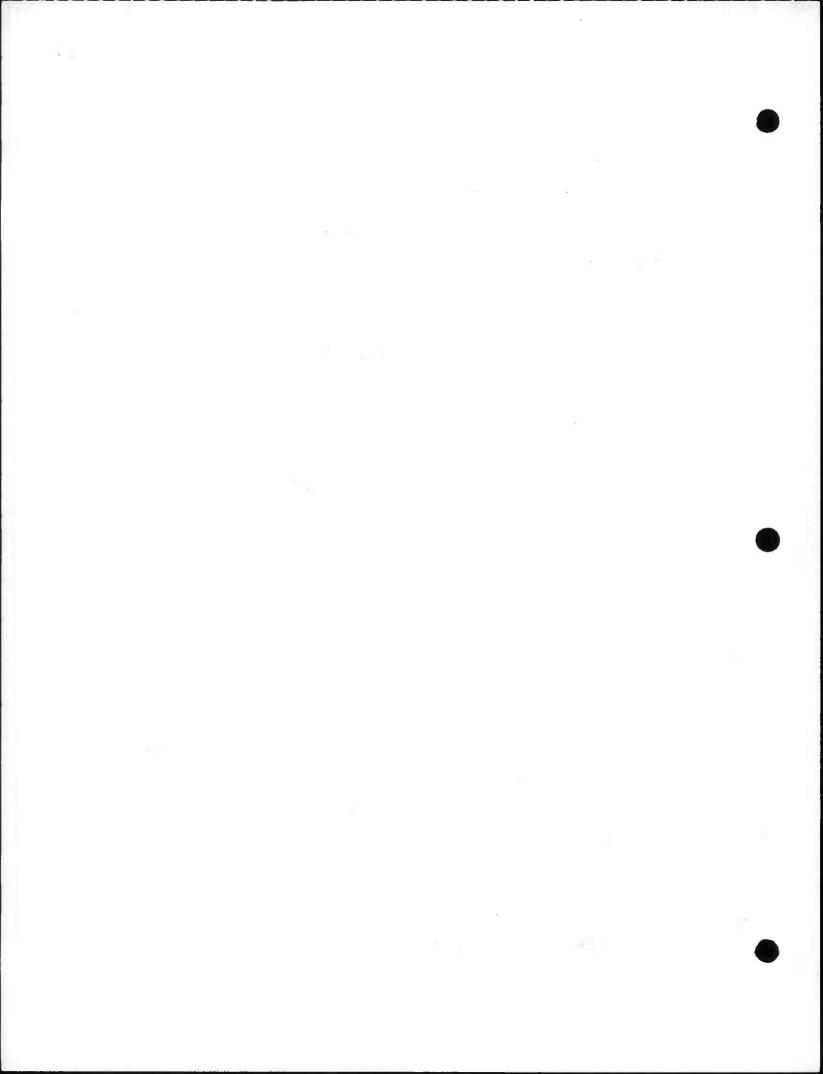
Maryland

10g. CITIZEN OF WHAT COUNTRY?

Specify.

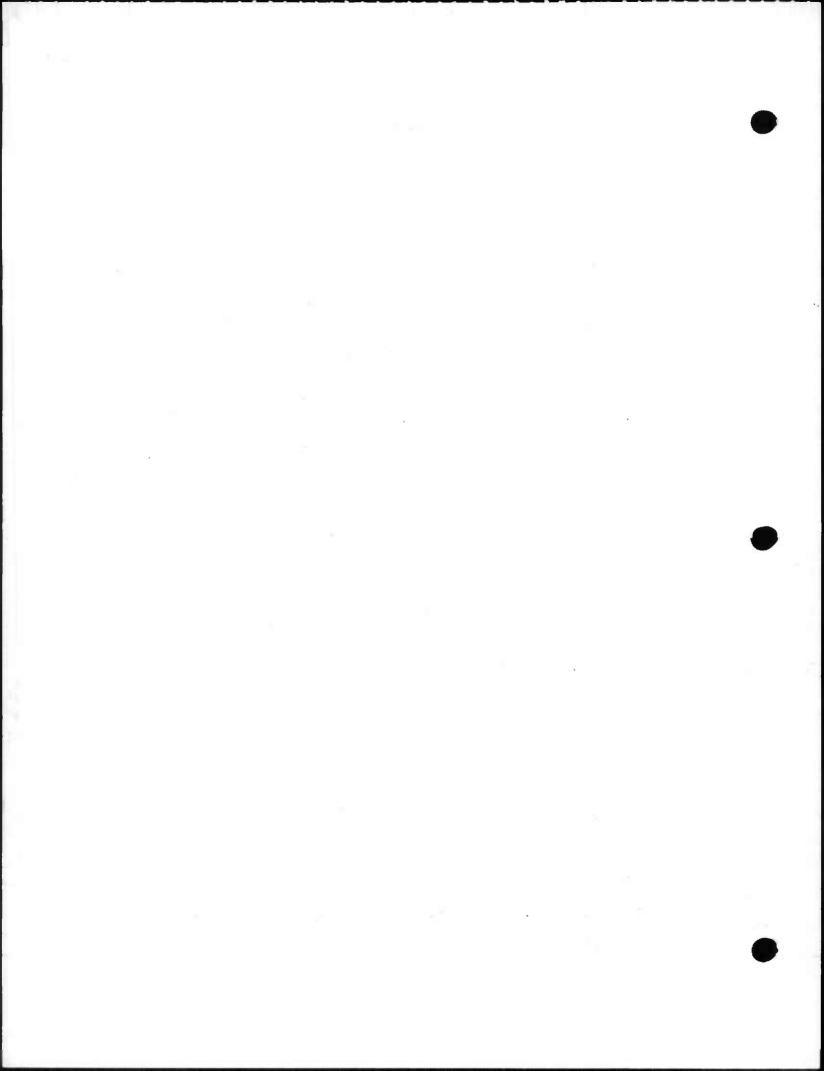
U.S.A.

9c. COUNTY OF DEATH



0
(0)
~
ω
9
_
_
BOX 68760
\simeq
๎
\sim
\mathbf{Q}
-"
P.O.
n)
97
~
_
$^{\circ}$
$\overline{}$
U.
ECORDS,
$\overline{\sim}$
ш.
/ITAL
⋖
_
_
_
L
=
U
_
Z
-
VISIO
=
>
=

		1 - STATE OF MARY		TMENT OF HEALTH ANI	D MENTAL HYGIENI REG. NO.	Ε
			CARACUZZO,	, SR.	2. DATE OF DEATH DAY DECEMBER	2, 1994 3. TIME OF DEATH M
포		039-05-3755 1-2 M 2 □ F 8	E (In yrs. last birthday) O YRS.	IF UNDER 1 YEAR IF UNDER 24 HR	Mid-out Con Maria	8. BIRTHPLACE (State or Foreign Country) Rhode Island
2, 3 should	TOR	9a. FACILITY NAME (If not institution, give street and number) 5611 Boxhill Lane RESIDENCE OF DECEDENT		96. CITY, TOWN OR LOCATION OF Baltimore	DEATH	9c. COUNTY OF DEATH
. Pages 1	DIRECTOR	10a. STATE 10b. COUNTY Maryland	111	y, town or Location		10d. INSIDE CITY LIMITS? 1 X YES 2 NO
DZO physician. burial-transit permit. Pages 1,	FUNERAL	100. STREET AND NUMBER 5611 Boxhill Lane		101. ZIP CODE 21210		10g. CITIZEN OF WHAT COUNTRY?
Z I 3-UUZU attending physician ise as the burial-trai	BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced 12. WAS DECEDENT EVER FORCES? 1 1 7 VE	S 2 NO	13. WAS DECENDENT OF HIS If yes, specify Cuben, Mai 1 YES 2YF NO Sp	PANIC ORIGIN? (Specify Yes rican, Puerto Rican, etc.)	or No— 14. RACE — American Indian, Black, Whita, atc. Specify:
tal or attend for use as	COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+)	(Give kind of w		16b. KIND OF BUS	
by the hospital or be detached for u		17. FATHER'S NAME (First, Middle, Last)			Judio	Surname)
retained 5 should	TO BE	John Caracuzzo 198. INFORMANT'S NAME (Type/Print) Mr. Thomas J. Caracuzzo, Jr.	19b. MAILING	Virgi ADDRESS (Street and Number or Ru Sandcastle Key,	ral Route Number, City or Town	
ay be		20a. METHOD OF DISPOSITION 1 1 Burlal 2 Cremation 3 Removal from Stata	0b. PLACE AND DATE O	OF DISPOSITION (Name of	DATE 20c. LOC	CATION — City or Town, Stata
death. Page to funeral direction		21. SIGNATURE OF FUNERAL SERVICE UCEASEE Martin D. Lawson	c. Hary s	22. NAME AND ADDRESS OF Mitchell-Wie 6500 York Ro	defeld Home,	Inc.
within hours at applicable in by cremation, or remove vent, the medical		23. PART i. Enter the diseases, or complications thet cause shock, or heart fellure. Liet only one ceuse on iMMEDIATE CAUSE (Finel disease or condition resulting in death)	eech line.	obtender the mode of dying, a	such aa cerdiac or respir	Approximate interval Between Onset and Death
th certificate be execute ending physician and co I Hygiene prior to burial or other traumatic	CERTIFICATION	rr any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	A CONSEQUENCE OF			Years
that the od by the h and Me	EDICAL C	PART II. Other significant conditions contributing to deeth Facewaker for Brick Ar	- / /		in Part i. 24s. WAS AN A PERFORI	MED? AVAILABLE PRIOR TO
De De	ICIAN: M	DID TOBACCO USE CONTRIBUTE TO CAUSE (25. WAS CASE REFERRED TO MEDICAL EXAMINER? A	OF DEATH YE		AIN 🗆	1 YES 2 NO
NG PHYSICIAN: The ster this certificate the state that the State thanked, or Item	PHYSIC	EAR WINERY 1 YES 2 NO 1 Inpetient 2 ER/Ou 27. MANNER OF DEATH 1 Natural 5 Pending 28. DATE OF INJURY (Month. Dey, Year)	28b. TIME	URY WORK?	26d. DESCRIBE HOW IN	JURY OCCURED
TTENDING TOR: After after death	TED BY	2 Accident Investigation	RY — At home, ferm, at	M 1 YES 2 NO	281. LOCATION (Street ar City or Town, State)	nd Number or Rural Route Number,
TAL OR TAL DIRE 72 hour	COMPLE	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my kno one) 2 MEDICAL EXAMINER: On the basis of examinating				
TO THE HOSPI TO THE FUNER De filed within	TO BE C	296. SIGNATURE AND TITLE OF CERTIFIER PRIVATE APPLIES.		29c. LICENSE N	NUMBER O9	29d. DATE SIGNED (Morm. Day, Year)
(A)			5601 Loch	Raven Blvd.,	/ Baltimore, M	D 21239
\leq (上	DEC 0 6 1994 Julia Discolar Ra				



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within an intervent and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be field within 72 hours after death with the State Degr. of Health and Memtal Hygiere prior to burial, cremitation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
---	--

Item10e,Film718.12/06/94,1t
FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - STATE REGISTRAR	OIAIL OI II	CE		ICATE				MENIAL	REG. NO.	-		
3	1. DECEOENT'S NAME (First, Middle, Lest)								2. DATE O	F DEATH		and a	3. TIME OF OEATH
	Charles H.		Clayborne	9				_	Dece	mber 4		YEAR 994	М
	016 56 0606	5. SEX	6. AGE (In yrs. last	birthday)	IF UNDER		IF UNDER		7. DATE O	F BIRTH			IPLACE (State or Foreign
	216-56-8696	1 X M 2 - F	43	YRS.	MONTHS	DAYS	HOURS	MIH.	APR.	8, 19	51	MAF	RYLAND
	9a. FACILITY NAME (If not institution, give street	et and number)			9b. CITY	TOWN C	R LOCATIO	ON OF DE				NTY OF D	
OB	1502 Rutland Avenue	e			Ba	alti	nore]]	N/A	
2	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY			10e CIT	Y, TOWN C	OR LOCAT	ION						10d. INSIDE CITY
DIRECTOR	MARYLAND	n/a				LTIM							LIMITS?
	10e. STREET AND NUMBER	,			-		ZIP CODE				10g. CIT	IZEN OF V	WHAT COUNTRY?
FUNERAL	1502 RUTH RUTLA	ND STRI	EET				21	213			UNIT		STATES
5	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. ARM	AED						(Specify Yea		14. RACI	E — American Indian.
BY F	1 Never Married 2 Married 3 Wildowed 4 Divorced	IF YES, GIVE W	YES 2 NO	0			2 NO		n, Puerto Ri	can, etc.)		Spec	k, White, atc.
-													BLACK
	15. DECEDENT'S EDUCA' (Specify only highest grade co	mpleted)	(Giv	e kind of	USUAL Of work done (se retired.)	during mo:	ON st of workin	g	16b. I	CIND OF BUS	INESS/IN	DUSTRY	
1	Elementary/Secondary (0-12)	College (1-4 or 5 +)	MBER		TACK	FR		РТ	. 0'1	1ΔΙΙΕ	V	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					17.01		IFR'S NAM		ddle, Maiden		. '	
	FISHER CLAYBO	RNE						DORO		DORS			
BE	19a. INFORMANT'S NAME (Type/Print)	_	19b.	. MAILING	AODRESS	(Street a				r, City or Town		p Code)	
٩	GRIZZELL S.	LONG		1502	RU	TLAN	ID	AVEN	UE, E	BALTIM	ORE,	MARY	LAND 21213
	20a, METHOD OF DISPOSITION 1X Burlal (2 Cremation 3 Remove	al Irom State	20b. PLACE A						OATE			City or To	
	4 Donation 5 Other (Specify)		WESTE	RN	STA	R	CEME	TERY	12-4	CAT	ONSV	ILLE	, MARYLAND
	21. NIGHATURE OF TUNERAL SERVICE LICEN	ISEE	Λ				O ADDRES			East			
	* Ululana	MAC	V		11	LO1 i	E. No	orth	Aven	ue/Ba.	ltim	ore,	MD 21202
CERTIFICATION	shock, or heart failure. List IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, If any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO	COR AS A CONSECU	UÉNCE O	lur	e 1se							Interval Between Onaat and Death 2 WKS
MEDICAL	PART II. Other algnificant conditions							jiven in f		PERFOR	MED?	24b	WERE AUTOPSY FINDINGS A/AILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
ÿ	DID TOBACCO USE CONTRII	BUTE TO CA					UNC	ERTAIN	1 🗆 📗				
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	IOSPITAL:	4		OTHER		200						
14S	1 YES 2 NO 1	28a. DATE OF	ER/Outpetlant 3		4 🗆 Nun	Ing Home	€X _P	aldenca	6 Other (adles: * :	AUD5-	
BY PF	1 Natural 5 Pending 2 Accident Investigation	(Month, De		28b. TIM JN.	URY M	28c. INJU WOI 1 Y		NO ON	28d. DESC	RIBE HOW IN	IJURY OC	CURED	
- 8	3 Suicide 6 Could not be 4 Homicide determined	28a. PLACE Of building,	F INJURY — At hometc. (Specify)	ie, farm,	street, Jack	ory, offica	1		281. LOCAT City or	ION (Street a Town, State)	nd Numbe	r or Rural F	Route Number,
COMPLETED	29a. CERTIFIER (Check only one) 2												i) and manner as stated.
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIER	WAR	- Olered	ext	dup	ian	29c. LICE	NSE NUM	BER		29d. DAT	E SIGNEO	(Month, Offy, Year)
	30 NAME AND ADDRESS OF PERSON WHO C	m.D,	Mwet.	27) (Type	Joh.	ns th	opl4i	is, l	DOON	We le	, BO	48,	MD 21287
	31. DATE FILED (Month, Day, Year)	72. REGISTRA	R'S SIGNATURE	12			,						

.

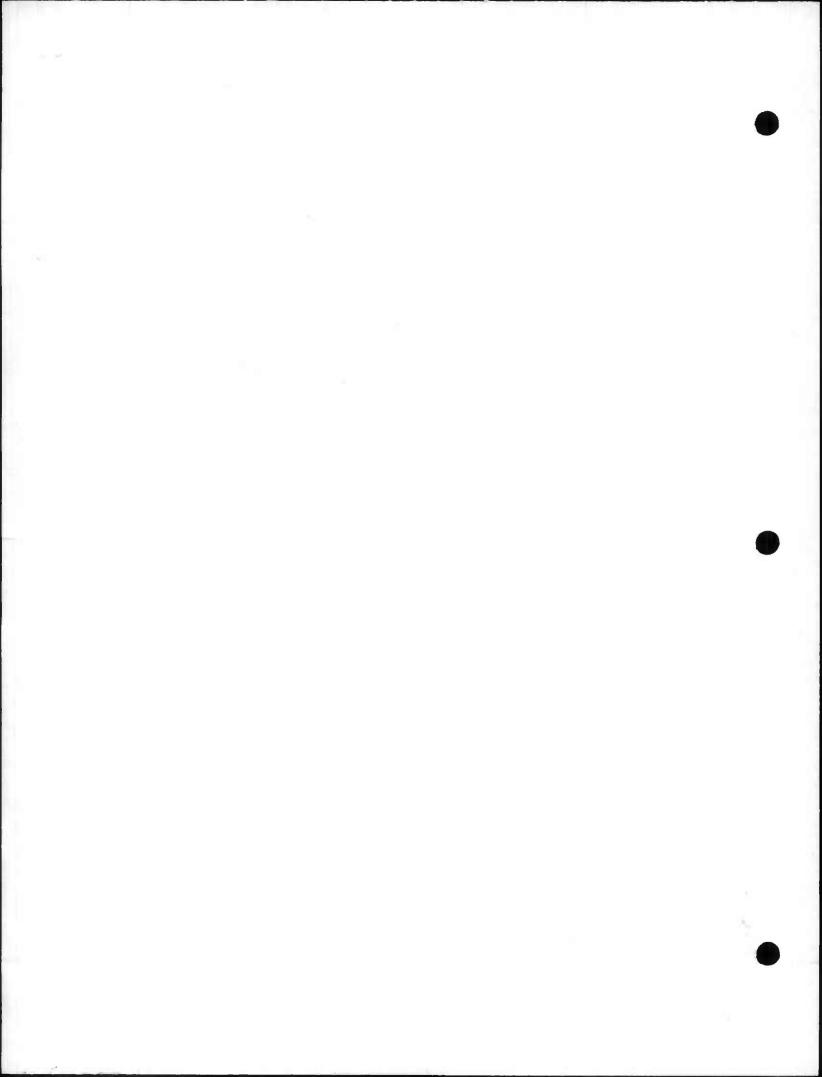
2	
0	
ō	
'n	
<u></u>	
2	
2121	
6.4	
Z	
V	
_	
>	
Œ	
V	
MA	
ш	
œ	
0	
¥	
Σ	
F	
BAL	
V	
8	

BAL	Manh V
	affe
	hours
	Ĺ
0	with
76	2
89	AL CAN
×	9
2	4
0.	cartifica
, D	death
õ	- ou
œ	15
0	#
ZEC	Parilipar
	700
4	a4
	-
OFV	PHYSICIAI
DIVISION OF VITAL RECORDS, P.O. BOX 68760	OB ATTENDING DAYSICIAN. The law remises that the death certificate he executed within 75 hours after death
5	G

FOR STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

				ERTIFICA				REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF MONTH	DA	,	YEAR	3. TIME OF DE	ŒН
- 1		lagdlene		C	rofe	ot	Decem	ber 2	, 19	94	2:45	8
	4. SOCIAL SECURITY NUMBER		AGE (In yrs. las	st birthday) IF U	THE DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF (Month, D	BIRTH			PLACE (State or	oreign
	213-74-4277	t 🗆 M 2 🔀 F	92	YRS.	Ins Date	HOURS MIN.	Januar		1902		land	
.	9a. FACILITY NAME (If not institution, give			9b.	CITY, TOWN	OR LOCATION OF D	EATH		9c. COUI	NTY OF D	EATH	
ECTOR	Greater Baltimore	<u>e Medical (</u>	Center		Towso	n			Ba1	timo	re	
	10a. STATE 10b. COUNT	тү		toc. CITY, TO	WN OR LOC	ATION	-				10d, INSIDE CIT	γ
	Maryland Balt:	imore		Cocke	vsvi 1	10					t X YES 2) NC
11-	10e. STREET AND NUMBER			Tooche	T	01. ZIP CODE			10g. CITI	ZEN OF V	VHAT COUNTRY?	
FUNERAL	300 International	l Cicrle				21030			13	.S.A		
5 [11. MARITAL STATUS	12. WAS DECEDENT E FORCES? 1	VER IN U.S. AF	RMED		CENDENT OF NISPA				14. RACE	- American Inc., White, atc.	llen,
. 1	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR	OR DATES	NO		specify Cuben, Mexical Specific Science of the Specific Science of the Specific Spec		in, etc.)		Speci	Wy:	
	15. DECEDENT'S EDI	I I I I I I I I I I I I I I I I I I I	1								white	
	(Specify only highest grad	le completed)	(G	ECEDENT'S USUA Give kind of work on DO NOT use retin	tone durina n	nost of working	16b, KI	ND OF BUS	INESS/IND	USTRY		
2	Elementary/Secondary (0-12) 4 Vears	College (1-4 or 5+)		nemaker			0.	n Hom				
COMPL	17. FATHER'S NAME (First, Middle, Last)		1101	ilcilianci		18. MOTNER'S NA						
шШ	Martin			Plass	il	Anna			1oma	zink		
	19a. INFORMANT'S NAME (Type/Print)		19			and Number or Rural	Route Number,					
일	Marie L. Disney			3607 Wi	ndsor	Mill Roa	ad Ran	dalls	town	. MD	21244	
	20a. METNOD OF DISPOSITION 1 M Burlal 2 □ Cremetion 3 □ Rer	moral from State	20h PLACE	AND DATE OF DIS	NOTE OR	Name of	DATE	200 100	ATION -	Clfu or To	euro State	
	4 Donation 6 Other (Specify)		Bohemi	an Natio	nal Ce	metery Dec.	5, 199	Balt	imore	Mar	vland	
	21. SIGNATURE OF PUNERAL SERVICE U	CENSEE R	0		22. NAME	hell-Wied	ACILITY					
	homo	posiph 12	eget			York Rd.				-	212	
\neg	23. PART i. Enter the diseases, or	complications that co	sused the de	eath. Do not e	nter the m	ode of dying, aud	ch as cardia	or respir	atory arr	eat,	Approxir	nata
	shock, or heart failure. IMMEDIATE CAUSE (Final	. List only one ceuse	on each line	B.							Interval	
	disease or condition resulting in death)	•	Con	GOSTIVE	H.	PART FA	LURP				20m	6
	resoluting in death)	OUE TO (OF	AS A CONSE	OUENCE OF):		eart fa	12410					2
z I	Sequentially list conditions,	b	Pan	ICREAT							Dweel	_s
		DUE TO (OR	OF AS A CONSEQUENCE OF: ASPIRATION PREUMONIA									
	If any, leading to immediate	\cap	* .			neumonin						
<u> </u>	cause. Enter UNDERLYING CAUSE (Disease or Injury	C. OHE TO (OF			N P	neumoni	10				2mer	
TIFIC	cause. Enter UNDERLYING	C. DUE TO (OF	AS A CONSE		N P	neumoni	10				Luce	
CERTIFICA	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	c. DUE TO (OF			N P	neumoni	10				Z.We-e	
O	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	d	AS A CONSE	OUENCE OF):				Sa. WAS AN /		24b	. WERE AUTOPSY	
DICAL C	cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST	d	AS A CONSE	OUENCE OF):			Part I. 24	Be. WAS AN PERFORI	MED?	24b	WERE AUTOPSY AMALABLE PRIO COMPLETION OF	OT P
DICAL C	cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other significant condition	d.	ath but not	OUENCE OF):	e undariyi	ng cause given in	Part I. 24	PERFOR	MED?	24b	. WERE AUTOPSY AMILABLE PRIO	CAU
: MEDICAL C	cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST	d.	ath but not	OUENCE OF):	e undariyi	ng cause given in	Part I. 24	PERFOR	MED?	24b	. WERE AUTOPSY AMILABLE PRIO COMPLETION DF OF DEATH?	CAU
: MEDICAL C	cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other significant condition	d to de	ath but not	OUENCE OF): resulting in the	e undariyi EATH	ng cause given in	1 Part I. 24	PERFOR	MED?	24b	. WERE AUTOPSY AMILABLE PRIO COMPLETION DF OF DEATH?	CAU
SICIAN: MEDICAL C	Cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant condition DID TOBACCO USE 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 KNO	contributing to de	ath but not i	resulting in the	e underlyi EATH 26.	ng cause given in	1 Part I. 2	PERFORI	MED?	24b	. WERE AUTOPSY AMILABLE PRIO COMPLETION DF OF DEATH?	CAU
SICIAN: MEDICAL C	CAUSE. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant condition DID TOBACCO USE 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN	d. contributing to de CONTRIBUTE 1 HOSPITAL:	ath but not in the constant of	resulting in the	EATH 26. HER: Nursing No	YES NC PLACE OF OEATH (C/r	1 Part I. 2	PERFORI	MED?		. WERE AUTOPSY AMILABLE PRIO COMPLETION DF OF DEATH?	CAL
Y PHYSICIAN: MEDICAL C	Cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other significant condition DID TOBACCO USE 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN 1 Matural 5 Pending Investigation	CONTRIBUTE T HOSPITAL: 10 Inpution 1 2 EN (Month, Dey,	ath but not in the state of the	SE OF DE	EATH 26. HER: Nursing No 28c. If W	PLACE OF OBATH (Cr me 5 Residence AJURY AT ORK? YES 2 NO	heck only one) 6 Other (S	PERFORI	MED?	CUREO	WERE AUTOPSY MAILABLE PRIO COMPLETION OF OF DEATH? 1 YES 2	CAU
ED BY PHYSICIAN: MEDICAL C	CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other significant condition DID TOBACCO USE 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN 1 Pending	CONTRIBUTE T HOSPITAL: 100 Languient 2 EF 280. DATE OF IN. (Month, Dey,	ath but not in the state of the	SE OF DE	EATH 26. HER: Nursing No 28c. If W	PLACE OF OBATH (Cr me 5 Residence AJURY AT ORK? YES 2 NO	heck only one) 6 Other (S 28d. DESCR	PERFORI	MED?	CUREO	. WERE AUTOPSY AMILABLE PRIO COMPLETION DF OF DEATH?	CAU
ETED BY PHYSICI	CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other significant condition DID TOBACCO USE 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 2 Accident 3 Suicide 8 Could not be datarmined	CONTRIBUTE 1 HOSPITAL: 100 Logatient 2 Es. 28e. DATE OF IN. (Month, Day, 28e. PLACE OF IN. building, atc.	ath but not in the state of the	SE OF DE	EATH 26. HER: Nursing No	YES NC PLACE OF OEATH (Cr me 5 Residence JURY AT ORK? YES 2 NO	heck only one) 6 Other (S 286. DESCR	PERFORI YES 2 Specify) IBE NOW IN ON (Street at bown, State)	MED?	CUREO or Rural F	WERE AUTOPSY MAILABLE PRIO COMPLETION OF OF DEATH? 1 YES 2	CAU
ETED BY PHYSICIAN: MEDICAL C	CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other significant condition DID TOBACCO USE 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 8 Could not be determined 29a. CERTIFIER (Check only	CONTRIBUTE 1 HOSPITAL: 100 Logarient 2 EP 28a. DATE OF IND (Month, Dey, 28a. PLACE OF IN building, atc.	ath but not in the state of the	SE OF DE B DOA OT 4 DO NUMBER 28b. TIME OF NUMBER DOM, farm, street,	EATH 26. HER: Nursing No 28c. II M 1	PLACE OF OEATH (Cr me 5 Residence JURY AT ORK? YES 2 NO	heck only one) 6 Other (S 28d. DESCR 28f. LOCATI City or is	PERFORI YES 2 Pecify) IBE NOW IN ON (Street at bown, State)	JURY Oct	or Rural F	WERE AUTOPSY AMALABLE PRIO COMPLETION DF DEATH? 1 YES 2	NO
OMPLETED BY PHYSICIAN: MEDICAL C	CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other significant condition DID TOBACCO USE 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 8 Could not be determined 29a. CERTIFIER (Check only	CONTRIBUTE 1 HOSPITAL: 100 Logatient 2 Es. 28e. DATE OF IN. (Month, Day, 28e. PLACE OF IN. building, atc.	ath but not in the state of the	SE OF DE B DOA OT 4 DO NUMBER 28b. TIME OF NUMBER DOM, farm, street,	EATH 26. HER: Nursing No 28c. II M 1	PLACE OF OEATH (Cr me 5 Residence JURY AT ORK? YES 2 NO	heck only one) 6 Other (S 28d. DESCR 28f. LOCATI City or is	PERFORI YES 2 Pecify) IBE NOW IN ON (Street at bown, State)	JURY Oct	or Rural F	WERE AUTOPSY AMALABLE PRIO COMPLETION DF DEATH? 1 YES 2	NO
E COMPLETED BY PHYSICIAN: MEDICAL C	CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other significant condition DID TOBACCO USE 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 8 Could not be determined 29a. CERTIFIER (Check only	CONTRIBUTE T HOSPITAL: 100 languient 2 Er 28a. DATE OF IN. (Month. Day, 28a. PLACE OF IN. building, atc.	ath but not in the state of the	SE OF DE B DOA OT 4 DO NUMBER 28b. TIME OF NUMBER DOM, farm, street,	EATH 26. HER: Nursing No 28c. II M 1	PLACE OF OEATH (Cr me 5 Residence JURY AT ORK? YES 2 NO	heck only one) 6 Other (S 28d. DESCR 28f. LOCATI City or S a to the causes time, date an	PERFORI YES 2 Pecify) IBE NOW IN ON (Street at bown, State)	MED? NO NO NO NO NO NO NO NO NO N	or Aural F	WERE AUTOPSY AMALABLE PRIO COMPLETION DF DEATH? 1 YES 2	NO State
O BE COMPLETED BY PHYSICIAN: MEDICAL C	CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other significant condition DID TOBACCO USE 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN 1 VES 2 NO 27. MANNER OF DEATN 1 VES 2 NO 28. CERTIFIER Check only one) 29a. CERTIFIER Check only one) 29b. SIGNATURE AND TITLE OF CERTIFIER Check DISPANCE CERTIFIER Check DISPANCE CERTIFIER Check DISPANCE CERTIFIER Check DISPANCE CERTIFIER Check DISPANCE CERTIFIER Check DISPANCE CERTIFIER Check DISPANCE CERTIFIER Check DISPANCE CERTIFIER Check DISPANCE CERTIFIER Check DISPANCE CERTIFIER Check DISPANCE CERTIFIER CHACK DISPANCE CHACK DISPANCE	CONTRIBUTE 1 HOSPITAL: 1004 Longitent 2 EF 28e. DATE OF IN. (Month, Dey.) 28e. PLACE OF IN. building, atc.	ath but not in the property of	OUENCE OF): resulting in the SE OF DE 3 DOA 4 1 28b. TIME OF INJURY DOME, farm, street, eath occurred st investigation, in	EATH 26. HER: Nursing No 28c. If V	YES NC PLACE OF OEATH (Charter 5 Residence AJURY AT ORKY YES 2 NO Ice Its and place, and dus death occured at the	heck only one) 6 Other (S 28d. DESCR 28f. LOCATI City or S a to the causes time, date an	PERFORI YES 2 Pecify) IBE NOW IN ON (Street at bown, State)	MED? NO NO NO NO NO NO NO NO NO N	or Aural F	WERE AUTOPSY AMAILABLE PRIO COMPLETION OF OF DEATH? 1 YES 2- AROUTE Number;	NO State
O BE COMPLETED BY PHYSICIAN: MEDICAL C	CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other significant condition DID TOBACCO USE 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN 1 Junual 5 Pending Investigation 2 Accident Investigation 3 Suicide 8 Could not be determined 29a. CERTIFIER (Check only One) 2 MEDICAL EXAMINERS 29b. SIGNATURE AND TITLE OF CERTIFIER Check only One) 2 MEDICAL EXAMINERS 29b. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON NAME ADDRESS OF PERSON NAME ADDRESS OF PERSON NAME ADDRESS OF PERSON NAME ADDRESS OF PERSON NAME ADDRESS OF PERSON NAME ADDRESS OF PERSON NAME ADDRESS OF PERSON NAME ADDRESS OF PERSON NAME ADDRESS OF PERSON NAME ADDRESS OF PERSON NAME ADDRESS OF PERSON NAME ADDRESS OF PERSON NAME ADDRESS OF PER	CONTRIBUTE 1 HOSPITAL: 1/54 Langulent 2 EF 28a. DATE OF IN. (Month, Day, 28a. PLACE OF IN. building, atc. SICIAN: To the best of my IER: On the basic of axam ER	ath but not in the property of	OUENCE OF): resulting in the SE OF DE 3 DOA 4 1 28b. TIME OF INJURY DOME, farm, street, investigation, in 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	EATH 26. HER: Nursing No 28c. If V	YES NC PLACE OF OBATH (Cr me 5 Residence HJURY AT YES 2 NO Ice Its and place, and dus death occured at the	Part I. 24 1 1 1 Other (S 28d. DESCR 28f. LOCATI City or 3 a to the cause time, date an	PERFORI YES 2, Specify) IBE NOW IN ON (Street allown, State) e) and manual diplace, ence	MED? NO NO NO NO NO NO NO NO NO N	or Aural F	WERE AUTOPSY AMAILABLE PRIO COMPLETION OF OF DEATH? 1 YES 2- AROUTE Number;	NO State
TO BE COMPLETED BY PHYSICIAN: MEDICAL C	CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other significant condition DID TOBACCO USE 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN 1 VES 2 NO 27. MANNER OF DEATN 1 VES 2 NO 28. CERTIFIER Check only one) 29a. CERTIFIER Check only one) 29b. SIGNATURE AND TITLE OF CERTIFIER Check DISPANCE CERTIFIER Check DISPANCE CERTIFIER Check DISPANCE CERTIFIER Check DISPANCE CERTIFIER Check DISPANCE CERTIFIER Check DISPANCE CERTIFIER Check DISPANCE CERTIFIER Check DISPANCE CERTIFIER Check DISPANCE CERTIFIER Check DISPANCE CERTIFIER Check DISPANCE CERTIFIER CHACK DISPANCE CHACK DISPANCE	CONTRIBUTE 1 HOSPITAL: 1/54 Langulent 2 EF 28a. DATE OF IN. (Month, Day, 28a. PLACE OF IN. building, atc. SICIAN: To the best of my IER: On the basic of axam ER	ath but not in the state of the	OUENCE OF): resulting in the SE OF DE 3 DOA 4 1 28b. TIME OF INJURY DOME, farm, street, investigation, in 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	EATH 26. HER: Nursing No 28c. If V	YES NC PLACE OF OBATH (Cr me 5 Residence HJURY AT YES 2 NO Ice Its and place, and dus death occured at the	Part I. 24 1 1 1 Other (S 28d. DESCR 28f. LOCATI City or 3 a to the cause time, date an	PERFORI YES 2, Specify) IBE NOW IN ON (Street allown, State) e) and manual diplace, ence	MED? NO NO NO NO NO NO NO NO NO N	or Aural F	WERE AUTOPSY AMAILABLE PRIO COMPLETION OF OF DEATH? 1 YES 2- AROUTE Number;	NO State





ш	١,
-	
_	
\mathbf{c}	
Θ	
~	١,
œ	
9	
~	
ŏ	
\circ	
m	
ш	
	-
\circ	
-	
а.	
-	
ഗ	•
ORDS, P.(
	1
ш.	
\circ	1
\sim	
Ų	١.
ш	
~	
_	
7	
-	,
	,
	1
_	1
1 2	1
=	1
\cup	1
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	The second of the second second
<	9
\circ	1
\leq	
'n	i
-	1
>	-
-	1
	4

- 9	1. DECEDENT'S NAME (First, Middle, Last)					IFICATE OF DEATH			REG. NO. 2. DATE OF DEATH MONTH DAY YEAR			YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (in yrs. les					IF UNDER 1 YE	EAR	IF UNDER 24 HRS.	7. DATE OF	BIRTH	0/9	8, BIRTHPL	LACE (State or Fore
	083-74-7592	2	150 M 2 □ F	56	YRS.	MONTHS DA	AYS	HOURS MIN.	Dec.	30, Year)	937	Country) Ch	ina
Œ	9a. FACILITY NAME (# not i					9b. CITY, TOWN OR LOCATION OF DEATH				9c. COUNTY OF DEATH			
20	3310 Fullerton Street Calve						ert	ton			Pri	nce G	eorge
DIRECTOR	Maryland	Prin	nce George			10c. city, town on Location Calverton							IOd. INSIDE CITY LIMITS?
RAL	3310 Fuller		troot				101. 2	ZIP CODE 20705			10g. CITIZEN OF WHAT COUNTRY? China		
FUNERAL	11. MARITAL STATUS	L CON B	12. WAS DECEDENT E	VER IN U.S	S. ARMED	13 WAS	DECEN	NDENT OF HISPAN	IIC OBIGINS (Snacifu Van			
ВХ	1 Never Married 2 💆 3 Widowed 4 Div	-	FORCES? 1 IF YES, GIVE WAR	YES 2 OR DATES	ž X NO s	If yes	s, spec	city Cuban, Maxica 2 X NO Specifi	n, Puarlo Rica	n, atc.)	0. KO	Black, 1	White, atc. Asian
TED	15, DE (Specify on	CEDENT'S EO	UCATION le completed)	16-	Give kind of	USUAL OCCUI work done during se retired.)	PATION ng most	of working	16b. KI	ND OF BUS	INESS/INC		
COMPLETED	Elemantary/Secondary ((0-12)	College (1-4 or 5+)		Carrier					Phot	o la	b	
NO.	17. FATHER'S NAME (First, I							18. MOTHER'S NA			Sumame)		
BE (nknown						Shuk F					
9	19a. INFORMANT'S NAME (Number or Rural I					and 207
	20a. METHOD OF DISPOSIT	TION			ACE AND DATE	OF DISPOSITION			OATE	TC .		City or Town	
	1 Burial 2 TCrematt 4 Donation 5 Othe	r (Specify)		Met	ry, crematory or o	matory			12/6	Ca	tons	ville	, Md.
	21. SIGNATURE OF FUNERAL STATUS CENSEE . 22. NAME AND ADDRESS OF FACILITY Donaldson Funeral Home P.A.												
	acen	VV-	3.9										
	ahock, or h	heert fallure	eomplications that c	eused th on eech	e deeth. Do r	not enter the	313	Talbott	Ave.	Lau or reeple	rel,	Md.	Interval Be
RTIFICATION	ahock, or it immeDiate CAUSE (Fi disease or condition resulting in death) Sequentially list condition if any, leeding to imme cause. Enter UNDERLY CAUSE (Disease or Injutet initiated events resulting in death) LAS	itiona, ediete ying ury	a. OUE TO (OF CALLER OF CA	AS A CO	e deeth. Do ri iline. IN COUNTRY OF THE PROPERTY OF THE PROPE	not enter the	313	Talbott	Ave.	Lau	rel,	Md -	Approxima Interval Be
CERTIFICATION	ahock, or it immediate in the condition resulting in death) Sequentially list condition in the condition in death if any, leeding to immediate. Enter UNDERLY CAUSE (Disease or Injusted Initiated events resulting in death) LAS	itiona, ediete ying str	a. OUE TO (OF d.	ON EAS A CO	INSEQUENCE OF	not enter the	313 e mode	Talbott e of dying, auc	h es cardiad	or reepli	ratory arr	reat,	Approxima Interval Be Onset and
MEDICAL	ahock, or I IMMEDIATE CAUSE (FI diseese or condition reaulting in death) Sequentially list condit if any, leeding to imme cause. Enter UNDERLY CAUSE (Disease or In) thet inflitted events resulting in death) LAS PART II. Other aignifice	itions, ediete ying structury ST	a. OUE TO (OF C. OUE TO (OF d.	R AS A CO	INSEQUENCE OF	not enter the	313 mode	Talbott e of dying, auc	Part I. 24	Lau cor reepit	AUTOPSY MED?	24b. W A A A A D D	Approximal Interval Bel Onset and On
MEDICAL	ahock, or it is a shock, or it is a shock, or it is a shock, or it is a shock, or it is a shock, or it is any, leeding to imme cause. Enter UNDERLY CAUSE (Disease or injuted Initiated events resulting in death) LAS PART II. Other significations of the shock, or injusted the	itiona, ediete ring ury str	a. OUE TO (OF C. OUE TO (OF d. OUE TO CAUSE) TRIBUTE TO CAUSE TRIBUTE TO CAUSE	R AS A CO R AS A CO R AS A CO R AS A CO	INSEQUENCE OF	F): In the underly KS NO TH (Check only)	313 o mode	Talbott e of dying, auc	Part I. 24	a. WAS AN / PERFORI	AUTOPSY MED?	24b. W A A A A D D	Approximal Interval Bel Onset and On
SICIAN: MEDICAL	ahock, or in the property of t	itiona, ediete ring ury str	a. OUE TO (OF OUE TO (AS A COR AS	DEATH YE	in the underl	and the model of t	Talbott e of dying, suc	Part I. 24	e. WAS AN PERFORI	AUTOPSY MED?	24b. W A C D 1	Approxima Interval Be Onset and VERE AUTOPSY FIN MAILABLE PRIOR TOMPLETION DE CA FE DEATH?
PHYSICIAN: MEDICAL	ahock, or ill MMEDIATE CAUSE (Fi diseese or condition resulting in death) Sequentially list condition in the cause. Enter UNDERLY CAUSE (Disease or Injusted Initiated events resulting in death) LASPART II. Other aignifications of the cause of the caus	itions, ediete ving ury ST SE CON'TO MEDICAL	a. OUE TO (OF OUE TO (A AS A CO R AS A CO R AS A CO RAS A CO RAS A CO RAS A CO RAS A CO RAS A CO RAS A CO RAS A CO RAS A CO RAS A CO RAS A CO	DEATH YE	in the under SS NO TH (Check only OTHER: 4 Nursing E OF 28c	riying (Talbott e of dying, suc cause given in UNCERTAIL	Part I. 24	e. WAS AN PERFORI	AUTOPSY MED?	24b. W A C D 1	Approxima Interval Be Onset and VERE AUTOPSY FIN MAIL ABLE PRIOR T OMPLETION DF CA FF DEATH?
D BY PHYSICIAN: MEDICAL	ahock, or I IMMEDIATE CAUSE (FI diseese or condition resulting in death) Sequentially list condit if any, leeding to imme cause. Enter UNDERLY CAUSE (Disease or injuited interest of the condition of the condit	itiona, ediete ving ury ST SE CON' TO MEDICAL Pending Investigation Could not be	a. OUE TO (OF OUE TO (AS A COR AS	INSEQUENCE OF THE PLACE OF DEATH YE PLACE OF DEATH INJ	in the under SS NO OTHER: 4 Nursing E OF 28c URY M 1	riying (Talbott e of dying, suc cause given in "UNCERTAIN S Realdenca	Part I. 24	e. WAS AN PERFORI YES 2 Decily) BE HOW IN	AUTOPSY MED?	24b. W A C C D 1	Approxima interval Be Onset and Onse
ETED BY PHYSICIAN: MEDICAL	ahock, or ill MMEDIATE CAUSE (Fi diseese or condition resulting in death) Sequentially list condition, and it any, leeding to immediate. CAUSE (Disease or Injusted Initiated events resulting in death) LAST PART II. Other aignification of the condition of the c	itiona, ediete ring strong str	a. OUE TO (OF OUE TO (AS A COR AS	INSEQUENCE OF THE PLACE OF DEATH YE PLACE OF DEATH INJ	in the under SS NO OTHER: 4 Nursing E OF 28c URY M 1	riying (Talbott e of dying, suc cause given in "UNCERTAIN S Realdenca	Part I. 24	e. WAS AN PERFORI YES 2 Decily) BE HOW IN	AUTOPSY MED?	24b. W A C C D 1	Approxima interval Be Onset and Onse
OMPLETED	ahock, or I IMMEDIATE CAUSE (F) diseese or condition reaulting in death) Sequentially list condition if any, leeding to imme cause. Enter UNDERLY CAUSE (Disease or in) thet Initiated events resulting in death) LAS PART II. Other algnific. DID TOBACCO L 25. WAS CASE REFERRED 1 EXAMINER? 1	itiona, ediete ying ury ST ST ST ST ST ST ST ST ST ST ST ST ST	a. OUE TO (OF OUE TO (AS A CO R AS A C	DEATH YE PLACE OF DEAT At home, ferm, a le, death occurre	in the underline of the	one) Home Yei office	Cause given in UNCERTAIN SKRealdenca RY AT SS 2 No	Part I. 24 1 Other (S) 28d. DESCR 28f. LOCATIO	a. WAS AN PERFORI YES 2 Decily) BE HOW IN Street a a) end manual	AUTOPSY MED? AUTOPSY MED? AUTOPSY MED? AUTOPSY MED?	24b. WA C C D D 1	Approximatinterval Bet Onset and Ons
E COMPLETED BY PHYSICIAN: MEDICAL	ahock, or I IMMEDIATE CAUSE (F) diseese or condition reaulting in death) Sequentially list condition if any, leeding to imme cause. Enter UNDERLY CAUSE (Disease or in) thet Initiated events resulting in death) LAS PART II. Other algnific. DID TOBACCO L 25. WAS CASE REFERRED 1 EXAMINER? 1	itions, ediete ring and conditions. ST JSE CON' TO MEDICAL Pending Investigation Could not be determined	a. OUE TO (OF OUE TO (AS A CO R AS A C	DEATH YE PLACE OF DEAT At home, ferm, a le, death occurre	in the underline of the	one) Home C. INJUR Office dete er	Cause given in UNCERTAIN SKRealdenca RY AT SS 2 No	Part I. 24 6 Other (S 28d. DESCR 28f. LOCATION 10 the cause (11me, deta and	a. WAS AN PERFORI YES 2 Decily) BE HOW IN Street a a) end manual	AUTOPSY MED? AND NUMBER OF THE PROPERTY OF TH	24b. W AAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA	Approximatinterval Bet Onset and Ons
COMPLETED BY PHYSICIAN: MEDICAL	ahock, or ilmmeDiATE CAUSE (Fi diseese or condition reaulting in death) Sequentially list condition reaulting in death) Sequentially list condition reaulting in death) Sequentially list condition reaulting in death) Last cause. Enter UNDERLY CAUSE (Disease or Injuited Intitiated events resulting in death) Last resul	Itions, ediete ring and conditions. ST ST ST ST ST ST ST ST ST ST ST ST ST S	a. OUE TO (OF OUE TO (A AS A CO RAS A	DEATH YE PLACE OF DEAT At home, ferm, a le, death occurred/or investigation	in the under the second of the under	one) Home C. INJUR Office dete er	Cause given in UNCERTAIN S Realdenca RY AT K? S 2 No	Part I. 24 6 Other (S 28d. DESCR 28f. LOCATION 10 the cause (11me, deta and	a. WAS AN PERFORI YES 2 Decily) BE HOW IN Street a a) end manual	AUTOPSY MED? AND NUMBER OF THE PROPERTY OF TH	24b. W AAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA	Approxima interval Be Onset and Onse

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with nouns after death. Page 6 may be retained by the busistant permit. Pages 1, 2, 3 should be filed within 27 busis after death with the State Uppir, of Health and Member after this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 27 busis after death with the State Uppir, of Health and Member after 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be after 1 and 1 an

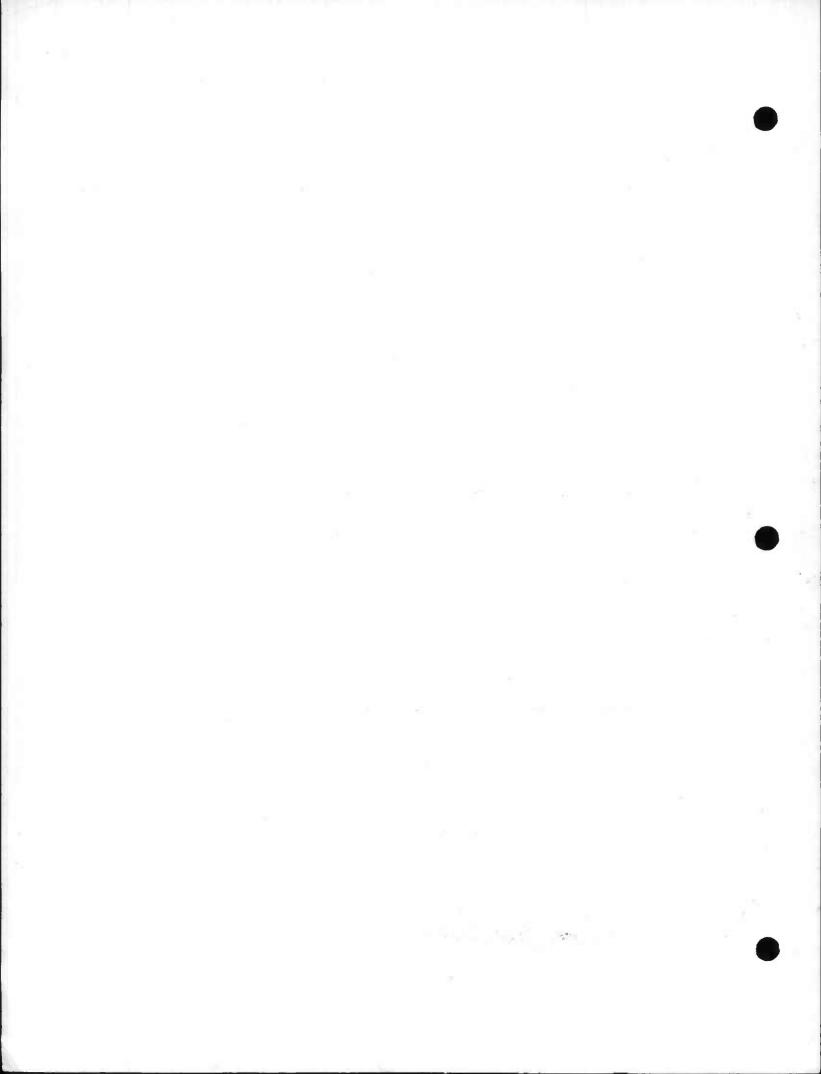
BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

FOR STATE REGISTE
1. DECEDENT'S
4. SOCIAL SEC
216-4
9a. FACILITY N
MARY
10a. STATE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR	CERTIFI	CATE OF DEATH	REG. NO.					
	1. DECEDENT'S NAME (First, Middle, Last) Adelle	Chamb	liss	2. DATE OF DEATH DAY NOV. 26. 19	year Q 4 10:50 A M				
		6. AGE (In yrs. last birthday)	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	6. BIRTHPLACE (State or Foreign Country)				
	216-48-3944 ¹□M²∭F	5 8 YRS.		06-29-36	Va.				
oc.	9a. FACILITY NAME (If not institution, give street and number)		9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH						
6	MARYLAND GENERAL HOS	PITAL I	BALTIMORE						
DIRECTOR	10a. STATE 10b. COUNTY		TOWN OR LOCATION		10d. INSIDE CITY LIMITS?				
	Maryland 100. STREET AND NUMBER		Baltimore 10f. ZIP COOE	1 X YES 2 ☐ NO					
FUNERAL	825 Newington Ave		21217		J.S.A.				
I S	11. MARITAL STATUS 1 Never Married 2 Married FORCES? 1	EVER IN U.S. ARMED	13. WAS DECENDENT OF HISPA If yes, specify Cuban, Maxico	NIC ORIGIN? (Specify Yes or No—	14. RACE — American Indian, Black, White, etc.				
BY	3 Widowed 4 Divorced IF YES, GIVE WI		1 TES 2 NO Specif		Specify: Black				
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	(Give kind of w	USUAL OCCUPATION ork done during most of working	16b. KINO OF BUSINESS/INC	DUSTRY				
<u> </u>	Elementary/Secondary (0-12) College (1-4 or 5 +)	life. Do NOT use	e retired.)	- 1					
S S	17. FATHER'S NAME (First, Middle, Last)	House	Wife 16 MOTHER'S NA	ME (First, Middle, Maiden Surname)	Ational Adulus Communication				
BEC	Douglass Andrews		UNKNO	,					
TO BE COM	19s. INFORMANT'S NAME (Type/Print)	19b. MAILING	ADDRESS (Street and Number or Rural		Code)				
	Yula Chambers 20a. METHOD OF DISPOSITION		ewington Ave						
	1 N Burlal 2 Cremetion 3 Removal from State 4 Donation 5 Other (Specify)	20b. PLACE AND DATE O cemetery, crematory or off			city or Town, State				
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	1 5	22. NAME AND ADDRESS OF EA						
CAG	· Barbara Abr				to., Md 21217				
	23. PART I. Enter the diseases, or complications that shock, or heart fallure. List only one caus	csused the death. Do note on each line.							
	IMMEDIATE CAUSE (Final				Onset and Daath				
1	reculting in death) - ITVOCS	or AS A CONSEQUENCE OF	ntarct		unknown				
	Hypot	ension	,						
CERTIFICATION	Sequantially list conditions, If any, leading to immediate OUE TO (OR AS A CONSEQUENCE OF):								
FIC	cause, Enter UNDERLYING CAUSE (Disease or Injury that initiated events DUE TO (OR AS A CONSEQUENCE OF):						
FE	resulting in dasth) LAST								
ICAL CE	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY 24b. WEF								
N S	Hypertension, Diabe			PERFORMED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE				
MEC.					DF DEATH? 1 □ YES 2 X NO				
AN N	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO								
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. Hypertension, Diabetes Millitus DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO 24b. WERE AUTOPSY AMARIABLE PRIOR COMPLETION OF DEATH? 1 YES 2 X NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 X NO 26. PLACE OF DEATH (Check only one) 1 Yes 2 X NO 27. MANNER OF OEATH 28c. DIME OF Residence 6 Other (Specify) 28c. INJURY AVENUE AND TO SPECIFIE HOW INJURY OCCURED INJURY WORK?									
Ή	1 YES 2 NO 1 Inpetient 2 NER/Outpatient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify) 27. MANNER OF OEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED INJURY								
ВУЯ	1 Netural 5 Pending Investigation	, roar)	M 1 YES 2 NO						
TED	3 Suicide 6 Could not be datarmined 28e. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State) 28e. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State)								
BE COMPLE	3 Suicide 4 Homicide 4								
8	29b. SIGNATURE AND TITLE OF CERTIFILITY		29c. LICENSE NU						
TO BE	D. Santoso. Ro		House	Stat 189191 >	11-26-94 ·				
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Ronny Santosa, M.D. c/o Maryland General Hospital								
/	31. DATE FILED (Month, Day, Year) DEC 0 6 1994	us signature							



BALTIMORE, MARYLAND 21215-0020	h certificate be executed within.	
8	fter d	
	55	
		-
50,	within.	
P.O. BOX 68760	executed	
0	8	
O. B.	ertificate	4
o.	th c	4

The this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should by the hospital or attending physician.

In the first of the state bept, of Health and Mental Hygiene prior to burial, cremation, or removal.

In arked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

									24		
	FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPAR	RTMENT	OF I	HEALTH AND	MENTA	IL HYGIEN			
	1. DECEDENT'S NAME (First, Middle, Last) ARLENE	Delones	(Coakl	.ey		_ MON1	ember	5. 19	YEAR 94	TIME OF DEATH
	0.4/. =0.0=00	1 - M 2 186F 43	yrs. lest birthday) YRS.	IF UNDER MONTHS	DAYS	IF UNDER 24 HRS. HOURS MIN.	Apr	OF BIRTH th, Day, Year)		Country)	ACE (State or Foreign
STOR	221 Pontiac Ave				tim	OR LOCATION OF D	DEATN		9c. COUN	TY OF DEA	тн
- DIRECTOR	100. STATE 10b. COUNTY Maryland			y, TOWN O		TION					DIA. INSIDE CITY LIMITS? X YES 2 NO
FUNERAL	100. STREET AND NUMBER 221 Pontiac Aver					21225			U	.S.A.	AT COUNTRY?
ВУ	1 Never Merried 2 🔀 Merried 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN U FORCES? 1 YES IF YES, GIVE WAR OR DATE	2 X NO	1 10	f yes, sp	ENDENT OF HISPA ecify Cuben, Mexic 2 K NO Speci	an, Puerto	N? (Specify Ye Rican, atc.)	s or No—	14. RACE — Black, V Specify:	American Indian, white, etc.
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade co Elementary/Secondary (0-12)	TION In Interest (1-4 or 5+)	Be. DECEDENT'S (Give kind of the Do NOT us) HOUSEU	work done d se retired.)	CUPATIO	ON st of working	164	Home		STRY	
BE CON	17. FATNER'S NAME (First, Middle, Last) Ha	erry William				18. MOTHER'S NA	Lore		Current	nmerm	an
TO B	190. INFORMANT'S NAME (Type/Print) Canmen Holbrook		19b. MAILING 2// P	ontia	(Street a	nd Number or Rural	Route Num	ber, City or Tow	n, State, Zip (Code)	21225
	20e. METHOD OF DISPOSITION 1 Burlel 2 Cremetton 3 Remove 4 Denatton 6 Other (Specify)	ol from State camele	ACE AND DATE OF 19, or on the Park of the	n Mer	noni	al Park	12	17 GL	en Bui	rnie.	Maruland
	21. SIGNATURE OF FUNERAL SERVICE LICEN	amerocesi	hi	Ge 40	name an 20rg	o address of the e J. Gon Ritchie	ce F	uneral Balt	Home	P.A.	
	23. PANT I. Entar the diseases or cor abook, or heart failure. Lis IMMEDIATE CAUSE (Final disease or condition resulting in death)	nplications that caused that only one cause on each only one cause on each only one cause on each only one cause on each only one cause of the cause	Cano	enter i	the mo	de of dying, aud	ch aa care	diac or resp	iratory arre	at,	Approximate interval Between Onset and Death
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):											
CERTIFI	CAUSE (Disease or injury that initiated eventa resulting in death) LAST	DUE TO (OR AS A CO	ONSEQUENCE OF	7):							
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in the underlying				cause givan in	Part i.	24a. WAS AN PERFOR 1 YES 2	MED?	AM CO OF	RE AUTOPSY FINDINGS ALLABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO		
SICIAN		IOSPITAL:	ent 3 🗆 DOA	OTHER:		ACE OF DEATH (Ch					
ву РНУ	27. MANNER OF DEATN 1 Natural 5 Pending 2 Accident Investigation	MANNER OF DEATN 288. DATE OF INJURY (Morith, Day, Year) 280. TIME OF INJURY AT WORK? WORK?				JRY AT RK?	28d. DEŞCRIBE NOW INJURY OCCURED				
3 Suitaida — 260 PLACE OF INJURY — At home form atmost s			traet, fecto	raet, fectory, office 28f. LOCATION (Street a: City or Town, State)		treet and Number or Rural Route Number, State)		Number,			
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIA 2 MEDICAL EXAMINER:	N: To the best of my knowledg On the besis of exemination ar	e, death occurre	d at the tim	ne, dete Inlon, de	end place, end due	to the cau	ise(s) end mer end place, en	nner es atated	l. ceuse(s) en	d manner es stated.
2 MEDICAL EXAMINER: On the besis of examination and/or investigation, in my opinion, death occurred at the time, date end place, end due to the ceuse(s) end 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Mon				onth, Day, Year)							
≓ Ⅱ	30 NAME AND ADDRESS OF DEPOSIT WHILE OF										

who completed cause of Death (ITEM 27) (Type, Pring)

n.D. 1406 B CRain Highway # 308

TO THE HOSP TO THE FUNE be filed within IMPORTANT

M.D.

Long S. HSU,

31. DATE FILED (Month), Day, Year,

DEC U 6 1994

DIVISION OF VITAL RECORDS,

Glen Burnie, MD 21061

parties and the second of the forest terms of the second s

permit. Pages 1, 2, 3 should

_		
	•	
(C	•	
68760		
	7	
α	,	
Œ	>	
ROX	•	
=		
C)	
_		
ш	1	
_		
C)	
_		
Ω		
-	•	
	•	
11	١.	
4		
	1	
-	:	
ш		
-		
u	,	
0	١.	
~	,	
RECORDS	1	
-	:	
-		
_	1	
	;	
⋖		
TAI		
匚		
=	•	
>	•	
ш		
O F		
U	,	
_		
7	,	
=		
ő	1	
=		
10		

BALTIMORE, MARYLAND 21215-0020	hours after death. Page 6 may be retained by the hospital or attending physician.	led in by the funeral director, page 5 should be detached for use as the burial-transit	, or removal.	medical examiner must be notified at onco.
DVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITE OF ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE WINDS After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit	be first women a hours are death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If them 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at onco.

12 DEC U

30. NAME AND AODRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 1. DECEPENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 7.44 0 SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) IF UNDER 24 HRS. IF UNDER 1 YEAR 7. DATE OF BIRTH a. BIRTHPLACE (State or Foreign (Month, Day, Year) 1 X M 2 - F North Carolina 9a. FACILITY NAME (If not institution, give stre 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR enjatric RESIDENC 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Anne Arundel Glen Burnie. 1 YES 2XX NO FUNERAL 10e. STREET AND NUMBER 101, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 111 Ilene Road, 21060 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 27 YHO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-if yes, specify Cuban, Maxican, Puarto Rican, atc.) 14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Merried BY 1 TES 2 NO Specify 3 Widowed 4 XXDivorced White ETED. 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only high Elementary/Secondary (0-12) College (1-4 or 5 +) COMPL 11th Grade Carpenter Union Local 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) James Willie Ħ Clark Irene Ouick notified 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING AOORESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Mr. James W. Clark 111 Ilene Rd., Glen Burnie, Md. 21060 e 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION - City or Town, State Cedar Hill Cemetery 12/3/94 4 Donetion 5 Other (Specify) Baltimore, Maryland 21. SIGNATURE OF GUNERAL SERVICE LICENSES McCully Funeral Home of Brooklyn Kevin E. Ecker 237 E. Patapsco Ave., Balto., Md. 21225 23. PANTI. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate ahock, or heart fallure. List only one cause on each line interval Between IMMEDIATE CAUSE (Final Onset and Death disease or condition resulting in death) CONSEQUENCE OF CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO HTN CVA, gastroparesis, seizure disorder, hio ivz me tabolic acidos COMPLETION OF CAUSE MOINDA 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) HOSPITAL: 1 WES 2 NO Inpetient 2 - ER/Outpatient 3 - DOA Nursing Homa 5 Realdence 8 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 2 Accident 5 Pending Investigation 1 YES 2 NO BY 28s. PLACE OF INJURY — At home, farm, atreet, fectory, office building, atc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Sulcide 8 Could not be COMPLETED 4 Homicide determined 29e. CERTIFIER t CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the ceuse(a) and menner ee stated. 2 MEDICAL EXAMINER: On the basis of exemination and/or investigation, in my opinion, death occurred at the time, date and piece, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER BE 29d, DATE SIGNEO (Month, Day, Year) nulling D38679 12 2

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

MODUPE

DEC 06

31. DATE FILED (Month, Day, Year)

199

OBAO INA

32. REGISTRAR'S SIGNATURE

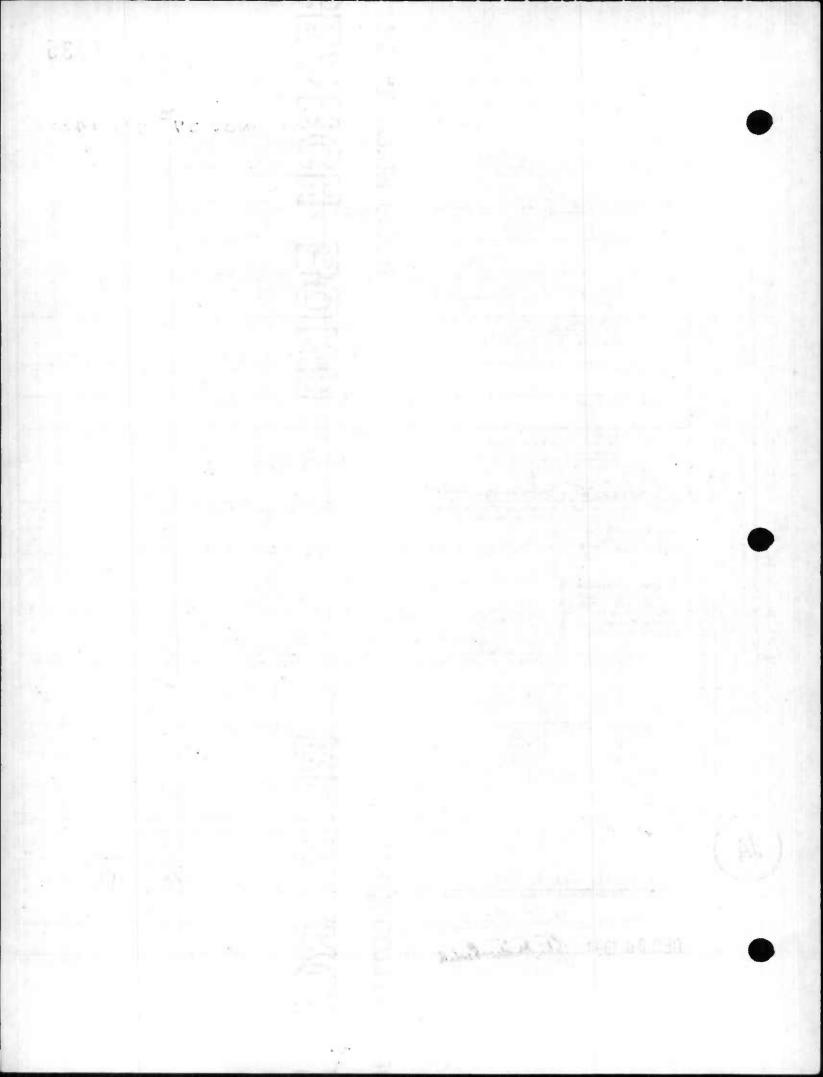
	Pages 1, 2, 3 should	
DR ATENDING PHYSICIAN: The law requires that the death certificate be executed with	UNE TONE After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should man the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	The is marked or item 23 shows any injury or other traumatic event, the medical examiner must be notified at once
no.	y filled in	the me
ed with	completel	event.
e execut	an and c	umatic
tificate b	physiciane prior	ther tra
eath cer	attending ntal Hygi	V. Or 0
at the d	by the	IV Iniur
quires th	n signed	IOWS AT
law re	Dept. o	23 st
N: The	State	item
YSICIA	s certif	1d. or
NG PH	fter thi	marke
TEND	The de	51 85
OH A	DIFFE	THE PERSON NAMED IN

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH** 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH TH CUMION MAR 994 1430 PM NOV 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTN (Month, Day, Year) 12-23-11 8. BIRTNPLACE (State or Foreign IF UNDER 1 YEAR IF UNDER 24 HRS 1 M 2 F DAYS 231- 07-0610 82 YRS. NORTH CAROLINA 9s. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH CHURCH HOME AND HOSPITAL DIRECTOR BALTIMORE CITY NONE RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND NONE BALTIMORE CITY 1 X YES 2 NO FUNERAL 10a. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 1206 N. MILTON AVENUE 21213 UNITED STATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No— 11 MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 14. RACE — American Indian, Black, White, atc. FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 1 Never Married 2 Married 1 TYES 2 TONO Specify: BY AFRICAN AMERICAN 3 Widowed 4 Divorced 16e. DECEDENT'S USUAL OCCUPATION COMPLETED 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Give kind of work done life. Do NOT use retired.) ary/Secondary (0-12) College (1-4 or 5 +) MACHINE OPERATOR 4TH NONE FACTORY 17. FATHER'S NAME (First, Middle, Last, 16. MOTNER'S NAME (First, Middle, Maiden Surname) JAMES PIERSON DORA ALSTON BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 IDA PEARL LEE 6032 FRANINGHAM ROAD BALTO, MD. 20a, METNOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State DATE 4 Donation 5 Other (Specify) 12/3/94 CALAVARY BALTO, MD 21. SIGNATURE OF FUNERAL SERVICE LICENSEE CALVIN B. SCRUGGS FUNERAL HOME 1412 E. PRESTON ST. BALTO, MD. 21213 Mren D 23. PART I. Enter the diseases, Dr complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, shock, or heart fallure. List only one ceuse on each line interval Between **Onset and Death** IMMEDIATE CAUSE (Finel diseese or condition Hiterioclentic Cardiovascular resulting in death) DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): mellitus CERTIFICATION Sequentially list conditions, if sny, leeding to immediate . Enter UNDERLYING Deculistus uller CAUSE (Diseese Dr Injury DUE TO (OR AS A CONSEQUENCE OF): thet initiated events resulting in deeth) LAST perfermon PART II. Other aignificent conditions contributing to deeth but not resulting in the underlying ceuse given in Part i. 24a. WAS AN AUTOPSY PERFORMED? MEDICAL 24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE 1 - YES 2 10-NO 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATN (Check only one) HOSPITAL: OTHER: 1 YES 2 PHO 1 Inpatient 2 ER/Outpatient 3 DOA Nursing Home 5 - Residence 6 - Other (Specify) 27. MANNER OF DEATN 28a. DATE OF INJURY 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE NOW INJURY OCCURED 5 Pending Investigation 1 YES 2 NO BY 2 Accident 3 Suicide 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 26f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 6 Could not be determined 4 Homicide LET 29e. CERTIFIER
(Check only 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. COMP 2 MEDICAL EXAMINER: On the bests of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(s) and manner as stated, 29b. SIGNATURE AND TITLE OF CENTIFIER 29c. LICENSE NUMBER BE Mobadina 315 94 27 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print,

Church

Hospita

Baltimore



-0020	
21215-0	Dage & second he endelined her the honoline or second and the state
	the named of
3YL	A bear
MARYLAN	anderlan
BALTIMORE, N	men ha
0	q
Σ	0000
ALT	on after danch
m	2600
_	and the same
	ı

94	
~	
68	
$\overline{}$	
2	
\approx	
ш	
P.O. BOX 6876	3
\sim	
Ц.	1
I OF VITAL RECORDS, I	,
ö	4. 4. 4.
~	
$\overline{}$	
\approx	
\simeq	ŀ
~	
_	
7	-
2	1
=	
>	
L.	1
0	-
7	-
VISION	1
\cong	1
S	i
5	
	1
	The state of the state of the
	i
	-
	1
	9

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Exhours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After the page 10 minutes and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death, for the alth and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is married at once.	
---	--

	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTN CERTIFIC			MENTAL HYGIEN		
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF OEATH
	ELIZABETH K	EATING CRONI	N			12 2	AY 94	4:30 a M
- 5	4. SOCIAL SECURITY NUMBER			UNDER 1 YEAR NTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	6.	BIRTHPLACE (State or Foreign
1	219-03-4669	1 M 2 X F	77 YRS. MO	HINS DAYS	HOURS MIN.	(Month, Day, Year) April 18,	1917 M	Maryland
~	9a. FACILITY NAME (If not institution, give s		96	. CITY, TOWN O	R LOCATION OF DE	HTA	9c. COUNTY	OF DEATH
DIRECTOR	St. Joseph Hos	pital		Towson			Balti	more
EC	10e. STATE 10b. COUNT	Υ	10c. CITY, TO	OWN OR LOCAT	ION			10d. INSIDE CITY
PIO	Maryland Bal	timore	Tows	on				LIMITS?
	10e. STREET AND NUMBER	-			ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
FUNERAL	915 Cromwell Brid	ge Rd.			21286		U.S.A	
5	11. MARITAL STATUS	12. WAS DECEDENT EVER I FORCES? 1 YES		13. WAS DEC	ENDENT OF HISPAN	IC ORIGIN? (Specify Ye		. RACE — American Indian.
ВУ	1 Never Married 2 Merried 3 Wildowed 4 Divorced	IF YES, GIVE WAR OR D			2 X NO Specify	n, Puerto Ricen, etc.)		Black, White, atc. Specify:
		1		<u> </u>				White
E	15. DECEDENT'S EDU (Specify only highest grade	completed)	(Give kind of work life. Do NOT use re	JAL OCCUPATION done during most	ON st of working	16b, KIND OF BU	SINESS/INDUS	TRY
7	Elementary/Secondary (0-12)	College (1-4 or 5+) 2 yrs	Homema			0		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)	2 123	Homema	VET	16 MOTHER'S NAM	Own H		
	Raymond M. Kea	ting						1
BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING AD	DRESS (Street a	Theresa	cl. loute Number, City or Tow		skev
임	Donald F. Croni	n	1			Rd. Towson		· ·
	20e. METHOD OF DISPOSITION	200	PLACE AND DATE OF D	ISPOSITION (Ne.				or Town, State
	1 Donation 5 Other (Specify)	001	metery, crematory or other, Hilltop Se		orn	12-5 п	bwson.	Ma
	21. SIGNATURE OF FUNERAL REPWICE LIN	CENSEE		22. NAME AN	D ADDRESS OF FAC	HLITY		
	1//			Ruck	Towson E	Tuneral Ho Towson,	me, In	C.
	23. PART i. Enter the diseases, or	complicationa that cause	d the death. Do not	enter the mo	de of dying, auch	aa cardiac or resp	iratory arreat	Approximate
	ahock, or heart failure. iMMEDIATE CAUSE (Final	List only one cause on e	each line.					Interval Between Onset and Death
	disease or condition resulting in death)	RESPIRA	450 RY	PAI	CURE			
	readiting in death)							
Z	Sequentially list conditions	& SEVERE	COPI	> 1	SCHE	rece i-	EAR	T
Ĕ	Sequentially llat conditiona, if any, leading to Immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): C. DUE AS CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): C. DUE AS CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): C. DUE AS CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):							
2								
Ē	that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): UASCULAR DESERTE C SEP SES							
CEL								i
AL	PART ii. Other significant condition	na contributing to death b	out not resulting in the	he underlying	cause given in i	Part I. 24a. WAS AN		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
Dic						1 YES 2		CDMPLETION OF CAUSE OF DEATH?
ME								1 YES 2 NO
AN: MEDIC	DID TOBACCO USE CONT	RIBUTE TO CAUSE C	F DEATH YES	□ NO □	UNCERTAIN	1 DX		
	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	26. PLACE OF DEATH (C	Check only one)				
E SEC	1 TYES 2 NO	1 Inpatient 2 ER/Out	patient 3 DOA 4	Nursing Home	5 - Residence	6 Other (Specify)		
	27. MANNER OF DEATH 1 Natural 5 Pending	(Month, Day, Year)	28b. TIME OF	WO	RK?	28d. DESCRIBE HOW I	NJURY OCCUR	ED
à l	2 Accident Investigation	121219	4 0430		ES 2 NO			
ED	3 Sutcide 5 Could not be determined 4 Homicide 5 Could not be determined 5 Could not be determined 5 Could not be determined 6 Could not be determined 6 Could not be determined 6 Could not be determined 6 Could not be determined 6 Could not be determined				Rural Route Number,			
COMPLETED	200. CERTIFIER ST. JOSEPH HOWITH BATTO, HID							
MP	(Check only CERTIFYING PHYS	ICIAN: To the best of my know						
8	- franch		in end/or investigation, in	i my opinion, ac	earth occured at the t	time, date end place, er	d due to the co	euse(s) end menner ee stated.
BE	29b. SIGNATURE AND TITLE OF CERTIFIE	tro		- 1	29c. LICENSE NUM		29d. DATE SI	GNED (Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WH		ATH /ITEM AT		D030	100	12	
	Dr. Michele Ceri				MA OTO	04 0. 1.	200	
			sler Dr. T	.owson,	Ma. 212	04 Suite 3	300	
III	12,2 BES U6 10	32. REGISTRAR'S SIGN	shockedell					

S	ľ
2	
-	
N	
	•
Z	
MARYLAND 21218	
_	
~	
5	
2	
2	
BALTIMORE, 1	
æ	
\overline{c}	
ž	
=	4
Η.	
7	
2	•
ыы	
_	
,	:
8760	-
~	
0	

	•
),(THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within
9	3
1	8
8	3
9	8
~	2
0	9
ш	Ca
o	E
9	8
	E
in	g
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	the
Œ	퓽
0	5
O	55
Ш	qui
Œ	80
4	No.
4	2
-	F
3	3
-	3
5	35
0	F
Z	9
0	5
S	N
=	E
-	œ
	0
	M
	Sp
	2
	ш
	=

DIRECTOR

FUNERAL

BY

BE COMPLETED

PHYSICIAN: MEDICAL CERTIFICATION

BY

COMPLETED

BE

1 YES 2 NO

27. MANNER OF OFATH

1 Netural
2 Accident

3 Suicide

4 Homicide

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 1994 Mildred Theresa Darnall 06, Dec. 4:40 am 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 6. BIRTHPLACE (State or Foreign HOURS DAYS 1 M 2 F 579 03 5568 YRS. October 15,1916 North Carolina 9a, FACILITY NAME (If not institution, give atreet and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c COUNTY OF DEATH 15101 Birmingham Drive Burtonsville Montgomery RESIDENCE OF DECEDENT 10b. COUNTY 10e. STATE 10c. CITY, TOWN OR LOCATION 10d, INSIDE CITY Maryland Montgomery Burtonsville 1 YES 2 NO 10s. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 15101 Birmingham Drive 20866 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 TYES 2 NO IF YES, GIVE WAR OR DATES X 11. MARITAL STATUS It yes, specify Cuban, Maxican, Puarto Ri 1 YES 2 NO Specify: 1 Never Married 2 Married Specify: White 3 Widowed 4 Divorced 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) Grade 12 Owner-operator Restauranr 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME /First Middle Maiden Sumame Frank Young Getha Knighton 19a. INFORMANT'S NAME (Type/Print) 19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zio Code) Carroll Wright 4702 Wigglesworth Ct., Ellicott City, Md 21043 20a. METHOD OF DISPOSITION
1 Å Burlel 2 ☐ Cremation 3 ☐ Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State DATE 4 Donation 5 Other (Specify) Union Cometery 12 Burtonsille, Maryland /8/9 21, SIGNATURE OF FUNERAL SERVICE LICENSEE 313 Talbott Avenue san Donaldson Funeral Home, Laurel, Maryland 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, **Approximata** shock, or heart fallure. List only one cause on each line. Interval Between Onset and Death IMMEDIATE CAUSE /Finel LARGE CELL CYMPHOMA disease or condition resulting in death) PRUJE DUE TO (OR AS A CONSEQUENCE OF Sequentially list conditions, f any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a, WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE

1 YES 2 NO 1 YES 2 NO

25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF GEATH (Check only one) HOSPITAL OTHER:
4 □ Nursing Home 5 □ Residence 8 □ Other (Specify) 1 | Inpetient 2 | ER/Outpetient 3 | DOA 28a. DATE OF INJURY (Month, Day, Year) 26b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED WORK7 5 Pending

28e. PLACE OF INJURY --- At home, term, street, tectory, office building, etc. (Specify) 6 Could not be

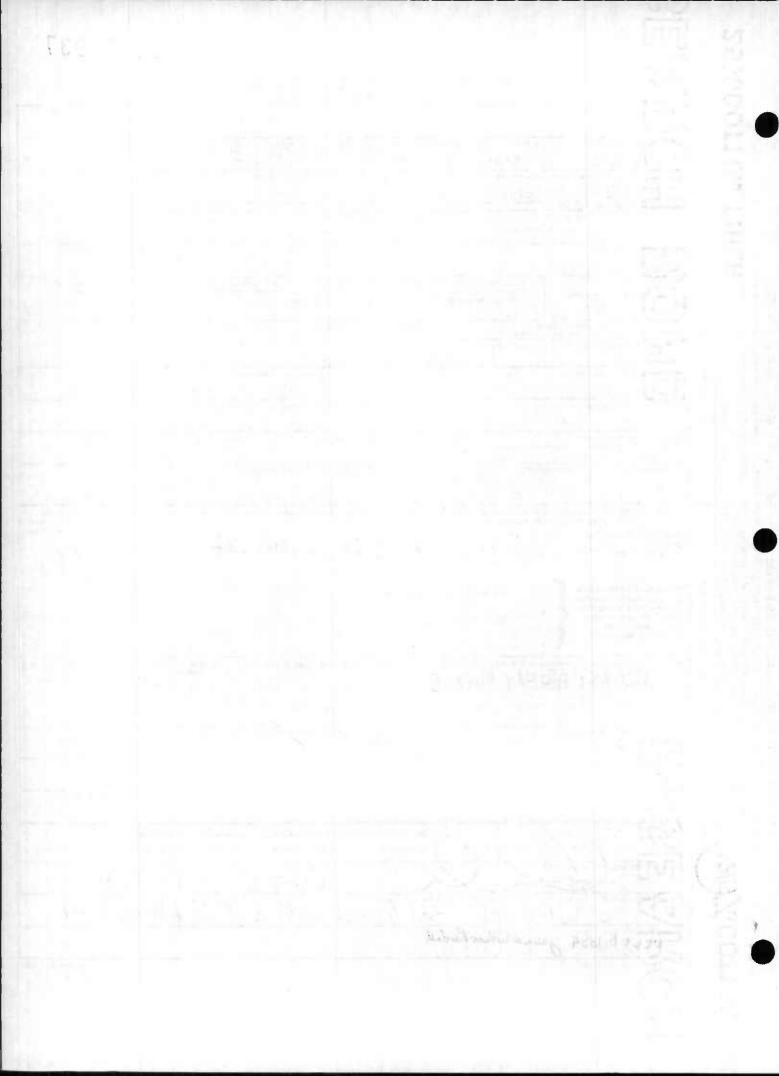
281, LOCATION (Street and Number or Rural Route Number, City or Town, State)

1 CERTIFYING PHYS To the best of my know desth occurred at the time, data and place, and due to the cause(s) and menner as stated.

(Check only one) 2 MEDICAL EXAM for investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and menner as stated. 29d. DATE SIGNED (Month, Day, Year) 29b. SIGNATURE AND TITLE OF E

	The Lord	10 011
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typ	MUNITE GEORGE ST	LAUR ET MD 20707

31. DATE FILED (Month, Day, Year) 32 SEGISTRAR'S AGNATURE

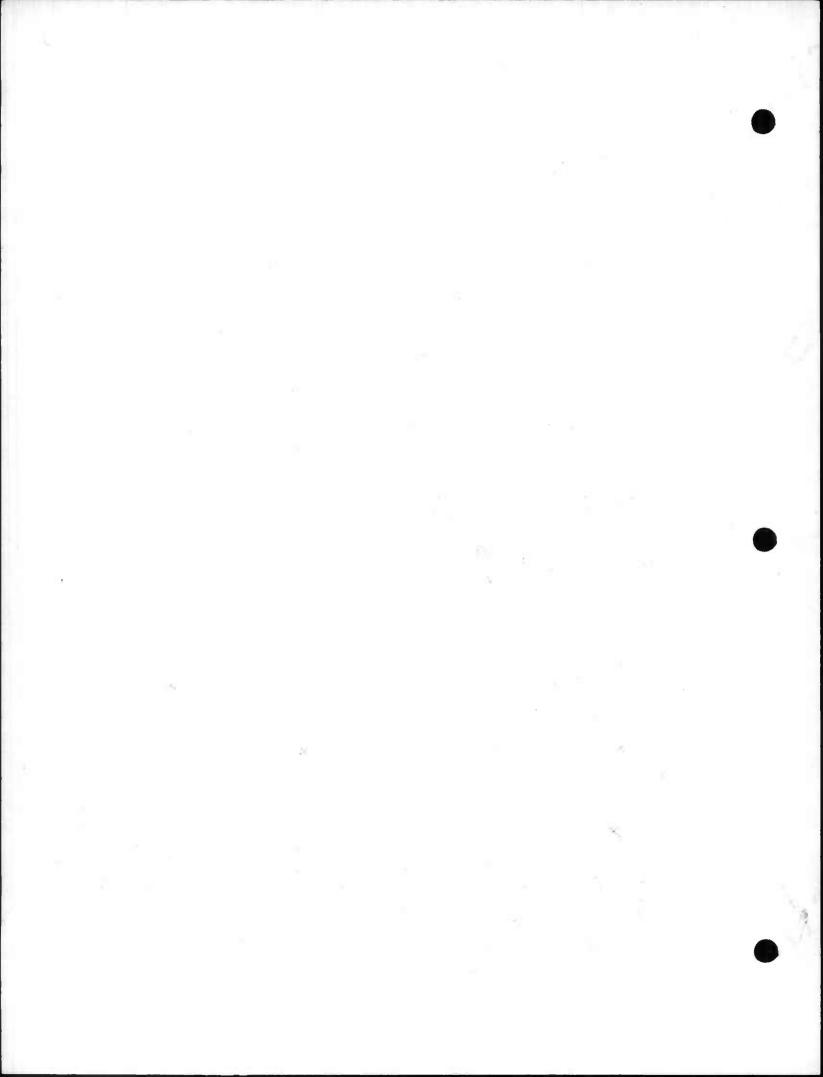


BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020	Nours after death. Page 6 may be retained by the hospital or attending physician.	s centificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should in the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	e medical examiner must be notified at once.	
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within wours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the it be filed within 72 hours after death with the State Debt, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	

	1 - FOR STATE (OF MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH	MENTAL HYGIENE REG. NO.
	1. DECEDENT'S NAME (First, Myddle, Last)	avis	2. DATE OF DEATH DAY STEAM 3. TIME OF DEATH MONTH 3() 944 M
	4. SOCIAL SECURITY NUMBER 5. SEX 1 X M 2 [7. DATE OF BIRTH (Month, Day, Year) (Month, Day, Year) (Month, Day, Year)
TOR	99. FACILITY NAME (If not institution, give street and numb HOSP/ RESIDENCE OF DECEDENT	10 0-111	DEATH Sc. COUNTY OF DEATH
DIRECTOR	10a. STATE 10b. COUNTY	10c. CITY, TOWN OR LOCATION	10d. INSIDE CITY LIMITS? 1 YES 2 NO
VERAL	3924 Friar St	101. ZIP CODE 2120 8	10g. CITIZEN OF WHAT COUNTRY?
BY FUN	1 Name Married 2 W Married FORCES	EDENT EVER IN U.S. ARMED 7 1 1 YES 2 NO 11 YES, apacity Cuban, Max NIVE WAR OR DATES 1. YES 2 NO Specific Cuban, Max	
LETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4)	or 5+) 18a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)	Bond Transfer Co.
COMPLET	17. FATHER'S NAME (First, Middle, Last)	Truck Driver 16. MOTHER'S	NAME (First, Middle, Melden Sygname)
TO BE	1997 INFORMANT'S NAME (TypoPrint) Hleatha G. Day	. 196. MAILING ADDRESS (Street and Number or Ru	The Place Jums at Pourle Number, City or Fown, State, Zip Code) The Parks of The Property of
	20e_METNOD OF DISPOSITION 1 Burlel 2 Cremation 3 Removal from Sta	20b. PLACE AND DATE OF DISPOSITION (Name of Cemelary, crematory or other place) OCCO Name of Chapter Chapter	DATE 20c. LOCATION - City or Town, State 4194 Warren Co, N.C.
	21. SIGNATURE OF FUNEBAL SERVICE LIQENSEE	arch 4300 C	Valuat Ave Batto, MI 21215
	ehock, Dr heart feilure. Liat Dniy on		intervel Between
	IMMEDIATE CAUSE (Final disease or condition reaulting in death)	Acquired Immuned	eficiency Disease 2 years
NOIT	Sequentially list conditions b.	H J V JE TO (OR AS A CONSEQUENCE OF):	2 years
RTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reaulting in death) LAST	JE TO (OR AS A CONSEQUENCE OF):	
AL CE	PART II. Other aignificent conditione contributi	ng to deeth but not resulting in the underlying cause given	in Pert I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS
PHYSICIAN: MEDICA	Cytom	egallovirus Infect.	PERFORMED? 1 YES 2 NO PERFORMED? AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATHY 1 YES 2 NO
AN:			o 🗆
SICI	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO HOSPITA 1 Inputer	L: OTHER:	
ву рну		TE OF INJURY 28b. TIME OF INJURY AT WORK? M 1 YES 2 NO	26d. DESCRIBE NOW INJURY OCCURED
	3 Suicide 28a. PL	ACE OF INJURY — At home, farm, street, factory, offica liding, stc. (Specify)	28t. LOCATION (Street and Number or Rural Route Number, City or Town, State)
COMPLETED		eat of my knowledge, death occurred at the time, date and place, end of examination and/or investigation, in my opinion, death occured at	fue to the cause(e) and manner as stated. the time, date and place, and due to the cause(a) and menner as stated.
TO BE	29b. SIGNATURE AND TITLE OF CERTIFIER HALLES CATALOGY TO SIGNATURE AND TITLE OF CERTIFIER	1551st Chief Medicine 200. LICENSE P Baltimore VA Medicine D 11	19d. DATE SIGNED (Month, Day, Year) 14383 ► 12/5/94
	30. NAME AND ADDRESS OF PERSON THO COMPLETE	Standiford MD	
		ISTRAR'S SIGNATURE	



FOR STATE REGISTRAR

JOHN

1. DECEDENT'S NAME (First, Middle, Last)

218-36-4027

4. SOCIAL SECURITY NUMBER

1994

9c. COUNTY OF DEATH

10g. CITIZEN OF WHAT COUNTRY?

LANSDOWNE

USA

14. RACE — American Indian, Black, White, etc.

Specify:BLACK

REG. NO

03

2. DATE OF DEATH

7. DATE OF BIRTH 08-01-41

DEC.

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH RECTOR 311 CATHERAL STREET BALTIMORE RESIDENCE OF DECEDENT 10a. STATE 10h, COUNTY 10c. CITY, TOWN OR LOCATION MD BALTIMORE ō permit. FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE page 5 should be detached for use as the burial-transit 311 CATHEDRAL STREET Page 6 may be retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—If yea, specify Cuban, Mexican, Puerto Rican, atc.)

1 YES 2 NO Specify: FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 1 Never Married 2 Married ВҰ Widowed 4 Divorced ETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working 15. DECEDENT'S EDUCATION 16b, KIND OF BUSINESS/INDUSTRY (Specify only highest grade completed, (Give kind of work done dur life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5 +) LABORER COMPL 10th Once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) notified at SARAH FLEMINGS RICHARD DORSEY 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 9 BETTY WILLIAMS 119 WALDON RD. ABINGTON MD. 21009 pe 20s. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State must Burial 2 Cremetion 3 Removal from State the funeral director, 1 Donellon 5 Other (Specify) MT. ZION CEMETERY 12-09-94 examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY hours after death. ALBERT P. WYLIE F/H PA 638 N. GILMOR ST 21217 other traumatic event, the medical 23. PART I. Enter the diseases, or commendations that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. the attending physician and completely filled in by Mental Hygiene prior to burial, cremation, or remo IMMEDIATE CAUSE (Final disease or condition Cardiovascular Disease Atherosclerotic reaulting in death) TO (OR AS A CONSEQUENCE OF) CERTIFICATION Sequantially list conditiona, DUE TO (OR AS A CONSEQUENCE OF) if any, leading to immadiata PATENDING PHYSICIAN: The law requires that the death certificate be cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated eventa resulting in death) LAST 0 PART ii. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? MEDICAL signed by the 1 YES 2 NO this certificate has been with the State Dept. of DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 28. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: TXXES 2 NO 1 | Inpatient 2 | ER/Oulpatient 3 | DOA Nursing Home 5 ☐ Residence 6 ☐ Other (Specify) 5 27. MANNED OF DEATH 28e, DATE OF INJURY 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED marked, 1 Natural 5 Pending investigation М 1 YES 2 NO PRECTOR: After the nours after death was BY 2 Accident 28e. PLACE OF INJURY — At home, ferm, atreet, fectory, office building, etc. (Specify) S 3 Sulcide 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 8 Could not be 28 4 Homicide item 1 CERTIFYING PHYSICIAN: To the bast of my knowledge, death occurred at the time, date and place, and due to the cause(a) end menner as stated. (Check only one) IMPORTANT: If FLIMERAL 2 💢 MEDICAL EXAMINER: On the basia of examination and/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(e) and manner ee stated. 29b. SIGNATURE AND TITLE OF CERTIFIER BE 29c. LICENSE NUMBER bute O.C.M.E. ennis M 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 111 Penn Street, Baltimore, Maryland 21201 32, REGISTRAR'S SIGNATURE 31. DATE FILED (Month, Day, Year)

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

DORSEY

IF UNDER 1 YEAR IF UNDER 24 HRS.

HOURS

DAYS

8. AGE (In yrs. last birthday)

YRS.

53

1 💢 M 2 🗌 F

11:39

8. BIRTHPLACE (State or Foreign

MARYLAND

10d. INSIDE CITY LIMITS?

1X YES 2 □ NO

MD.

Approximata interval Between

24b. WERE AUTOPSY FINDINGS

OF DEATH? 1 YES 2 NO

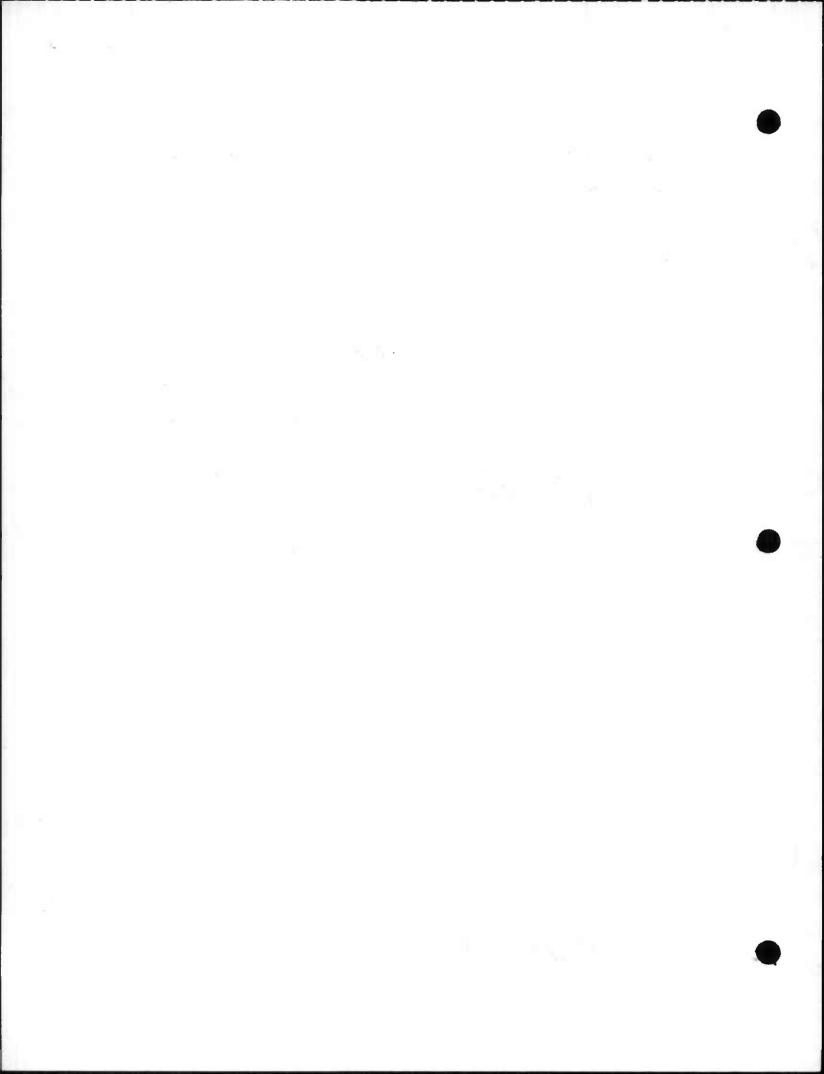
29d. DATE SIGNED (Month, Day, Year)

▶DEC.04,1994

AVAILABLE PRIOR TO COMPLETION OF CAUSE

Onset and Death

AM



TO BE COMPLETED BY FUNERAL DIRECTOR

c	5	
ũ	ξ.	
ž	-	
Ľ	7	
33	ζ.	
CR760	,	
s	e	
Ξ	7	
NO Z)	
m	٦.	
-	•	
0		
C)	
_	ø	
	6	
U)	
ř	Š	
느	4	
α	5	
Ē	1	
۶	!	
C)	
ιī	1	
Ξ		
ш	m	
TA! DECODED	1	
Ξ	7	
٩	Ļ.	
H		
5	-	
>	Þ	
느	-	
С)	
_		
2	•	
_		
L	ì	
V,	,	
_		
	-	
7		
_	ı	

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the float. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

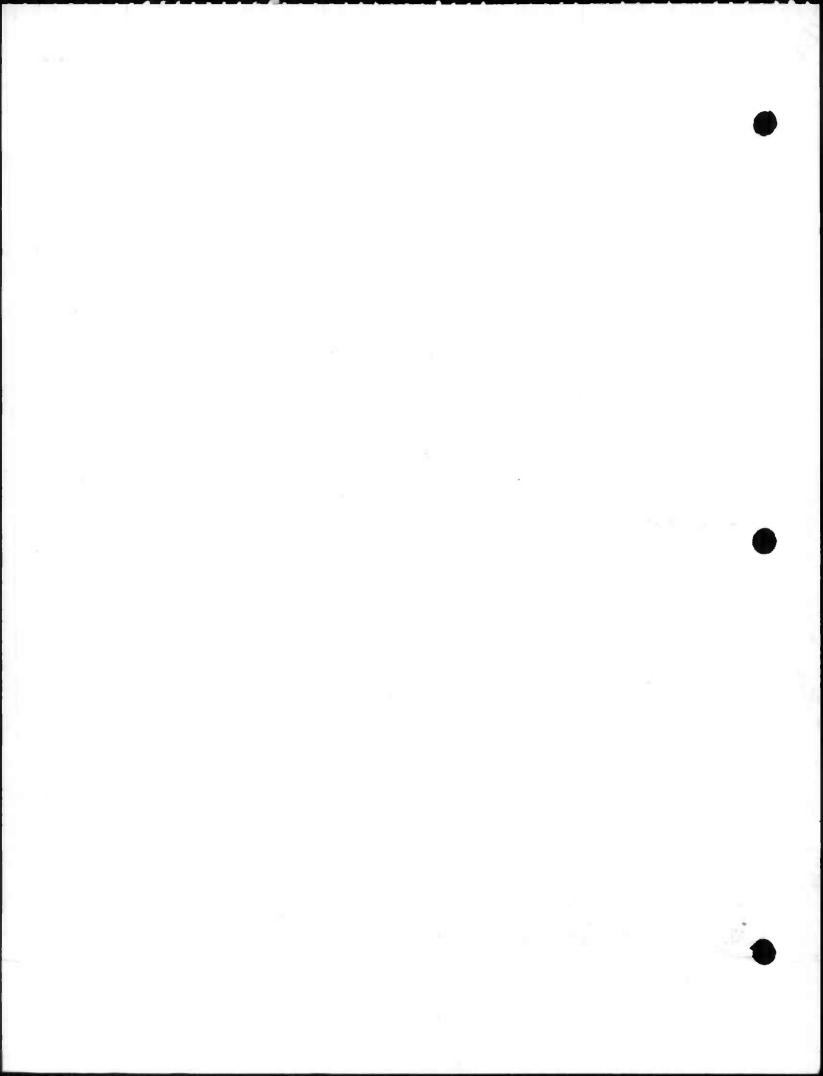
										91	4	35940
	FOR 1 - STATE REGISTRAR	STATE OF I	MARYLAI	ND / DEPAR					MENTAL HYGIEN REG. NO.	E		
ı	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF DEATH			3. TIME OF DEATH
1	THOMAS K. D	ORSEY							11- 29-		YEAR	8:35 a м
1	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In	yrs. last birthday)	IF UNDER 1 Y	EAR	IF UNDER 2	4 HRS.	7. DATE OF BIRTH	_		IPLACE (State or Foreign
	259-01-2987	1 🔀 M 2 🗆 F	81	YRS.	MONTHS D	AYS	HOURS	MIN.	(Month, Day, Year) 3/3/13		GEO	RGIA
1	9e. FACILITY NAME (If not institution, give st	reet end number)			9b. CITY, TO	WN O	R LOCATION	OF DE		9c. COL	UNTY OF D	
	LIBERTY MEDICIAL	CENTER			BALT	ГІМ	ORE					
1	RESIDENCE OF DECEDENT											
ļ	10e. STATE 10b. COUNTY			10c. CIT	Y, TOWN OR I	OCAT	ION				24.	10d. INSIOE CITY LIMITS?
ľ	MARYLAND			BA	LTIMO	RE						1 YES 2 NO
ı	10e. STREET AND NUMBER					101.	ZIP CODE			10g. CI1	TIZEN OF Y	VHAT COUNTRY?
ŀ	1621 N. PAYSON S'	Т.				2	1216			US	SA	
	11. MARITAL STATUS 1 Never Merried 2 Married 3 Wildowed 4 Divorced	I.S. ARMED 2 NO ES	If ye	es, spe	ENDENT OF cify Cuben, 2 NO	HISPAN Mexices Specify	IC ORIGIN? (Specify Yes n, Puerto Ricen, etc.)		14. RACE			
İ	15. DECEDENT'S EDUC (Specify only highest grade		.1	6a. OECEDENT'S	USUAL OCCL	PATIO	N of unding		16b. KIND OF BUS	INESS/IN	DUSTRY	
	Elementary/Secondary (0-12)	College (1-4 or 5	+)	life. Do NOT us	se retired.)		k or working					
ı	12			CRANE (OPERAT	OR			NATIONA	L GY	PSUM	CO.
ı	17. FATHER'S NAME (First, Middle, Last)						18. MOTHE	R'S NA	ME (First, Middle, Meiden	Surname)		
۱	SAMUEL DORSEY	7		_			MA'	TTII	E ANDERS	ON		
ı	19e. INFORMANT'S NAME (Type/Print)			19b. MAILING	ADDRESS (S	treet ar	nd Number o	r Rural F	Noute Number, City or Town	n, State, Zi	ip Code)	
Ì	RUTH DORSEY			162	1 N. F	AY	SON S	Τ.	BALTIMORE,	MAR	YLAN	D 21216
	20a METHOD OF DISPOSITION 1 M Buriel 2 Cremation 3 Remo 4 Donation 5 Other (Specify)	oval from State	20b.P	BUTUS M	OF DISPOSITIO	N/Na	ne at		OATE 20c. LO	CATION -	- City or To	wn, State
į	21. SIGNATURE OF FUNERAL SERVICE LIC		AK	BUTUS M				2/3		<u>UTUS</u>	MA	RYLAND
i	21. SIGNAL OF PUMERAL SOURCE LIC	80-			EST	EP.	BROT	HER	S FUNERAL	HOME	P.A	
	Juser 101.	Lay.	/		130	00	EUTAW	PL	ACE, BALTT	MORE	. MD	. 21217
	23. PART I. Enter (bla diseases, or c shock, or heart fallura. I IMMEDIATE CAUSE (Final	List only one cau	ise on aac	h Ilna.	not antar the	n mod	de of dying	g, such	as cardiac or respl	ratory ai	rrest,	Approximate Interval Between Onset and Death
	disease or condition resulting in death)	C'r	and fo	nolmo	www	G.	2110	11				Milwey
İ	, and the same of			ONSEQUENCE O				_				1

Sequantially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	OUE TO OR AS A COME	EQUENCE OF):	ing		Years		
PART II. Other significant condition Change Of/ Polar way DID TOBACCO USE CONT	2 Hyperter	nory Rd.	1271	PERFORMED?	24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE DF OEATH? 1 YES 2 NO		
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO		ACE OF DEATH (Check	k only one)				
27. MANNER OF DEATH 1 Autural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY M	28c. INJURY AT WORK? 1 YES 2 NO	28d. DESCRIBE HOW INJURY OCC	URED		
3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY — At I building, etc. (Specify)		281. LOCATION (Street and Number of City or Town, State)	CATION (Street and Number or Rural Route Number, y or Town, State)			

2 MEDICAL EXAMINER: On the beele of examination 29c. LICENSE NUMBER 29d. DATE SIGNEO (Month, Day, Year)

▶ 12-2- ₹ 7 12263 WHO COMPLETED CAUSE OF OEATH (ITEM 27) (Type, Print) Bstond 21214 6 Mory lone



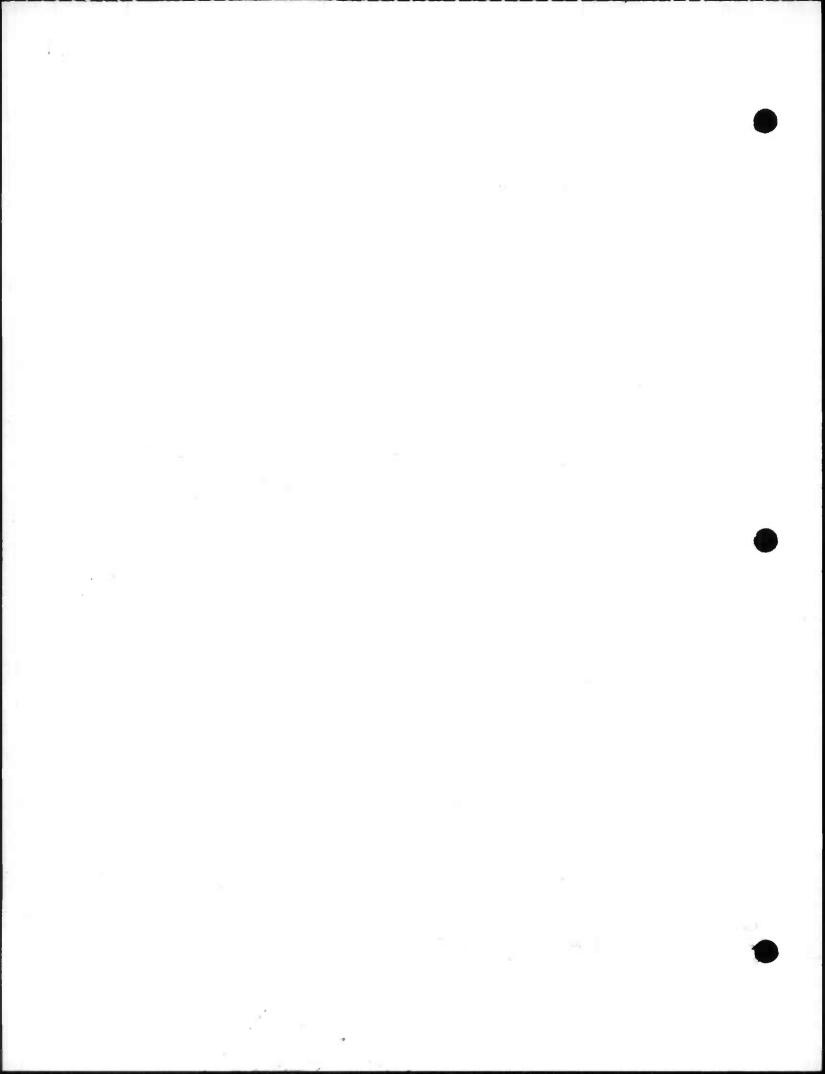


cian. I-transit permit. Pages 1, 2, 3 should BALTIMORE, MARYLAND 21215-0020

•	
0	
9	
-	
0	
Φ	
×	
$\overline{}$	
BOX 68760,	
m	
P.O.	
0	
_	
-	
S	
~	
=	
\circ	
HECORDS	
~	
_	
_	
⋖	
VIIAL	
_	
5	
=	
_	
7	
=	
_	
7	
DIVISION	
>	
_	

ohysic	burial		
ling	the		
Itend	92		
Or 20	L US		
ital	0 p		
hosp	Sche		6
the	det		5
6	200		E E
In Thours after death. Page 6 may be retained by the hospital or attending physici:	ENUMENT DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-t		Approximated, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
9	Je 5		E 1
Пау	pag.		ă H
9 9	rector		MUS
. P.	eral di		niner
deat	e fune	-	ехап
affe	45	MOV	ca
OUCS	.E	or re	ned
Ē	r filled	lion.	the r
NG PHYSICIAN: The law requires that the death certificate be executed within	pletely	геша	ent,
ted	EOO	ial.	2
xecn	and	Ď	atic
90	Sian	or to	эпш
ate	Mysic	nd a	er tr
	00	gien	ot o
Ĕ	endi	H	10
dea	att	enta	ř
E E	y th	∑ Pi	Ī
mai	р В	th ar	any
uires	sign	Heal	MIS
red	Deen	0	sho
- S	has	Dept	23
_	ate	tate	tem
SAN	rtific	he S	10
2	is co	Jith 1	ed,
2	er th	th v	Jark
N C	: Aft	r des	S
Ti di	HOT.	after	28
SPERM ON ALIE	DIREC	Parties W. hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	tem
S.	Z.	23	=
4	1	the.	H
ť	1	ĕ	E,

	1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH	MENTAL HYGIENE REG. NO.									
	1. DECEDENT'S NAME (First, Middle, Last) Lorena Aist Entwisle	2. DATE OF DEATH DOC . 2, DAY 1994 SAR 3. TIME OF DEATH M									
	4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. last birthday) 1 □ M 2 □XF 9 0 YRS. F UNDER 1 YEAR F UNDER 24 HR DAYS HOURS MIN	S. 7. DATE OF BIRTH 8. BIRTNPLACE (State or Foreign									
TOR	9a. FACILITY NAME (If not institution, give street and number) 1133 Turkey Point Road Edgewater RESIDENCE OF DECEDENT	DEATH Anne Arundel									
DIRECTOR	100, STATE 100, COUNTY Anne Arundel 100, CITY, TOWN OR LOCATION Edgewater	10d. INSIDE CITY LIMITS? 1 12 YES 2 NO									
FUNERAL	100. STREET AND NUMBER 1133 Turkey Point Road 21037	10g. CITIZEN OF WHAT COUNTRY?									
B	11. MARITAL STATUS 1 Naver Mairried 2 Married 3 XWIdowed 4 Divorced 12. WAS DECEDENT EYER IN U.S. ARMED FORCES? 1 YES 2 X NO IF YES, GIVE WAR OR DATES 13. WAS DECEMBENT OF NIS IF yes, specify Cuban, Max 1 YES 2 X NO Spring The YES AND Spring The YES AND Spring The YES AND Spring The YES AND Spring The YES AND Spring The YES AND Spring The YES AND Spring The YES AND Spring The YES AND Spring The YES AND Spring The YES AND Spring The YES AND Spring The YES AND Spring The YES AND Spring The YES AND Spring The YES AND SPRING THE YES AND SP										
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 12 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) HOUSEWIFE	16b. KIND OF BUSINESS/INDUSTRY Own Home									
BE CON	17. FATHER'S NAME (First, Middle, Last) George Albert Aist 18. MOTNER'S Jenn	NAME (First Middle, Melden Sumerne) ie Stewart									
2	Theodore S. Entwisle III 19b. MAILING ADDRESS (Street and Number or Run 19a. INFORMANT'S NAME (Type/Print) Theodore S. Entwisle III 1129 Turkey Poin	rsi Route Number, City or Town, State, Zip Code) t Rd.Edgewater, MD 21037									
	20s. METHOD OF DISPOSITION X Spurial 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of cametery, crematgry or other place) Mayo Memorial UM Cem										
	12 Ridgely	uneral Home, P.A. Ave. Annapolis, MD 21401									
	23. PART I. Enter the diseases, or complicatione that caused the death. Do not enter the mode of dying, a shock, or heart fellure. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) a. Consulting in death) DUE TO (OR AS A CONSCOUENCE OF):	uch as cerdiec or reepiratory arreet, Approximate Interval Between Onset and Death									
CERTIFICATION	Sequentielly list conditions, If any, leeding to immediate couse. Enter UNDERLYING CAUSE (Disease or Injury that Initieted avents resulting in death) LAST										
EDICAL	PART II. Other significent conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO NO NO FOLISHED OF DEATH?										
PHYSICIAN: M	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAGE. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one)	AIN									
YSIC	EXAMINER? 1 YES 2 NO HOSPITAL: 1 Inpetient 2 ER/Outpetient 3 DOA 4 Nursing Name 5 Rasidence	a 8 Other (Specify)									
E	27. MANNER OF DEATN 28a. DATE OF INJURY (Month, Dey, Year) 28b. TIME OF INJURY WORK? M 1 YES 2 NO	28d. DEŞCRIBE NOW INJURY OCCURED									
TED BY	2 Accident Investigation 3 Suicide 6 Could not be daterminad 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify)	281. LOCATION (Street and Number or Rural Route Number, City or Town, State)									
OMPLE	29a. CERTIFIER (Check only one) 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the filme, data and place, and described one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the second of the basis of examination and/or investigation, in my opinion, death occurred at the second of the basis of examination and/or investigation.										
O DELCO	296. SCHATURE AND TITLE OF CERTIFIER 296. LICENSE N DO/										
0	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print)										
	31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE ULU 6 1994 / Jalia Divoler Radall										



BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

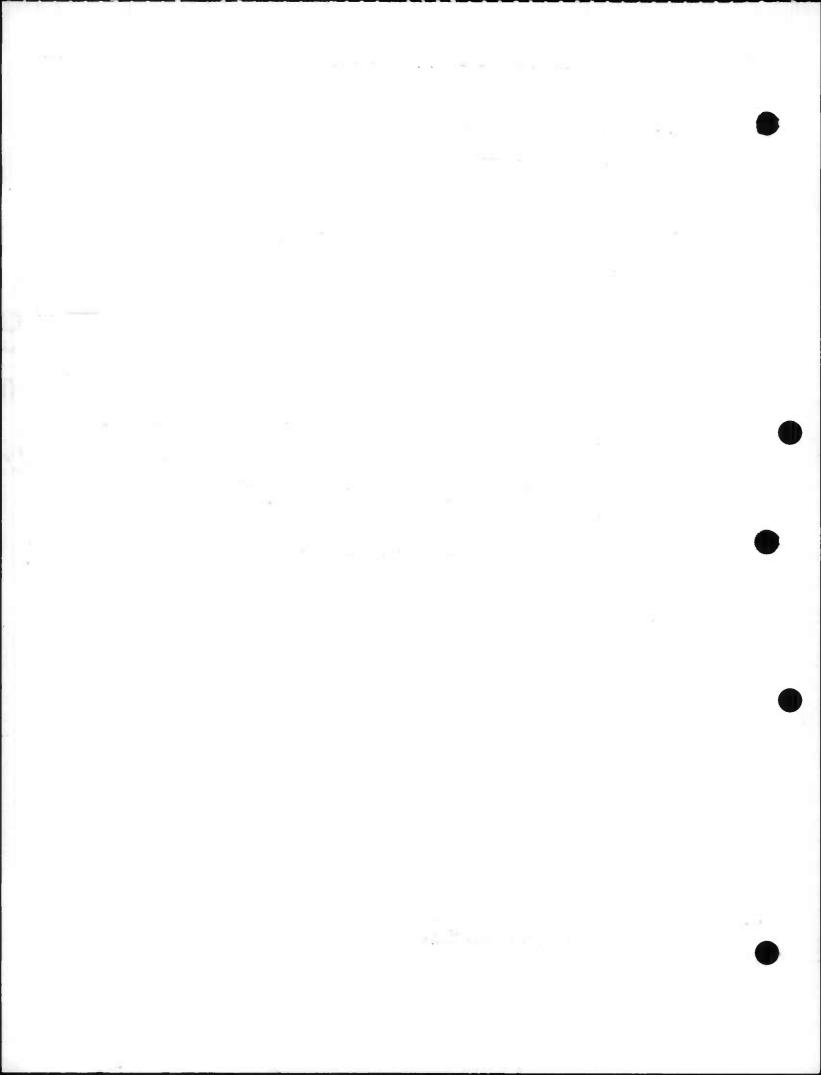
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

FOR 1 STATE

	REGISTRAR		CI	ERTIF	ICATE (OF DEATH	RE	EG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last) BENJAMIN 4. SOCIAL SECURITY NUMBER	FELT 5. SEX		2000000			2. DATE OF D	C 2	YEAR 1994	3. TIME OF DEATH 12:23		
1	218-18-7388 9e. FACILITY NAME (If not institution, give s	1 M 2 A	6. AGE (In yrs. les			YS HOURS MIN.		5, 1924	Count	irginia		
CTOR	96. COUNTY OF DEATH Greater Laurel. Beltsville Hospital. Residence of Decedent County of Death Laurel. Beltsville Hospital.											
DIRE	Maryland Baltimore									10d. INSIDE CITY LIMITS? 1X YES 2 NO		
FUNERAL DIRECTOR	3924 Annellen Roa					101. ZIP CODE 21215			VHAT COUNTRY?			
BY FU	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 IF YES, GIVE WI WO'LD WA	R OR DATES	IMED NO	If ye	DECENDENT OF HISPA B, specify Cuben, Mexico YES 2 NO Speci	y: Specify:			E — American Indian, k, White, etc.		
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION	16a. DE	CEDENT'S ive kind of v Do NOT us	USUAL OCCU vork done durin se retired.)	PATION g most of working	166. KIND OF BUSINESS/INDUSTRY			-DQ1. 02404		
OMP	High School. 17. FATHER'S NAME (First, Middle, Last)			Waite	er	18. MOTHER'S NA		yland Tu	rf C	1.ub		
BE	John Felton		10	h MAILING	ADDRESS (St	Al.ice	Burre:		n Ondal			
9	Marylee J. Felton					en Road		imore, M		and 21215		
	20e. METHOD OF DISPOSITION 1 ★ Burlel 2 □ Cremetton 3 □ Rem 4 □ Denation 5 □ Other (Specify)		20b. PLACE	AND DATE O	OF DISPOSITIO		OATE	20c. LOCATION -	- City or To			
	21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE	The	_	22. NAM 2501	Gwynns Fa imore, Mar	WILLIAM Nut	ter Fune	eral :	Homes, Inc		
	23. PART I. Enter the diseases, or cehock, or heart fellure.	List only one ceus	e on each line).	ot enter the	mode of dying, aud	ch aa cardlac (or respiratory a	rrest,	Approximata Interval Between Onset and Death		
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Co F	COM A R	DUENCE OF	300	lissor	i			15MIN		
EDICAL CERTIFICATION	Sequentially list conditione, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated eventa rasuiting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):											
DICAL CI	PART II. Other aignificent condition	a contributing to	deeth but not r	eeulting I	n the under	lying ceuee given in		WAS AN AUTOPSY PERFORMED? YES 2 1 NO	246	. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF GEATH?		
Σ	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO TUNCERTAIN											
PHYSICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 PNO	HOSPITAL:			OTHER: 4 Nursing	one) Home 5 \(\sum \) Residence	6 1 Other (Spe	icity) 1VO	RIC			
ВУ РН	27. MANNER OF OEATH 1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF I (Month, Day	28b. TIMI INJ	URY	. INJURY AT WORK?	28d. DEŞCRIB	E HOW INJURY O					
	2 Accident Investigation 3 Suicide 6 Could not be determined 2sa. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 2st. LOCATION (Street and Number or Rural Route Null City or Town, State)											
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSI 2 MEDICAL EXAMINE					data and place, and due) end menner as atated.		
8	296. SIGNATURE AND TITLE OF CERTIFIER	ller	ID			29c. LICENSE NU	MBER 7	29d. DA	TE SIGNEO	(Month, Dey, Year) 3, 1994		
2	30 NAME AND ADDRESS OF PERSON WHO	J. COA	OF OEATH (ITE	M 27) (Typo,	Print)							
	DEC 06 1994	32. PEGISTRAF	'S SNATURE		CONT.							



BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760.

	DALLIMONE, MANICAND SIZIS-0020
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	ours after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	ntificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	nedical examiner must be notified at once.

	n	EMS:	1.	&	9a,	PER	F.H.	FILM G-7	18	12/6/94	t.t					
1		FOR STATE REGIS					S	TATE OF M	ARY						MENTAL	HYGIENE
		REGIS	TRAF	ì						CER	TIFIC	ATE	OF DEA	ГН		REG. NO.

1 8				_			HEG. NO.		
	1. OECEDENT'S NAME (First, Middle, Last)						2. DATE OF DEATN		3. TIME OF DEATH
1 3	Evelyn For	EVELYN	VIRGINI	A FERR	Ω		MONTH)	30	94 6:15 PM
	4. SOCIAL SECURITY NUMBER		GE (In yrs. last		IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		
	1 11-2			100	ONTHS DAYS		(Month, Day, Year)		8. BIRTNPLACE (State or Foreign Country)
	214-14-0437	1 🗌 M 2 💢 F	77	YRS.			06/29/19	17	Maryland
	9e. FACILITY NAME (If not institution, give s	street end number)		9	b. CITY, TOWN	OR LOCATION OF DEAT			NTY OF DEATN
Œ	H Tohna Honisina	Deservices Me	. J. CI					_	
DIRECTOR	H Johns Hopkins	Bayview Me	a. Cti	r.	Bali	timore Cit	V		
1 2	10e. STATE 10b. COUNT		T		TOWN OR LOCA	ATION			10d. INSIDE CITY
<u>=</u>				13.1					LIMITS?
	Maryland	Baltimore				Dund	alk		1 TYES 2-NO
¥	10e. STREET AND NUMBER				3	Of. ZIP COOE		10g. CITI	ZEN OF WHAT COUNTRY?
FUNERAL	7605 Avondale A	trenue			- 1	21	224	I Im	ited States
Z	11. MARITAL STATUS	12 WAS DECEDENT EVI	FR IN U.S. ADM	1ED	12 WH C DE	CENDENT OF HISPANIC	ODICHO (CK- V		14. RACE — American Indian,
	1 Never Married 2 😿 Merried	FORCES? 1 Y	ES 2 N	0	Il yee, s	pecify Cuben, Mexicen,	Puerto Ricen, stc.)	TOT NO	Black, White, etc.
BY	3 Widowed 4 Divorced	IF YES, GIVE WAR O	R DATES		1 🗌 YE	S 2 NO Specify:		- 1	Specify:
					<u> </u>				White /
Ш	15. DECEDENT'S EDU (Specify only highest grade	cation completed)	(Giv	e kind of wor	SUAL OCCUPAT k done during m	TON nost of working	16b. KIND OF BUS	SINESS/IND	DUSTRY
IЩ	Elementary/Secondary (0-12)	College (1-4 or 5 +)	life. i	Do NOT use r	retired.)				
프	7 Years			Clerk			FC	od P	rocessing
COMPLETED	17. FATNER'S NAME (First, Middle, Last)					16. MOTHER'S NAME	(First, Middle, Maiden		LCCCSS-Hig
	Tatarongo Mogle	Tulbai to							
BE	Lawrence Wesle 19a. INFORMANT'S NAME (Type/Print)	y will te					na Margar		
임			19b.	MAILING A	DDRESS (Street	and Number or Rural Roo	ute Number, City or Town	n, State, Zip	Code)
	Mr. Dillio F. Fe	rro		7605	Avonda	ale Avenue	Dundalk	. MD	21 224
	200 METHOD OF DISPOSITION	-1	20b. PLACE AI	ND DATE OF	DISPOSITION /				City or Town, State
	1 Buriel 2 Cremation 3 Rem	oval from Stata	cematary, crem	natory or other	r place)	- 12/0E/			
1 1	21. SIGNATURE OF MINERAL SERVICE LIG	ENSE	UGK I	SWII (22 NAME A	TY 12/05/	94 Ba	TCIIIK	ore, MD
	111/1	1 4	// /					of I	Dundalk, Inc.
	y had IN	- Int	5/						
	23. PART I. Enter the diseasea, or o	complications that cau	and the dea	th. Do not	enter the m	2 Wise Ave	a cardiac or respi	K MI	eat, Approximate
	shock, or heart failure.	List only one cause o	maach Ilne.			occ or cynig, accir	ad cardiac or reap	ratory arr	Interval Between
	iMMEDIATE CAUSE (Final disease or condition								Onset and Death
	resulting in death)	DUE TO (OR							ļ.
		DUE TO (OR	AS A CONSECU	UENCE OF):					
	1								
z		h							
NOI	Sequentially list conditions,	bDUE TO (OR /	AS A CONSEOL	UENCE OF):					
ATION	if any, leading to immediate cause. Entar UNDERLYING	bDUE TO (OR /	AS A CONSEQU	UENCE OF):					
FICATION	if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury	c							
ITIFICATION	if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated eventa	c	AS A CONSEOU						
ERTIFICATION	if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury	c							
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST	cOUE TO (OR /	AS A CONSEOU	UENCE OF):					
	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST	cOUE TO (OR /	AS A CONSEOU	UENCE OF):	the underlyis	ng cause given in Pa	ert I. 24s. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO
	if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST PART II. Other algnificant condition	cOUE TO (OR /	AS A CONSEOU	UENCE OF):	the underlyli	ng cause given in Pa		MED?	AVAILABLE PRIOR TO COMPLETION DF CAUSE
EDICAL	if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST PART II. Other algnificant condition	cOUE TO (OR /	AS A CONSEOU	UENCE OF):	the underlyli	ng cause given in Pa	PERFOR	MED?	AWAILABLE PRIOR TO COMPLETION DF CAUSE DF OEATH?
MEDICAL	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST PART II. Other algnificant condition Uremia G- bleed	c	AS A CONSEOL	UENCE OF):			PERFOR	MED?	AVAILABLE PRIOR TO COMPLETION DF CAUSE
MEDICAL	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST PART II. Other algnificant condition Uremia Gibleed DID TOBACCO USE CONTI	c	AS A CONSEOU	UENCE OF):	□ NO [UNCERTAIN	PERFOR	MED?	AWAILABLE PRIOR TO COMPLETION DF CAUSE DF OEATH?
MEDICAL	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST PART II. Other algnificant condition Uremia Ci bleed DID TOBACCO USE CONTI	d. DUE TO (OR A	th but not re	Sulting in The YES		UNCERTAIN	PERFOR	MED?	AWAILABLE PRIOR TO COMPLETION DF CAUSE DF OEATH?
MEDICAL	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST PART II. Other algnificant condition Uremia Ci bleed DID TOBACCO USE CONTI	d	th but not re	UENCE OF): Suiting in	Oheck only one	UNCERTAIN	PERFOR	MED?	AWAILABLE PRIOR TO COMPLETION DF CAUSE DF OEATH?
MEDICAL	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST PART II. Other algnificant condition Uremia Ci bleed DID TOBACCO USE CONTI 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 NO 27. MANNER OF DEATN	d. DUE TO (OR A	AS A CONSEOU	Suiting in THE YES OF GEATH	Check only one THER: Nursing Hoto SE 28c. IN	UNCERTAIN) me 5 Residence 6	PERFOR	MED?	AWALABLE PRIOR TO COMPLETION DF CAUSE DF OEATH? 1 YES 2 NO
PHYSICIAN: MEDICAL	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST PART II. Other algnificant condition Uremia C- b/eed DID TOBACCO USE CONTI 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN 1 Netural 5 Pending	c. DUE TO (OR A	AS A CONSEOU	UENCE OF): "H YES OF OEATH	NO (Check only one)THER: Nursing Hot Very 26c. IN	UNCERTAIN	PERFOR 1 YES 2 Other (Specify)	MED?	AWALABLE PRIOR TO COMPLETION DF CAUSE DF OEATH? 1 YES 2 NO
BY PHYSICIAN: MEDICAL	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST PART II. Other algnificant condition Uremia C- b eed DID TOBACCO USE CONTI 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN 1 Netural 5 Pending Investigation	DUE TO (OR A d	E OF DEAT 26. PLACE Outpetlant 3 (RY err)	UENCE OF): "H YES OF OEATH DOA 4 28b. TIME C	Check only one Check only one THER: Nursing Ho SF Y M 1	UNCERTAIN Discrete Signal Dis	PERFOR 1 YES 2 Other (Specify) 10d. DESCRIBE HOW II	MED?	AWAILABLE PRIOR TO COMPLETION DF CAUSE DF OEATH? 1 YES 2 NO
BY PHYSICIAN: MEDICAL	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST PART II. Other algnificant condition Uremia C- b/eed DID TOBACCO USE CONTI 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN 1 Netural 5 Pending	c. DUE TO (OR A	E OF DEAT 26. PLACE Outpetlant 3 (RY err)	UENCE OF): "H YES OF OEATH DOA 4 28b. TIME C	Check only one Check only one THER: Nursing Ho SF Y M 1	UNCERTAIN Discrete Signal Dis	PERFOR 1 YES 2 Other (Specify) 10d. DESCRIBE HOW II	MED?	AWALABLE PRIOR TO COMPLETION DF CAUSE DF OEATH? 1 YES 2 NO
BY PHYSICIAN: MEDICAL	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST PART II. Other algnificant condition Uremia C- b eed DID TOBACCO USE CONTI 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 NO 27. MANNER OF DEATN 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be datermined	DUE TO (OR A d	E OF DEAT 26. PLACE Outpetlant 3 (RY err)	UENCE OF): "H YES OF OEATH DOA 4 28b. TIME C	Check only one Check only one THER: Nursing Ho SF Y M 1	UNCERTAIN Discrete Signal Dis	PERFOR 1 YES 2 Other (Specify) 8d. DESCRIBE HOW II	MED?	AWAILABLE PRIOR TO COMPLETION DF CAUSE DF OEATH? 1 YES 2 NO
BY PHYSICIAN: MEDICAL	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST PART II. Other algnificant condition Uremia Ci bleed DID TOBACCO USE CONTI 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 NO 27. MANNER OF DEATN 1 Neturn 5 Pending Investigation 3 Suicide 6 Could not be datarmined 29e. CERTIFIER (Check only)	DUE TO (OR A d	E OF DEAT 26. PLACE Dutpetlent 3 (RY ar) URY — At hom Specify)	H YES OF OEATH DOA 4 28b. TIME C NUMBER No. 1 arm, stree	NO [(Check only one part of the part o	UNCERTAIN Discrete Signal Property of the Control	PERFOR 1 YES 2 Other (Specify) 88. DESCRIBE HOW II City or Town, Stete)	MED? NO NJURY OCC	AWALABLE PRIOR TO COMPLETION DF CAUSE DF OEATH? 1 YES 2 NO CUREO or Rural Route Number,
BY PHYSICIAN: MEDICAL	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST PART II. Other algnificant condition Uremia DID TOBACCO USE CONT 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 NO 27. MANNER OF DEATN 1 Netural 5 Pending Investigation 2 Accident Investigation Pending Investigation 3 Suicide Could not be datarmined	C. DUE TO (OR A d	E OF DEAT 28. PLACE Dutpetlant 3 { RY ar/ uRY — At hom Specify)	H YES OF OEATH DOA 4 28b. Time C NUUR	Check only one OTHER: Nursing Horo Mursing Horo Mursing Horo Mursing Horo Horo Horo Horo Horo Horo Horo Horo	UNCERTAIN D The 5 Residence 6 UURY AT ORK? YES 2 NO Idea end place, end due to	PERFOR 1 YES 2 Other (Specify) 88. LOCATION (Street & City or Town, State)	MED? NO NJURY OCC	AWALABLE PRIOR TO COMPLETION DF CAUSE DF OEATH? 1 YES 2 NO CUREO Or Rural Route Number,
COMPLETED BY PHYSICIAN: MEDICAL	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST PART II. Other algnificant condition Uremia DID TOBACCO USE CONTI 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	C. DUE TO (OR A d	E OF DEAT 28. PLACE Dutpetlant 3 { RY ar/ uRY — At hom Specify)	H YES OF OEATH DOA 4 28b. Time C NUUR	Check only one OTHER: Nursing Horo Mursing Horo Mursing Horo Mursing Horo Horo Horo Horo Horo Horo Horo Horo	UNCERTAIN DIVIDITY AT ORK? YES 2 NO To a end place, end due to death occured at the line	PERFOR 1 YES 2 Other (Specify) 8d. DESCRIBE HOW II City or Town, Steel the cause(a) end manne, data end place, en	MED? NO NJURY OCC and Number	AWALABLE PRIOR TO COMPLETION DF CAUSE DF OEATH? 1 YES 2 NO CUREO or Rural Route Number, ed. e cause(e) end menner as stated.
E COMPLETED BY PHYSICIAN: MEDICAL	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST PART II. Other algnificant condition Uremia DID TOBACCO USE CONT 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 NO 27. MANNER OF DEATN 1 Netural 5 Pending Investigation 2 Accident Investigation Pending Investigation 3 Suicide Could not be datarmined	DUE TO (OR A d. IS contributing to deat RIBUTE TO CAUSE HOSPITAL: 1 Conpetient 2 ERA 28e. DATE OF INJU (Month, Day, Ye. 26e. PLACE OF INJ building, etc. (c. CIAN: To the best of my k R: On the best of examin	E OF DEAT 26. PLACE Dutpetlant 3 [RY ar) URY — At hom Specify) nowledge, dest	H YES OF OEATH DOA 4 28b. Time C NUUR	Check only one OTHER: Nursing Horo Mursing Horo Mursing Horo Mursing Horo Horo Horo Horo Horo Horo Horo Horo	UNCERTAIN DIVIDITY AT PARTICULAR TORK? YES 2 NO Ide end place, end due to death occured at the line 29c. LICENSE NUMBI	PERFOR 1 YES 2 Other (Specify) 8d. DESCRIBE HOW II 66. LOCATION (Street e City or Town, Stete) the cause(a) end manne, data end place, en	MED? NO NJURY OCC and Number iner ee state d due to the	AWAILABLE PRIOR TO COMPLETION DF CAUSE DF OEATH? 1 YES 2 NO CUREO Or Rural Route Number, ed. e ceuse(e) end menner as stated. E SIGNED (Month, Day, Year)
BE COMPLETED BY PHYSICIAN: MEDICAL	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST PART II. Other algnificant condition Uremia C- b eed DID TOBACCO USE CONTI 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be datermined 4 Homicide datermined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINE 29b. SIGNATURE AND TITLE OF CERTIFIER Thomas A. 3	C. DUE TO (OR A d	E OF DEAT 26. PLACE Outpetlant 3 [RY ar) URY — At hom Specify) nowledge, dest	Sulting in H YES OF OEATH DOA 28b. TIME C NUUR No, farm, streeth	(Check only one THER: Nursing Hoi Nursing Hoi Norel, lectory, offli et the time, det	UNCERTAIN DIVIDITY AT ORK? YES 2 NO To a end place, end due to death occured at the line	PERFOR 1 YES 2 Other (Specify) 8d. DESCRIBE HOW II 66. LOCATION (Street e City or Town, Stete) the cause(a) end manne, data end place, en	MED? NO NJURY OCC and Number iner ee state d due to the	AWALABLE PRIOR TO COMPLETION DF CAUSE DF OEATH? 1 YES 2 NO CUREO or Rural Route Number, ed. e cause(e) end menner as stated.
E COMPLETED BY PHYSICIAN: MEDICAL	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST PART II. Other algnificant condition Uremia C- b eed DID TOBACCO USE CONTI 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 NO 27. MANNER OF DEATN 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be datermined 29b. CERTIFIER (Check only one) 2 MEDICAL EXAMINER 29b. SIGNATURE AND TITLE OF CERTIFIER Thomas 3.0. NAME AND ADDRESS OF PERSON WH	DUE TO (OR A d	COF DEAT 26. PLACE Dutpetlent 3 (RY ar) URY — At hom Specify) nowledge, designed end/or in OEATH (ITEM	H YES OF OEATH DOA 4 28b. TIME C INJUR Nee, Iarm, streeth occurred to the occurred overstigetion, in the control of the occurred overstigetion, in the occurred overstigetion overstigetion.	(Check only one PTHER: Nursing Hoi Nursing Hoi Nursing Hoi PT M 1	UNCERTAIN DIVIDITY AT ORK? YES 2 NO Ide end place, end due to death occured at the line 29c. LICENSE NUMBI 950 /	PERFOR 1 YES 2 Other (Specify) 18d. DESCRIBE HOW II 18d. LOCATION (Street e City or Town, Steet) the cause(a) end manne, data end place, ender	MED? NJURY OCC and Number oner ee state d due to the 29d. DATI	AWAILABLE PRIOR TO COMPLETION DF CAUSE DF OEATH? 1 YES 2 NO CUREO Or Rural Route Number, ed. e cause(e) end menner as stated. E SIGNED (Month, Day, Year)
BE COMPLETED BY PHYSICIAN: MEDICAL	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST PART II. Other algnificant condition Uremia C- b eed DID TOBACCO USE CONTI 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 NO 27. MANNER OF DEATN 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be datermined 29b. CERTIFIER (Check only one) 2 MEDICAL EXAMINER 29b. SIGNATURE AND TITLE OF CERTIFIER Thomas 3.0. NAME AND ADDRESS OF PERSON WH	DUE TO (OR A d	COF DEAT 26. PLACE Dutpetlent 3 (RY ar) URY — At hom Specify) nowledge, designed end/or in OEATH (ITEM	H YES OF OEATH DOA 4 28b. TIME C INJUR Nee, Iarm, streeth occurred to the occurred overstigetion, in the control of the occurred overstigetion, in the occurred overstigetion overstigetion.	(Check only one PTHER: Nursing Hoi Nursing Hoi Nursing Hoi PT M 1	UNCERTAIN DIVIDITY AT ORK? YES 2 NO Ide end place, end due to death occured at the line 29c. LICENSE NUMBI 950 /	PERFOR 1 YES 2 Other (Specify) 18d. DESCRIBE HOW II 18d. LOCATION (Street e City or Town, Steet) the cause(a) end manne, data end place, ender	MED? NJURY OCC and Number oner ee state d due to the 29d. DATI	AWAILABLE PRIOR TO COMPLETION DF CAUSE DF OEATH? 1 YES 2 NO CUREO Or Rural Route Number, ed. e cause(e) end menner as stated. E SIGNED (Month, Day, Year)
BE COMPLETED BY PHYSICIAN: MEDICAL	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST PART II. Other algnificant condition Uremia DID TOBACCO USE CONTI 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be detarmined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINE 29b. SIGNATURE AND TITLE OF CERTIFIER Check only one) 2 MEDICAL EXAMINE 29b. SIGNATURE AND TITLE OF CERTIFIER TOWARD PARTITION OF TO	DUE TO (OR A d	E OF DEAT 26. PLACE Dutpetlant 3 (RY ar) URY — At hom nowledge, deat ation end/or in OEATH (ITEM Tohns	H YES OF OEATH DOA 4 28b. TIME C INJURY The larm, streeth occurred to the occurred of the occurred occurre	(Check only one PTHER: Nursing Hoi Nursing Hoi Nursing Hoi PT M 1	UNCERTAIN DIVIDITY AT ORK? YES 2 NO Ide end place, end due to death occured at the line 29c. LICENSE NUMBI 950 /	PERFOR 1 YES 2 Other (Specify) 18d. DESCRIBE HOW II 18d. LOCATION (Street e City or Town, Steet) the cause(a) end manne, data end place, ender	MED? NJURY OCC and Number oner ee state d due to the 29d. DATI	AWAILABLE PRIOR TO COMPLETION DF CAUSE DF OEATH? 1 YES 2 NO CUREO Or Rural Route Number, ed. e ceuse(e) end menner as stated. E SIGNED (Month, Day, Year)
BE COMPLETED BY PHYSICIAN: MEDICAL	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST PART II. Other algnificant condition Uremia C- b eed DID TOBACCO USE CONTI 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 NO 27. MANNER OF DEATN 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be datermined 29b. CERTIFIER (Check only one) 2 MEDICAL EXAMINER 29b. SIGNATURE AND TITLE OF CERTIFIER Thomas 3.0. NAME AND ADDRESS OF PERSON WH	DUE TO (OR A d	E OF DEAT 26. PLACE Dutpetlant 3 (RY ar) URY — At hom nowledge, deat ation end/or in OEATH (ITEM Tohns	H YES OF OEATH DOA 4 28b. TIME C INJURY The larm, streeth occurred to the occurred of the occ	(Check only one PTHER: Nursing Hoi Nursing Hoi Nursing Hoi PT M 1	UNCERTAIN DIVIDITY AT ORK? YES 2 NO Ide end place, end due to death occured at the line 29c. LICENSE NUMBI 950 /	PERFOR 1 YES 2 Other (Specify) 18d. DESCRIBE HOW II 18d. LOCATION (Street e City or Town, Steet) the cause(a) end manne, data end place, ender	MED? NJURY OCC and Number oner ee state d due to the 29d. DATI	AWAILABLE PRIOR TO COMPLETION DF CAUSE DF OEATH? 1 YES 2 NO CUREO Or Rural Route Number, ed. e cause(e) end menner as stated. E SIGNED (Month, Day, Year)

BALTIMORE, MARYLAND 21215-0020	urs after death. Page 6 may be retained by the hospital or attending physician.	The function was this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be made and the state Dept. of Health and Mental Hydiene prior to burial, cremation, or removal.	edical examiner must be notified at once.	TO BE COMPLETED BY ELINEBAL DIDECTOR
UNISION OF VITAL RECORDS, P.O. BOX 68760	The law retained by the hospital or attending physician.	INCEAL DESCRIPE Are this certificate has been signed by the attending physician and completely filled in by the	INTER IS IN marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

4. SOUM SCURITY NAMES 4. SOUM SCURITY NAMES 5. SECURITY NAMES 5. SECURITY NAMES 6. SECURITY NAMES 7. YEAR 5. SECURITY NAMES 6. SECURITY NAMES 7. YEAR 5. SECURITY NAMES 6. SEC	REGISTRAR 1. DECEDENT'S NAME	(First, Middle, Last)			CERTIF			:	REG. NO		- 1	3. TIME OF DEATH
23.5 1/4 33.0 C 1.5 w 2 p 7 The some one of authors of the second of the	Lest	18			F	ARTN	eV		MONTH /3	1/94	YEAR	5:30
Sea. CHILLY NAME (I not desirable). Description: Should be a supplication of the supp	4. SOCIAL SECURITY	NUMBER	1 ./	6. AGE (In yrs	s. last birthday)			HRS. 7	DATE OF BIRTH		BIRTH	PLACE (State or Foreig
Church Hospital Residence of orecrease. Residence orecrease. Residence of orecrease. Residence orecrease. Residence orecrease. Residence or	235 19	8526		7	7 YRS.					917	W.	"VA
THE STREET AND NUMBER 16.01 Gail Rd. Apt. 1 11. MARIANE STATUS 12. May DECEDENT SERVICE USED TO METER STATUS 12. MAY DECEDENT SERVICE USED TO METER STATUS 12. MAY DECEDENT SERVICE USED TO METER STATUS 13. WAS DECEDENT SERVICE USED TO METER STATUS 14. MAY DECEDENT SERVICE USED TO METER STATUS 15. MAY DECEDENT SERVICE USED TO METER STATUS 16. MAY DECEDENT SERVICE USED TO METER STATUS 17. MAY DECEDENT SERVICE USED TO METER STATUS 18. MAY DECEDENT SERVICE USED TO METER STATUS 19. MAY DECEDENT SERVICE USED TO METER STATUS 19. MAY DECEDENT SERVICE USED TO METER STATUS 19. MAY DECEDENT SERVICE USED TO METER STATUS 19. MAY DECEDENT SERVICE USED TO METER STATUS 19. MAY DECEDENT SERVICE USED TO METER STATUS 19. MAY DECEDENT SERVICE USED TO METER STATUS 19. MAY DECEDENT SERVICE USED TO METER STATUS 19. MAY DECEDENT SERVICE USED TO METER STATUS 19. MAY DECEDENT SERVICE USED TO METER STATUS 19. MA									Н	9c. COUNT	Y OF D	EATH
Sequentially list conditions. Sequentially list conditions.		DECEDENT				D2	Trimore	9		_		
1.1. MANTAL STATUS 1.2. New SOCIONATE VIEW IN U.S. ANNED 1.2. NAME OF STATUS STATUS 1.2. NAME OF STATUS 1.3. NAME OF STATUS 1.4. NAME OF STATUS 1.												10d. INSIDE CITY LIMITS?
13. MAD DECEDENT OF MEMORY	10e. STREET AND NUM	MBER					10f, ZIP CODE	31.7		10g. CITIZE	N OF V	
1 PART II. Other algoriticant Conditions, If any, leading in the underlying cause given in Part I. Other algoriticant Conditions, If any, leading in immediate devents resulting in death) PART II. Other algoriticant Conditions, If any, leading in immediate devents resulting in death) PART II. Other algoriticant Conditions, If any, leading to immediate devents resulting in death) PART II. Other algoriticant Conditions, If any, leading to immediate devents resulting in death) PART II. Other algoriticant Conditions, If any, leading to immediate devents resulting in death but not resulting in the underlying cause given in Part I. Out To Con As a Consequence or). 22. Marker or Construction of C	1601	Gail Rd	. Apt.	1			2:	1221				USA
Standard Properties College (1 d or 5 -)	1 Never Married		FORCES? 1	YES 2	I NO	If yes,	specify Cuban,	Mexican,		s or No—	4. RACE Black Speci	- American Indian, t, White, etc. White
Elementerry/Succordary (9-12) College (1-4 or 8 +) College (1-				160	DECEDENT'S	USUAL OCCUPA	TION most of working		16b. KIND OF BU	SINESS/INDUS	STRY	
Table Co. Fortney Merle Burke				+)	Me. Do NOT u	stodian	l working		State	Gover	rm	ent
The. IMPORTMANT'S NAME (TyperPrint) 196. MAILING ADDRESS (Street and Number or Rural Route Number, City or Youn, Stells, Zip Code) MYT2 OVERS 1601 Gail Rd. Apt. 1 Baltimore, MD 21221 280. MENTOS (DISPOSITION 11 Bourial 2.26 Centration 3 Removal from State 290. PLACE AND DATE OF INSPOSITION 11 Bourial 2.26 Centration 3 Removal from State 290. PLACE AND DATE OF INSPOSITION 12 Bourial 2.26 CENTRAL SERVICE LICENSES 22. NAME AND ADDRESS OF PACILITY 250. DATE OF INSPOSITION 12 Bourial 2.26 CENTRAL SERVICE LICENSES 12 Bourial 2.26 CENTRAL SERVICE CENTRAL SERVICE LICENSES 12 Bourial 2.26 CENTRAL SERVICE CENTRAL SERVICE LICENSES 12 Bourial 2.26 CENTRAL SERVICE LICENSES 12 Bourial 2.26 CENTRAL SERVICE LICENSES 12 Bourial 2.26 CENTRAL SERVICE LICENSES 12 Bourial 2.26 CENTRAL SERVICE LICENSES 12 Bourial 2.26 CENTRAL SERVICE LICENSES 12 Bourial 2.26 CENTRAL SERVICE LICENSES 12 Bourial 2.26 CENTRAL SERVICE LICENSES 12 Bourial 2.26 CENTRAL SERVICE LICENSES 12 Bourial 2.26 CENTRAL SERVICE LICENSES 12 Bourial 2.26 CENTRAL SERVICE LICENSES 12 Bourial 2.26 CENTRAL SERVICE LICENSES 12 Bourial 2.26 CENTRAL SERVICE LICENSES 12 Bourial 2.									_	Surname)		
1601 Gail Rd. Apt. 1 Baltimore, MD 21221			fortney									- HILE
Set Set Continue Set Description S	1											21221
21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 22. NAME AND ADDRESS OF FACILITY 22. NAME AND ADDRESS OF FACILITY 22. NAME AND ADDRESS OF FACILITY 22. NAME AND ADDRESS OF FACILITY 22. NAME AND ADDRESS OF FACILITY 22. NAME AND ADDRESS OF FACILITY 22. NAME AND ADDRESS OF FACILITY 22. NAME AND ADDRESS OF FACILITY 22. NAME AND ADDRESS OF FACILITY 22. NAME AND ADDRESS OF FACILITY 22. NAME AND ADDRESS OF FACILITY 22. NAME AND ADDRESS OF FACILITY 22. NAME AND ADDRESS OF FACILITY 22. NAME AND ADDRESS OF FACILITY 22. NAME AND ADDRESS OF FACILITY 22. NAME AND ADDRESS OF FACILITY 23. NAME AND ADDRESS OF FACILITY 24. NAME AND ADDRESS OF FACILITY 24. NAME AND ADDRESS OF FACILITY 25. NAME AND ADDRESS OF FACILITY 26. NAME AND ADDRESS OF FACILITY 27. NAME AND ADDRESS OF FACILITY 28. NAME AND ADDRESS OF FACILITY 29. NAME AND ADDRESS OF FACILITY 21. NAME AND ADDRESS OF FACILITY 22. NAME AND ADDRESS OF FACILITY 24. NAME AND ADDRESS OF FACILITY 25. NAME AND ADDRESS OF FACILITY 26. NAME AND ADDRESS OF FACILITY 27. NAME AND ADDRESS OF FACILITY 27. NAME AND ADDRESS OF PROBLETORY 28. NAME AND ADDRESS OF PROBLETORY 29. NAME AND ADDRESS OF PROBLETORY 29. NAME AND ADDRESS OF PROBLETORY 21. NAME AND ADDRESS OF PROBLETORY 22. NAME AND ADDRESS OF PROBLETORY 25. NAME AND ADDRESS OF PROBLETOR OF PROSLATION COMPLETED CAUSE OF DEATH (Time dest end piace, and due to the cause(e)) and manner ended to the cause(e) and manner ended to the cause(e) and manner ended to the cause(e) and manner ended to the cause(e) and manner ended to the cause(e) and manner ended to the cause(e) and manner ended to the cause(e) and manner ended to the cause(e) and manner ended to the cause(e) and manner ended to the cause(e) and manner ended to the cause(e) and manner ended to the cause(e) and manner ended to the cause(e) and manner ended to the cause(e) and manner ended to the cause(e) and manner ended to the cause(e) and manner ended to the cause(e) and manner ended to the cause(e) and manner ended to								re T				
22. NAME AND ADDRESS OF FACILITY Brizadinski Funeral Home PA 1407 Eastern Ave Baltimore MD 21221 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory errest, interval Bed MMEDIATE CAUSE (Final disease or condition) resulting in death) Bright is conditions, and consequence of: Sequentially list conditions, and consequence of: DUE TO (OR AS A CONSEQUENCE OF):			noval from State	cemetery	CEAND DATE	ther place CY	emator	v 7:				
23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory erreat, shock, or heart fellure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or conditions conditions resulting in death) DUE TO (OR AS A CONSEQUENCE OF): Sequentially, list conditions, if every, leading to immediate cause. Enter UNDERLYNING CAUSE (Disease or injury that inhisted events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): 24a. WAS AN AUTOPSY PIN ARRABABLE PRIOR IT (PRES 2) AND CONSEQUENCE OF): 1			CENCEE						-1917	all O I MA	120	, 1,10
23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory erreat, shock, or heart fellure. List only one cause on each line. IMMEDIATE CAUSE (Final Market Cause) Immediate cause. Enter the Cause (Final Market) B. DUE TO (OR AS A CONSCOUENCE OF): Sequentielly list conditions, if erry, leading to immediate cause. Enter two NoENLYING CAUSE (Disease or injury that inlitated events resulting in death) LAST DUE TO (OR AS A CONSCOUENCE OF): C. DUE TO (OR AS A CONSCOUENCE OF): DUE TO (OR AS A CONSCOUENCE OF): DUE TO (OR AS A CONSCOUENCE OF): C. DUE TO (OR AS A CONSCOUENCE OF): C. DUE TO (OR AS A CONSCOUENCE OF): C. DUE TO (OR AS A CONSCOUENCE OF): DUE TO (OR AS A CONSCOUENCE OF): DUE TO (OR AS A CONSCOUENCE OF): C. DUE TO (OR AS A CONSCOUENCE OF): DUE TO (OR AS A CONSCOUENCE OF): DUE TO (OR AS A CONSCOUENCE OF): C. DUE TO (OR AS A CONSCOUENCE OF): DUE TO (OR AS A CONSCOUENCE OF): DUE TO (OR AS A CONSCOUENCE OF): 246. WERE AUTOPSY FINAL ARRABATE PRIOR IT IN THE OF PRIOR OF CONSCIPLION OF CA OF CAUNTY IN THE OF INJURY IN THE	Bruzdzinski Funeral Home PA								JTY			
Intarel Bet Conset real Under List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentielly list conditions, If erry, leading to immediate cause. Enter UNDERLYMAN CAUSE (Disease or Injury that Initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUEN	1 hours	71	ander	-le		Bruz	dzinsk	i Fu	neral Hom			
PART II. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY PREPORMEDTY 24b. WERE AUTOPSY PREPORMEDTY 24c. WERE AUTOPSY PREPORT 24c. WERE AUTOPSY	23. PART I. Enter 1 shock, IMMEDIATE CAUSE disease or condition	ha diseases, or or heart fellure.	complications that	use on each	line.	Bruz	dzinsk Easter noda of dylng	Fu cn A	neral Hom	imore	M.	Approximate Interval Bety
EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural S Pending Investigation 26e. PLACE OF INJURY 26e. TINJURY 26e. TINJURY 26e. PLACE OF I	23. PART I. Enter 1 shock, IMMEDIATE CAUSE disease or condition resulting in death) Sequentielly list or if eny, leading to it cause. Enter UNDE CAUSE (Disease on that initiated event	ha diseases, or pr heart feilure. (Final properties of the proper	complications that List only one cet a. DUE TO b. DUE TO c.	OR AS A COM	MO NSEQUENCE O	Bruz 1407 not enter the o	dzinsk Easter noda of dylng	Fu cn A	neral Hom	imore	M.	Approximate Interval Bets
EXAMINER? 1	23. PART I. Enter 1 shock, IMMEDIATE CAUSE disease or condition resulting in death) Sequentielly list or if eny, leading to it cause. Enter UNDE CAUSE (Disease or that initiated event resulting in death)	ha diseases, or or heart feilure. (Final on	complications the List only one cet a. DUE TO b. DUE TO d	O (OR AS A COM	NSEQUENCE O	Bruz	dzinsk Easter node of dylng	Fu And State	neral Hom ve. Balt as cardiec or respi 2/S/S	iratory erred	11,	Approximate Interval Bett Onset and E Onset and E Onset and E Onset and E Onset and E Onset and E Onset and E Onset and E Onset and E Onset E
27. MANNER OF DEATH 1 Natural 2 Accident 3 Suicide 4 Homicide 28e. DATE OF INJURY (Month, Day, Year) 28e. DATE OF INJURY M 1 YES 2 NO 28e. INJURY AT WORK? 1 YES 2 NO 28e. LOCATION (Street and Number or Rural Route Number, City or Town, State) 29e. CERTIFIER (Check only) 2 MEDICAL EXAMINER: On the basic of exemination end/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(e) end manner se stated. 29e. SIGNATURE AND TITLE OF CERTIFIER A P YOUR NOT NOT NOT NOT NOT NOT NOT NOT NOT NOT	23. PART I. Enter 1 shock, IMMEDIATE CAUSE disease Dr condition of the country of	ha diseases, or or heart feilure. (Final on bonditions, medieta fall-ying injury selection conditions) (AST onlificent conditions)	complications the List only one cet a. DUE TO b. DUE TO d	O (OR AS A COM	NSEQUENCE O	Pruz	dzinsk Easternode of dylng	i Fu	neral Hom ve. Balt as cardiec or reap S/S/S art I. 24a. WAS AN PERFOR 1 YES 2	iratory erred	11,	Approximate Interval Bets Onset and D
1 Pending	23. PART I. Enter 1 shock, IMMEDIATE CAUSE disease Dr condition of the country of	ha diseases, or or heart fellure. (Final on bonditions, mmedieta (RLY) ING (Injury) LAST CHIRCON CONDITION (INC.) RED TO MEDICAL	a. DUE TO b. DUE TO d. HOSPITAL:	O (OR AS A COM	NSEQUENCE O	Pruz 1407 not enter the re- Pri: Fri: Cother:	Cdzinsk V Easter PLACE OF DEA	S/2	neral Hom ve. Balt se cardiec or respi S/S/S art I. 24a. WAS AN PERFOR 1 YES 2	iratory erred	11,	Approximate Interval Betwonset and D Automatical Services of the Completion of Council Completion of Cau of Death?
3 Suicide 4 Homicide 6 Could not be determined 26e. PLACE OF INJURY — Al home, term, street, tectory, office 27e. CERTIFIER (Check only one) 28f. LOCATION (Street and Number or Rural Route Number, City or Yown, State) 28f. LOCATION (Street and Number or Rural Route Number, City or Yown, State) 28f. LOCATION (Street and Number or Rural Route Number, City or Yown, State) 28f. LOCATION (Street and Number or Rural Route Number, City or Yown, State) 28f. LOCATION (Street and Number or Rural Route Number, City or Yown, State) 28f. LOCATION (Street and Number or Rural Route Number, City or Yown, State) 28f. LOCATION (Street and Number or Rural Route Number, City or Yown, State) 28f. LOCATION (Street and Number or Rural Route Number, City or Yown, State) 28f. LOCATION (Street and Number or Rural Route Number, City or Yown, State) 28f. LOCATION (Street and Number or Rural Route Number, City or Yown, State) 28f. LOCATION (Street and Number or Rural Route Number, City or Yown, State) 28f. LOCATION (Street and Number or Rural Route Number, City or Yown, State) 28f. LOCATION (Street and Number or Rural Route Number, City or Yown, State) 28f. LOCATION (Street and Number or Rural Route Number, City or Yown, State) 28f. LOCATION (Street and Number or Rural Route Number, City or Yown, State) 28f. LOCATION (Street and Number or Rural Route Number, City or Yown, State) 28f. LOCATION (Street and Number or Rural Route Number, City or Yown, State) 28f. LOCATION (Street and Number or Rural Route Number, City or Yown, State) 28f. LOCATION (Street and Number or Rural Route Number, City or Yown, State) 28f. LOCATION (Street and Number or Rural Route Number, City or Yown, State) 28f. LOCATION (Street and Number or Rural Route Number, City or Yown, State) 28f. LOCATION (Street and Number) 28f. LOCATION (Street and Number) 28f. LOCATION (Street and Number) 28f. LOCATION (Street and Number) 28f. LOCATION (Street and Number) 28f. LOCATION (Street and Number) 28f. LOCATION (Street and Number) 28f. LOCATION (Street and Number) 28f. LOCATION (S	23. PART I. Enter 1 shock, IMMEDIATE CAUSE disease Dr condition of the country of	ha diseases, or or heart fellure. (Final on bonditions, mmedieta RILYING injury start of the manual conditions) RED TO MEDICAL on the manual conditions of the manual con	a. DUE TO b. DUE TO d. HOSPITAL: 196 Injection 2 2 280. DATE OF	O (OR AS A COM O (OR AS A COM O (OR AS A COM O (OR AS A COM O (OR AS A COM O (OR AS A COM O (OR AS A COM O (OR AS A COM O (OR AS A COM O (OR AS A COM O (OR AS A COM O (OR AS A COM O (OR AS A COM O (OR AS A COM O (OR AS A COM O (OR AS A COM O (OR AS A COM O (OR AS A COM O (OR AS A COM	NSEQUENCE O	Pruz 1407 not enter the content of the underly 28. OTHER: 4 Nursing H E OF 28c.	PLACE OF DEA	E Fu	neral Hom ve. Balt se cardiec or respi S/S/S art I. 24a. WAS AN PERFOR 1 YES 2	iratory erred	246	Approximate Interval Betwonset and D Automatical Services of the Completion of Council Completion of Cau of Death?
(Check only 1/10) CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(e) end manner se attend. 2 MEDICAL EXAMINER: On the basic of exemination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(e) end manner se attended to the cause(e) end manner se att	23. PART I. Enter 1 shock, IMMEDIATE CAUSE disease or condition of the course of the course. Enter UNDE CAUSE (Disease of the initiated event resulting in daeth) PART II. Other sign of the course o	ha diseases, or pr heart fellure. E (Final on the product of the	a. DUE TO b. DUE TO d. HOSPITAL: 196 Injection 2 2 280. DATE OF	O (OR AS A COM O (OR AS A COM O (OR AS A COM O (OR AS A COM O (OR AS A COM O (OR AS A COM O (OR AS A COM O (OR AS A COM O (OR AS A COM O (OR AS A COM O (OR AS A COM O (OR AS A COM O (OR AS A COM O (OR AS A COM O (OR AS A COM O (OR AS A COM O (OR AS A COM O (OR AS A COM O (OR AS A COM	NSEQUENCE O	Pruz 1407 not enter the control of the result of the control of th	Ing couse given by the course given by the cou	i Fu	neral Hom ve. Balt se cardiec or respi S/S/S art I. 24a. WAS AN PERFOR 1 YES 2	iratory erred	246	Approximate Interval Betwonset and D Automatical Services of the Completion of Council Completion of Cau of Death?
296. SIGNATURE AND TITLE OF CERTIFIER A. P. VOLZENNE M. D. 296. LICENSE NUMBER 296. LICENSE NUMBER 296. LICENSE NUMBER 296. DATE SIGNED (Month, Day, Year) 10. NAME AND ADDRESS OF PERSON-WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)	23. PART I. Enter 1 shock, IMMEDIATE CAUSE disease or condition of the countries of the cou	ha diseases, or or heart fellure. E (Final on	a. DUE TO b. DUE TO d. HOSPITAL: 15% Inpetient 2 [28e. DATE OF (Month, D.) 28e. PLACE OF (Month, D.)	O (OR AS A COM O (OR	NSEQUENCE O	Pruz 1407 not enter the control of the underly 28. OTHER: 4 Nursing H E OF 28. UNY M 1 [PLACE OF DEA	in Fu	meral Hom ve. Balt as cardiec or reap SISIS art I. 24a. WAS AN PERFOT 1 YES 2 conly one) Other (Specify) 8d. DESCRIBE HOW I	I AUTOPSY RMED?	24b	Approximate Interval Betwonset and D Autority State S
A-F. NOISENN M-D. DIT322 > 12/3/94 30. NAME AND ADDRESS OF PERSON-WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)	23. PART I. Enter 1 shock, IMMEDIATE CAUSE disease Dr conditic resulting in death) Sequentially list of if any, leading to it cause. Enter UNDE CAUSE (Disease or that initiated event resulting in death) PART II. Other sign 25. WAS CASE REFERF EXAMINER? 1 YES 2 No. 27. MANNER OF DEATH 1 Natural 2 Accident 3 Suicide 4 Homicide 29e. CERTIFIER (Check only	ha diseases, or or heart fellure. (Final on anditions, medieta RELYING Injury LAST LAST LED TO MEDICAL O I Could not be determined CERTIFYING PHYS	Complications that List only one cause as Due to b. Due to c. Due to d. Due to d. Due to d. Due to d. Due to d. Due to d. Due to d. Date of (Month, D. 28e, PLACE of building, SICIAN: To the best of processing to the period of	O (OR AS A COM O (OR	NSEQUENCE O NSEQUENCE O NSEQUENCE O NSEQUENCE O AT J DOA 28b. TIM IN. At home, term,	Pruz 1407 not enter the service of the underly 28. OTHER: 4 □ Nursing H E URY M 1 □ street, tectory, or	PLACE OF DEA	en in Pa	meral Hom we Balt as cardiec or respi S/S/S Art I. 24a. WAS AN PERFOR 1 YES 2 conly one) Other (Specify) 8d. DESCRIBE HOW I 6t. LOCATION (Street City or Town, State)	I AUTOPSY RMED?	24b	Approximate interval Betwonset and D A S S S S S S S S S S S S S S S S S S
30. NAME AND ADDRESS OF PERSON-WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)	23. PART I. Enter 1 shock, IMMEDIATE CAUSE disease or conditic resulting in death) Sequentielly list or if eny, leading to li couse. Enter UNDE CAUSE (Disease or thet initiated event resulting in death) PART II. Other sign 25. WAS CASE REFERE EXAMINER? 1 YES 2 NA 27. MANNER OF DEATH 1 Natural 2 Accident 3 Suicide 4 Homicide 29e. CERTIFIER (Check only one) 2	ha diseases, or or heart fellure. (Final on mediators, mediata RLYING injury s LAST Inflicent condition Injury s LAST CERTIFYING PHYS MEDICAL EXAMIN TITLE OF CERTIFIE	Complications the List only one cause. a. DUE TO b. DUE TO c. DUE TO d. Ins contributing to d. HOSPITAL: 150 Inpetient 2 E. C. (Month, D. 200). 28e. PLACE Cobuilding. BICIAN: To the best of e.e.	O(OR AS A COM O(Inc. NSEQUENCE O NSEQUENCE O NSEQUENCE O NSEQUENCE O AT 3 DOA 25b. TIM IN. At home, term, d/or investigation	Pruz 1407 not enter the service of the underly 28. OTHER: 4 □ Nursing H E URY M 1 □ street, tectory, or	PLACE OF DEA PLACE OF DEA PLACE OF DEA OTHER STREET NUMBER AT WORK? YES 2 Indicate Street and place, as In, death occurred	in Fu	meral Hom ve. Balt se cardiec or respi S/S/S S/S/S art I. 24a. WAS AN PERFOR 1 YES 2 conly one) Other (Specify) 8d. DESCRIBE HOW I chy or Town, State) the cause(e) end maine, date end place, er	AUTOPSY RMED?	RED Rural F	Approximate interval Betwonset and D A A S S S S S S S S S S S S S S S S S
A. F. Nazami, M.D. 100 N. Broadway Baltimore, MD 21231	23. PART I. Enter 1 shock, IMMEDIATE CAUSE disease or condition of the countries of the cou	ha diseases, or or heart fellure. (Final on mediators, mediata RLYING injury s LAST Inflicent condition Injury s LAST CERTIFYING PHYS MEDICAL EXAMIN TITLE OF CERTIFIE	Complications the List only one cause. a. DUE TO b. DUE TO c. DUE TO d. Ins contributing to d. HOSPITAL: 150 Inpetient 2 E. C. (Month, D. 200). 28e. PLACE Cobuilding. BICIAN: To the best of e.e.	O(OR AS A COM O(Inc. NSEQUENCE O NSEQUENCE O NSEQUENCE O NSEQUENCE O AT 3 DOA 25b. TIM IN. At home, term, d/or investigation	Pruz 1407 not enter the service of the underly 28. OTHER: 4 □ Nursing H E URY M 1 □ street, tectory, or	PLACE OF DEA PL	in Fu	meral Hom ve. Balt se cardiec or respi S/S/S Int I. 24a. WAS AN PERFOR 1 VES 2 Conty one) Other (Specify) 8d. DESCRIBE HOW into City or Town, State) the cause(e) end maine, dete end place, ere	iratory erred ir	RED Rural F. Couse(e	Approximate Interval Betwonset and D A A A A A A A A A A A A A A A A A A

TIPL E VOIL

Tellien

Little 201 donumb

()

f .Joh .by Itel I'd I

SSES

The same

Januarol sigl

luther C. Fortmay

3000 200

are area.

1601 enil Mr. Agt. 1 Faltisone, vi Fine 1001

Oreen Jours Clenstory 12/5/94 Editimere, 3D

AT amount of the Party of the PA 1407 Eastern Ave. of it re, 21227

A. F. Mazemi, M.F. 100 A. Broadway Saltinore, ME 21231

VSICIAN: The law requires that the death certificate be executed within cours after death. Page 6 may be retained by the hospital or attending physician.	s certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2. 3 should the state Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	ed, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death ce	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attendin be filed within 72 hours after death with the State Dept. of Health and Mental Hyg	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or o	

1	Lemi, F11m/10, 12/0/94, 1	L.					94	35945
>	1 - STATE STATE REGISTRAR	E OF MARYLAND /		TMENT OF H		MENTAL HYGIEN REG. NO.	_	
	DECEDENT'S NAME (First, Middle, Lest) F	RANCES ELAIN		DYD		2. DATE OF DEATH DATE NOV. 28,	1994 YE	3. TIME OF DEATH 12 NOON M
	4. SOCIAL SECURITY NUMBER 5. SEX 1 □ M	747	birthday) YRS.	F UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 11-14-19	0	BIRTHPLACE (State or Foreign Country)
TOR 1	98. FACILITY NAME (II not institution, give street and n 207 Trailways Road,	21220			re (Midd	le River)	9c. COUNTY (of DEATH imore
DIRECTOR	nesidence of decedent 100. STATE 100. COUNTY Maryland Baltimor	e		town on Locati	(Middle	River)		10d, INSIDE CITY LIMITS? 1 YES 2 NO
	100. STREET AND NUMBER 207 Trailways Ro	ad,			ZIP CODE 21220			OF WHAT COUNTRY? ITED STATES
BY FUNERAL	1 Never Merried 2 Merried FOR	OECEDENT EVER IN U.S. ARI CES? 1 YES 2 X N ES, GIVE WAR OR DATES		If yes, spe		IC ORIGIN? (Specify Yea n, Puerto Ricen, etc.)		RACE — American Indian, Black, White, etc. Specify: White
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed Elementary/Secondary (0-12) College 12th Grade	(Gir life.	CEDENT'S we kind of wo Do NOT use	usual occupation fork done during mose retired.)	N t of working	Housewi		
	17. FATNER'S NAME (First, Middle, Lest) Stephen Foster				18. MOTHER'S NAME Vene	ME (First, Middle, Maiden tia Mayfie	Sumame)	
TO BE	19a. INFORMANT'S NAME (Type/Print) Ms. Gretchen A. Floy	d 196	MAILIND 207	ADDRESS (Street and	s Rd., B	altimore,	n, State, Zip Cod Md. 21	220
	20a. METHOD OF DISPOSITION 1 [X] Burlel 2 Cremellon 3 Removal from 4 Denetion 5 Other (Specify)	State 206. PLACE A cametery, crei	ND DATE O	F DISPOSITION (Nar her place) Cemete	ry 12/1	/94 Bal	cation — city timore	or Town, Stata
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	Kevin E. Ec	ker	MCCul	ly Funer		Brook	lyn
	23. PART I Enter the diseases, or complice ahock, or heart failure. List only IMMEDIATE CAUSE (Final disease or condition resulting in death)	tione that caused tha de- rona cause on each lina.	oscl	enotic c	la of dying, suct	ras cardiec or reapi	iratory arreat,	Approximata Interval Between
ERTIFICATION	Sequentially list conditione, if any, leeding to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated evanta reaulting in death) LAST	DUE TO (DR AS A CONSED						
: MEDICAL C	PART II. Other eignificant conditions contrib	outing to death but not re	naulting i	n the undarlying	cause given in	Part I. 24a. WAS AN PERFDF	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				ACE OF DEATN (Che	ack only one)		
YSI	1 DYES 2 NO 1 Inp	etlant 2 - ER/Outpetlant 3		OTHER:		6 Other (Specify)		
ВУ РН	Returni 5 Pending 2 Accident Investigation	Month, Day, Year)		M 1 Y		28d. DESCRIBE NOW I		
ETED	4 Nomicide determined	 PLACE OF INJURY — Al hor building, atc. (Specify) 	me, ferm, s	treel, fectory, office		28f. LOCATION (Street of City or Town, State)		lural Route Number,
COMPL	onel	the best of my knowledge, de- basis of examination and/or i						luse(s) and manner as stated.
BE	29b, SIGNATURE AND TITLE OF CERTIFIER T. Cardian Oldrov		ar		29c LICENSE NUN	632	D 11-	GNED (Month, Day, Year) - 30 - 9 4
5	30. NAME AND ADDRESS OF PERSON WHO COMPL Dr. J. Crosson O'	ETED CAUSE OF DEATH (ITEN Donovan, M.D	27) (Type,	2112 Dun	dalk Ave	nue, Balti	more,	MAryland 21222

JAMES VIDALE NON ANTI-ALL

DECO 6 1994

BOX 68760	
7	
_	
_	
m	
~~	
டு	
~	
_	
\Box	
_	
m	
-	
$\overline{}$	
\circ	
n	
P.0.	
10	
97	
\cap	
\sim	
-	
\Box	
\sim	
()	
RECORDS,	
ш	
-	
ш.	
-	
VITAL	
_	
ч.	
_	
_	
>	
4	
=	
_	
-	
~	
~	
_	
_	
no.	
41	
	á
>4	ď
-4	۲
-4	
-8	
-	

NOWE PAYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 5 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be marked, or leam 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. TO THE P. TO THE P. TO THE P.

FOR 1 - STATE REGISTI
1. DECEDENT'S
F
4. SOCIAL SEC
90. FACILITY N
RESIDENC
10a. STATE
toe. STREET A
170
11, MARITAL ST
t 🗌 Never Me

	REGISTRAR		CERTIFIC	ATE OF	DEATH	REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)	rusta (Scrthi			2. DATE OF DEATH DO	YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 5. 9	10000	-/-//	19			0 94	12 8BH M
	At the state of	M 2 D F		HITHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	42 8. BIR Cou	THPLACE (State or Foreign ntry)
R	9a. FACILITY NAME (If not institution, give street and	d number)	SPI	b. CITY, TOWN O	R LOCATION OF DE	City	9c. COUNTY OF	DEATH
5	RESIDENCE OF DECEDENT	700		(f.)cco, c			
DIRECTOR	10e. STATE tob. COUNTY		10c. CITY, 1	BaLto	On City	,		10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	1709 E Lan	vate	Stree	1 101.	ZIP CODE 1	3	10g. CITIZEN OF	WHAT COUNTRY?
S		AS DECEDENT EVER IN DRCES? 1 YES		ta. WAS DECI	ENDENT OF HISPAN	IIC ORIGIN? (Specify Yea		CE — American Indian,
BY		YES, GIVE WAR OR DAT			2 NO Specify	n, Puerto Rican, etc.)	ASO	soly: American
	ts. DECEDENT'S EDUCATION (Specify only highest grade comple	ted)	18a. DECEDENT'S US	done during mos		16b. KIND OF BUS	INESS/INDUSTRY	
COMPLETED		ege (1-4 or 5+)	life. Do NOT use n	Michigan Michigan		Hite	Dent	al Lab.
	17. FATHER'S NAME (First, Middle, Last) ARCH EK GAT	Ling			18. MOTHER'S NA	ME (First, Middle, Maiden HRULLE	Surrame)	æ
TO BE	19a. INFORMANT'S NAME (Type/Print) COST + RUGE, PR	ice	19b. MAILING AC	DRESS (Street ar	nd Number or Rurel I	Route Number, City or Tow	n, State, Zip Code)	
	20a, METHOD OF DISPOSITION		PLACEANDDATEOF		ne of N	DATE 20c. LO	CATION — City or	Town, State
	1 Buriel 2 Cremation 3 Removal tro		tery, oregnatory or other	place)	em,	18,1994 L	ansdou	e, MO
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	milles		Set	A MILL	er +	1639	Neway
	23. PART I. Enter the diseases, or compli	cations that caused	the death. Do not	enter the mod	le of dying, suci	h as cardiac or respi	ratory arreat,	Approximate
	shock, or heart failure. Liet or iMMEDIATE CAUSE (Final							Intervel Between Onset and Dasth
	disease or condition a	DUE TO (OR AS A C	GAN S	15Th	45 FA	HULE		1 WK
2		SEPSIS	CONSEQUENCE OF):	•	•			TWK
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate	DUE TO (OR AS A C	CONSEQUENCE OF):					
2	CAUSE (Disease of Injury	NEUMI	ONSEQUENCE OF):					2 WK
E	that initiated events resulting in death) LAST	DUE TO (UN AS A C	ONSECUENCE OF):					
	d							
EDICAL	PART II. Other eignificent conditions cont	ributing to deeth but	A - A -	he underlying	- 4	Pert i. 24s. WAS AN PERFOR		b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
ED	WAGUW PATH	.,	16/10/10/0	L BU	בוכטעו	1 🗆 YES 2	NO	COMPLETION OF CAUSE DF DEATH?
W.	DID TOBACCO USE CONTRIBUT	TE TO CALISE OF	DEATH YES	ПИОП	LINICEDTAIN			1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL	20	B. PLACE OF DEATH		ONCERIAII			
SIC	EXAMINER?	SPITAL: npatient 2 - ER/Outpat		THER: Nursing Home	5 🗆 Residenca	6 Other (Specify)		
E		(Month, Day, Year)	28b. TIME O		JRY AT	28d. DESCRIBE HOW II	NJURY OCCURED	
B	1 Natural 5 Pending 2 Accident Investigation				ES 2 NO			
	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY = building, etc. (Specif)	- At home, farm, stre	et, tectory, office		281. LOCATION (Street a City or Town, State)	nd Number or Rura	l Route Number,
COMPLETE	29e. CERTIFIER (Check only one) CERTIFYING PHYSICIAN: T CERTIFYING PHYSICIAN: T D MEDICAL EXAMINER: On to							= 2
	290. SHANATURE AND TITLE OF CERTIFIER	60	7	T my opinion, de				
8	Promont / M	WINN	<i>y</i>		D 151		29d. DATE SIGNE	D (Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO COM	PLETED CAUSE OF DEAT	TH (ITEM 27) (Type, Pri	nt)			- 1 -	114
			100					
	31. DATE FILED (Month, Day, Year)	2. REGISTRAR'S SIGNAT	TURE					

Pages 1, 2, 3 permit. use as the burial-transit nours after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020 funeral director, page 5 should be detached for Ħ notified pe must medical examiner signed by the attending physician and completely filled in by the Health and Mental Hygiene prior to burial, cremation, or removal. the event. DIVISION OF VITAL RECORDS, P.O. BOX 68760. traumatic 70 shows any has been a OR ATTENDING PHYSICIAN: The law 23 this certificate h 10 marked. After t 28 is DIRECTOR; / FUNERAL DIRECTI within 72 hours a RTANT: If item 2 HOSPITAL TO THE HOSPITA
TO THE FUNERA
De filed within 72
IMPORTANT: II

MEDICAL

PHYSICIAN:

BY

COMPLETED

BE

2

Item1, Film718, 12/6/94, 1t 1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH YEAR LOREETTA DEC 4:20 GARMAN 94 PM 4. SOCIAL SECURITY NUMBER 5 SEY 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign 07/16/1968 Maryland 213-68-9014 26 1 M 2 XX YAS. 9e. FACILITY NAME (If not institution, give street and number, 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH 505 HOLLY HUNT ROAD DIRECTOR **ESSEX** BALTIMORE RESIDENCE OF DECEDENT 10c. CITY TOWN OR LOCATION 10d. INSIDE CITY Maryland Baltimere Essex 1 YES 2 XXNO FUNERAL 10a. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 505 Helly Hunt Read 21220 United States 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 X 10 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yas or Not4. RACE — American Indian, Black, White, atc. If yes, specify Cuban, Mexicen, Puerto Rican, etc.)

1 YES 2 NO Specify: 1 Never Married 2 Married IF YES, GIVE WAR OR DATES ВУ Specify: 3 Widowed 4 Divorced White COMPLETED 16s. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highe Elementary/Secondary (0-12) Special Education Disabled 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) Charles A. Garman Derethy M. Mekelen t9a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Charles A. Garman 118 N. Lakewood Avenue Baltimere, MD 21224 20s METHOD OF DISPOSITION
1 Burial 2 Cremation 3 Ramoval from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION -- City or Town, State DATE Christ Lutheran Cem. 12/05/94 4 Donellon 5 Other (Specify) Baltimere, MD 21. SIGNATURE OF FUNERAL PRIVICE LICENSEE 22. NAME AND ADDRESS OF FACULTY
Duda-Ruck Funeral Home of Dundalk, Inc. 7922 Wise Ave. Dundalk, MD 22 DART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or heart fallure. List only one cause on each line interval Between IMMEDIATE CAUSE (Final Onset and Death disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): OXIC CERTIFICATION

PICA Sequentially list conditions. DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate nental Reburdation cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST PART ii. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PERFORMED? AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 TES 2 NO 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES INO TO UNCERTAIN I 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) TYPES 2 NO HOSPITAL OTHER: Inpatient 2 - ER/Outpatient 3 -4 ☐ Nursing Home 5 ☐ Rasidenca 8 ☐ Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending 1 YES 2 NO Investigation Accident 28e. PLACE OF INJURY — At home, term, street, factory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street end Number or Rural Floute Number, City or Town, State) 8 Could not be determined 4 Homicide 29e CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) end menner as stated. 2 😾 MEDICAL EXAMINER: On the basis of azamination end/or investigation, in my opinion, death occured at the time, date and pieca, and due to the cause(s) and manner as stated.

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) row ler

111 Penn Street, Baltimore, Maryland 21201

29c. LICENSE NUMBER

O.C.M.E.

29b. SIGNATURE AND TITLE OF CERTIFIER

Javia

34. REGISTRAR'S SIGNATURE hi Dandem-Randall 29d. DATE SIGNED (Month, Day, Year)

DEC 2,1994

10 3 3 m - 12/ 1/A 100

- Fil II (77)

T1 (195) 10 - 100 - 11 (195)

The state of the s

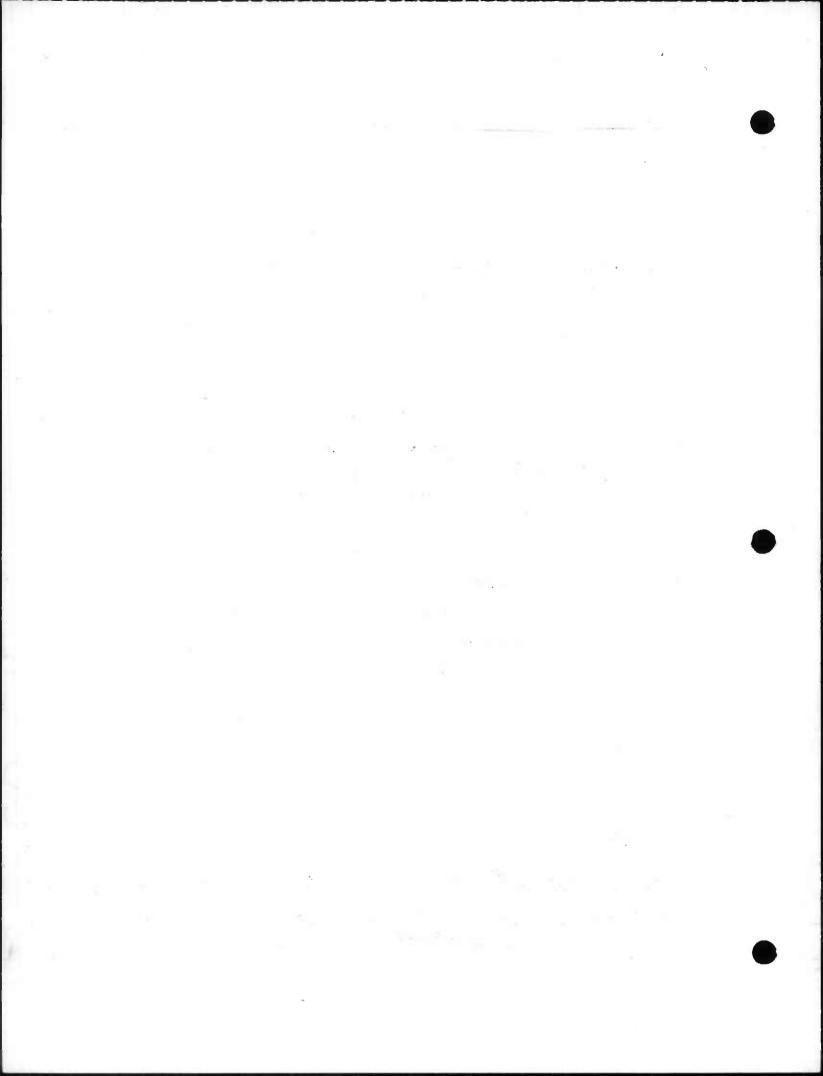
The last of the la

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal. iours after death. Page 6 may be retained by the hospital or attending physician. IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within

	1 - STATE REGISTRAR	STATE OF MARYL		MENT OF HEALTH AND ATE OF DEATH	MENTAL HYGIEN			
	1. DECEDENT'S NAME (First, Middle, Lest)	0	IEDA GREIFER		2. DATE OF OEATH	AY YEAR	0.00.00	
	4. SOCIAL SECURITY NUMBER			UNDER 1 YEAR IF UNDER 24 HRS.	7 DATE OF BIRTH		THPLACE (State or Foreign	\dashv
	057-16-9831 9a. FACILITY NAME (If not institution, give	•	/7 YRS.	NTHS DAYS HOURS MIN.	NOV . 28,]	.917 NE	W YORK	
œ	SINAI HOSPITAL	street and number)	91	CITY, TOWN OR LOCATION OF	DEATH	9c. COUNTY OF	F DEATH	
DIRECTOR	RESIDENCE OF DECEDENT			BALTIMORE				_
H.	10a. STATE 10b. COUN	TY	10c. CITY, T	OWN OR LOCATION			10d. INSIDE CITY LIMITS?	\neg
	MARYLAND			BALTIMORE			1 TYES 2 NO	_
FUNERAL	10e. STREET AND NUMBER			10f. ZIP CODE		10g. CITIZEN O	F WHAT COUNTRY?	\neg
ÿ	7209 BROOK CREST			212		USA	N.	
F	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS OECEDENT EVER IN FORCES? 1 YES	2 NO	13. WAS DECENDENT OF HISP If yes, specify Cuben, Mexi		or No- 14. R/	ACE — American Indian, lack, White, atc.	
BY	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DA	TES"	1 TES 2 X NO Spec	cify:	Sp	WHITE	
0	15. DECEDENT'S ED	UCATION	16e. DECEDENT'S US	JAL OCCUPATION	16b. KIND OF BU	SINESS/INDUSTRY		\dashv
	(Specify only highest grad Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of work life. Do NOT use re	done during most of working tired.)				
MPL		5+	TEA	CHER	NEW Y	ORK SCH	OOL SYSTEM	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)			18. MOTHER'S P	NAME (First, Middle, Maiden			
BE	LOUIS WIENER				Y HALKIN			
2	19a. INFORMANT'S NAME (Type/Print) MR. MITCHELL GREI	rrp	19b. MAILING AD	DRESS (Street and Number or Run	A TOTAL A TOTA	n, State, Zip Code)	000 100 010	
				BROOK CREST W				08
	20a. METHOD OF DISPOSITION 1 Burlel 2 Cremetion 3 Ref	noval from State 20b.	PLACEAND DATEOFO	CHIZUK AMUNO	12-4-94 PAT	CATION — City or	Town, State	
	4 Donation 5 Other (Special)		a da a da a da a da a da a da a da a d				MD	
	1			SOL" LEVINSON	TEBROS., I	NC.		-1
-	10001	Jones	~	6010 REISTER	STOWN ROAD	BALTIMO	RE, MD 2121	5
	23. PAPT I. Enter the diseases, of shock, or heart failure.	complications that caused List only one cause on ea	the deeth. Do not sch line.	enter the mode of dying, au	ich aa cerdiac or reap	iratory arrest,	Approximate interval Batwee	
	IMMEDIATE CAUSE (Fine)						Onset and Daar	
	resulting in death)	sease or condition a. MYSCARDIAL INFARCTION DUE TO (OR AS A CONSEQUENCE OF):						
							, _	- 1
CERTIFICATION	Sequentielly liet conditions,	b. DUE TO (OR AS A	CONSEQUENCE OF:	RY FALURE			1 Day	-
AT	if any, leeding to immediate cause. Enter UNDERLYING						2 70	
E	CAUSE (Disease or injury that initiated eventa	c. HYPERKA	CONSEQUENCE OF):				1 Long	\neg
ᇤ	resulting in deeth) LAST	a ANEMIA					3 Day	H
	PART II. Other aignificant condition	ons contributing to death by	ut not resulting in t	he underhing cause alven i	n Part I. 24s. WAS AN	ALITODOV	0	
CAL			or not resulting in t	tie cudettynig cease givett i	PERFOR		AMAILABLE PRIOR TO COMPLETION OF CAUSE	s
MEDIC					1 _ YES 2	□ NO	OF DEATH?	
	DID TOBACCO USE CONT	TRIBLITE TO CALICE O	E DEATH VEC	O NO O UNICERTA	151.54		1 YES 2 NO	- 1
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL		8. PLACE OF DEATH (III XII			4
Sic	EXAMINER?	HOSPITAL:	0	THER:				-
Ξ	27. MANNER OF DEATH	28s. DATE OF INJURY	28b. TIME O	Nursing Home 5 Residence F 28c. INJURY AT	28d. DESCRIBE HOW I	NJURY OCCURED		\dashv
	1 Natural 5 Pending Investigation	(Month, Day, Year)	INJURY	M 1 YES 2 NO				
р Вү	2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE OF INJURY building, atc. (Speci	— At home, farm, atree	t, tactory, offica	28f. LOCATION (Street	and Number or Run	al Route Number,	1
TED	4 Homicide determined	bullottig, etc. (Speci	(4)		City or Town, State)			
COMPLET	29a. CERTIFIER Check only	SICIAN: To the beat of my knowl-	edge, death occurred a	t the time, date and place, and de	us to the cause(s) and mar	ner sa stated.		\dashv
NO				n my opinion, death occured at th			e(a) and manner as stated.	
	246 SIGNATURE AND TITLE OF CERTIFIE			29c. LICENSE N			ED (Month, Day, Year)	\dashv
) BE	This DSKA	A MIN		Aroun	7301 FK 00412	12/1	194	
2	30. NAME AND ADDRESS OF PERSON WI	HO COMPLETED CAUSE OF DEA	TH (ITEM 27) (Type, Prin	nt)		12/1		\dashv
	ERIC D. SKOLNICK	2435 W.	BELVED	ERE AVE	BALT MD	212	15	
	31. DATE FILED (Month, Day, Year)	P. REGISTAR'S SIGNA	Wanda M.				-	
	DEC.0 6 1994	The state of the state of	1					-1



1 by the hospital or attending physician. d be detached for use as the burial-transit permit. Pages 1, 2, 3 should BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760.

e hos	etach		nce.
¥ #	De d		ato
bed	pm		Pe
etain	Sho		otifi
2	ige 6		le n
may	M, D		T IS
ge 6	recto		Ē
8	D le		ine
death	fune		ухап
after	y the	noval	cal
DULS	in	or rec	nedi
Š	filled	ion, c	the r
and i	etely	ета	H, T
M pe	duo	al, cr	eve
xecut	pue	pni	atic
be e	Sian	or 10	aur
cate	ohysi	e pri	er tr
Sertifi	ing	ygien	to to
ath	rtend	al H	0
e de	he 3	Meni	į
at th	5	and	y in
es th	gned	alth	\$ 3
equir	S US	of He	how
J ME	S be	ept.	23 8
The	rte ha	ate D	E
AN	Tifica	e St	or it
YSIC	S Cer	th th	d,
H 5	=	Ih Wi	arke
DING	Afte	deal	S
TTEN	TOR	after	28
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within thous after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TAL (AL C	12 P	=
SPI	NER	thin	H.
E HC	E FU	M P	BITA
O TH	H 0	e file	MPC

	ITEM: 1. PER F.H. FILM G-7	718 12/6/94 t	.t				J 1	003.2
		TATE OF MARYLA	ND / DEPART	MENT OF	HEALTH AND	MENTAL HYGIEN	E	
	REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last)		CERTIFIC	CATE OF	DEATH	REG. NO		
	Donald En	1 62:	Co orrer			2. DATE OF DEATH	AY Y	3. TIME OF OEATH
	4. SOCIAL SECURITY NUMBER 5. S	1 000	yrs. last birthday)		1	12 3	9	
	216-28-9270 x	X M 2 □ F		F UNDER 1 YEAR KONTHS DAYS	HOURS MIN.	Jan. 7, 19	932	BIRTHPLACE (State or Foreign Country) Maryland
DIRECTOR	90. FACILITY NAME (II not institution, give street a Fallston General RESIDENCE OF DECEDENT	3 14	. (1	Falls	ton	EATH		y of DEATH
E C	10a. STATE 10b. COUNTY		10c. CITY,	TOWN OR LOCA	TION			10d. INSIDE CITY
	Maryland 104. STREET AND NUMBER		Ва		re City			LIMITS? **EXYES 2 \(\bar{\pi} \) NO
FUNERAL	1019 South Clint	on Street			21224			N OF WHAT COUNTRY?
5		WAS DECEDENT EVER IN FORCES? 1 XYES		13. WAS DE	CENDENT OF HISPAN	IIC ORIGIN? (Specify Yes	or No- 14	I. RACE — American Indian,
B		IF YES, GIVE WAR OR DA			S 2X NO Specif	n, Puerto Rican, etc.)		Specify: White
	15. DECEDENT'S EDUCATION (Specify only highest grade complete)		18a. DECEDENT'S US	rk done during m	ION ost of working	16b. KIND OF BU	SINESS/INDUS	TRY
الإ	Elementery/Secondary (0-12) Col	flege (1-4 or 5+)	COLLD	retired.) selor		Pal+	imoro	County Scho
COMPLETED	17. FATHER'S NAME (First, Middle, Lest)	_4	Coun	Seloi				Country Scho
1 - 1						ME (First, Middle, Malden	Surname)	
띪	Reynold Giese, S.	Ι.	T 105 MAIL DIG A	DDDF66 (O		a Wegner Route Number, City or Tow		
임	Reynold Giese, J:	r			hester			, MD 21047
	20e. METHOD OF DISPOSITION	206	PLACE AND DATE OF			DATE 20c. LO		
	ty Buriel 2 ☐ Cremetion 3 ☐ Removal for 4 ☐ Donation 5 ☐ Other (Specify)	from State came	tery, ciematory or othe	of Jesus	Cemetery 1	2/7/94 Ba	ltimor	e, Maryland
	21. SIGNATURE OF FUNERAL SERVICE LICENSE	1 1		22. NAME A	ND ADDRESS OF FA	r, Inc. Fu		
	Clusabeth	a Sele	not!	700	γα Zelle S. Conkli	ng Street	Balto	o., MD 21224
	23. PART i. Enter the diseeses, or comp	licetione that caused	the death. Do not	t enter tha m	ode of dying, auc	h as cerdiec or resp	retory arreel	t, Approximate
	ahock/or heert fallure, List of iMMEDIATE CAUSE (Final				1			interval Batween Onset end Deeth
	disease or condition resulting in death)	METASTAT	IC RECT	AL C	ARCINE	MA		
	W.C. C. C. C. C. C. C. C. C. C. C. C. C.	DUE TO (OR AS A	CONSEQUENCE OF):					
N	Sequentially list conditions, b.	DUE TO 100 10						
AT	if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A	CONSEQUENCE OF):					
윤	CAUSE (Disease or injury that initiated evente	DUE TO (OR AS A	CONSEQUENCE OF):					
RTIFICATION	reaulting in death) LAST	,	. , ,					İ
핑	d							
AL	PART II. Other aignificant conditions cor	ntributing to death bu	t not resulting in	the undarlylr	ig cause given in	Part I. 24s. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
MEDICAL						I YES 2	NO	COMPLETION OF CAUSE OF DEATH?
						_ '		1 YES 2 NO
ž	DID TOBACCO USE CONTRIBU				UNCERTAIL	۱ 🗆 📗		
호		SPITAL:	8. PLACE OF DEATH	(Check only one	1			
PHYSICIAN:		Inpatient 2 ER/Outpa 28a, DATE OF INJURY			ne 5 🗆 Residence			
	1 Natural 5 Pending	(Month, Day, Year)	28b. TIME (RY W	JURY AT DRK? YES 2 NO	2ad. DEŞCRIBE HOW I	NJURY OCCUR	IED
ВУ	2 Accident Investigation	28e. PLACE OF INJURY -	- At home, farm, atre			28f. LOCATION (Street	and Number or	Purel Poute Number
TED	4 Homicide 8 Could not be determined	building, etc. (Specif	y)	, , , , , , , , , , , , , , , , , , , ,		City or Town, State)	and remode or	nural none number,
COMPLET		To the best of my knowle						
8	A	the Dasis of examination	and/or investigation,	In my opinion,	death occured at the	time, date and place, an	d due to the c	ause(a) end manner as stated.
BE (GRATURE AND TITLE OF CERTIFIER	W. AAA	n.		29c. LICENSE MUN	BER	29d. OATE SI	IGNED (Month, Day, Year)
0	-alwin hind	HVew	100		11410	64	12	-3-44
	GTANIFUM VMA	MPLETED CAUSE OF DEAT	OB BUSIN		h. 14 14 . 1 4	tion ri		1000000
	31. DATE FILED (Month, Day, Spay)	32 REGIPTRAR'S SIGNIN		ردی ر	IN WHO	10.7 Edg	rubba	14021040
48		r r r						

STANLEY M. KMAN

31. DATE FILED (MONTH), Doy, 1994

STANLEY M. KMAN

DEC 0 6 1994

STANLEY M. KMAN

IAN DO 1308 B

_ u

-)
	×
	ı
	7
9	
	3
D	
8/6	7
20	-
Ö	
_	
BOX 68	Т
-	
_	
\mathbf{r}	1
	4
$\overline{}$	3
•	
, C.	
_	3
2	4
n	
\supset	
$\overline{}$	1
÷.	
Э.	7
MECOMOS	п
_	
ш	П
r	п
_	3
1	
_	6
=	
_	-
	3
L	3
5	3
OF VITAL	The second secon
-	-
-	5
_	3
_	- 3
n	į.
_	Ę
2	*
_	- 0

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020

	FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFIC			MENTA	L HYGIEN					
	DECEDENT'S NAME (First, Middle, Lest)				2. DATE OF DEATH				DAY YEAR 3. TIME OF DEATH			
	William	James	Jr.		Dec		1994 12 Noor		2 Noon	м		
	4. SOCIAL SECURITY NUMBER 110-28-2371 5. SEX 6. AGE (In yrs. last bill 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						h, Day. Year)	(Year) Country)				
~	9a. FACILITY NAME (If not institution, give stre	. CITY, TOWN C	R LOCATION OF D	9c. COUNTY OF DEATH								
DIRECTOR	6664 Roberts Ct.	Glen	Glen Burnie Anne Arundel									
REC				OWN OR LOCATION				10d. INSIDE CITY LIMITS?				
FUNERAL DI	Maryland Anne Arundel			Glen Burnie			10			YES 2 XXN	0	
	10s. STREET AND NUMBER			10f. ZIP CODE				10g. CITIZEN OF WHAT COUNTRY?				
	6664 Roberts Ct./ 11. MARITAL STATUS 12. WAS DECEDENT EYER IN U.S. ARMED				21061 U.S. AS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No.—				SA			
	1 Never Married 2 Married 1 Never Married 2 Married 1 Never Married 2 Married 12. WAS DECEDENT EYER IN U.S. ARMED FORCES? 1 XES 2 NO IF YES, GIVE WAR OR DATES			If yea, spe	cify Cuban, Maxica	Rican, atc.) Black, White, atc.				•		
ВУ	3 ☐ Widowed 4 ☒ Divorced			1 X YES 2 NO Specify:				Specify: White				
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade of	ATION completed)	16a. DECEDENT'S USL	JAL OCCUPATIO	N st of working	16b	. KIND OF BUS	SINESS/INDUS	TRY			
Ę	Elementary/Secondary (0-12)	life. Do NOT use re-	life. Do NOT use retired.)									
N N	17. FATHER'S NAME (First, Middle, Lust)			Operator Print								
	William James Halpin Sr.					(HER'S NAME (First, Middle, Maiden Surname) Nellie Mooney						
BE (DDRESS (Street and Number or Rural Route Number, City or Town, St.								
5	William J. Halpin III 54 Wall St. Staten Island New York 10301											
	20e. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State											
	Metro Crematory Inc. 12/5/94 Baltimore, Md.											
	21. SIGNATURE OF PUNEMAL SERVICE LICENSEE				22. NAME AND ADDRESS OF FACILITY Stallings Funeral Home PA							
	Lily digital				3111 Mountain Rd. Pasadena, Md. 21122							
PHYSICIAN: MEDICAL CERTIFICATION	23. PART i. Enter the divesses, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiec or reepiratory arreat, shock, or heart failure. List only one ceuse on each line. Approximate interval Between Onset and Dasth of Cartial Approximate interval Between Onset and Dasth of Car											
	PART II. Other significant conditions contributing to death but not resulting in the Alcoholism Liver disease DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES						PERFOR	AS AN AUTOPSY 24b ERFORMED? (ES 2 12 NO		b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
5	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 28. PLACE OF DEATH (Check only one) OTHER:											
IXS	1 YES 2 NO 1 Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify)											
	1 Naturel 5 Pending	28b. TIME OF	WO	RK?			BE HOW INJURY OCCURED					
BY	2 Accident Investigation 3 Suicide S Could not be 28e. PLACE OF INJURY — At home, farm, atr building, stc. (Specify)			M 1 YES 2 NO		28t. LOC	LOCATION (Street and Number or Rural Route Number,					
芦	4 Homicide determined		City or Town, State)									
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and placa, and dua to the cause(a) and menner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at tha time, data and placa, and dua to the cause(a) and manner as stated.											
BE C	29b. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NUMBER				29d. DATE SIGNED (Month, Day, Year)			
TO B	X New falles			D35363				12/5/94				
F	Sandra Marshall and Battimore Vt Medical Center 10 North Greene St. Baltimie, N									Md.		
	DEC U 6 1994 L	32. REGISTRAR'S SIGNA								212	01	

_
\times
0
30
Ш
-
Ö
ο'
Inho
'n
~
쁘
Œ
0
Ö
RECC
2
и.
4
-
_
>
11
Ö
0
7
-
0
70
(1)
5
\cap

PHYSICIAN: The law requires that the death certificate be executed within any lours after death. Page 6 may be retained by the hospital or attending physician.

The state of the state of the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. DIVISION OF VITAL RECORDS, F.C. L.C..
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within TO THE FUNERAL MEETIN After this certificate has been signed by the attending physician and completed be filed within a nounger of the state Dept. of Health and Mental Hygiene prior to burial, crem.

IMPORTANT: Item 18 In merked, or item 23 shows any injury, or other traumatic event, in the state of the s

TO BE COMPLETED BY FUNERAL DIRECTOR

FOR

arked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTA CERTIFIC				IENE NO.	
1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEA		3. TIME OF DEATN
HAROLD VALENTINE	HARBOLD				Decemb	per 3, 19	994 8:32 A.
076 44 6855			UNDER 1 YEAR NTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTY (Month, Day, M	н	BIRTHPLACE (State or Foreign Country) Pennsylvania
9e. FACILITY NAME (If not institution, give stree 3527 Advocate Hil		98		R LOCATION OF DEA	ТН	9c. COUNT	Y OF DEATN
RESIDENCE OF DECEDENT	T DITYC		Ua	riectsvii		На	rford
10e. STATE 10b. COUNTY	timore	10c. CITY, T	TOWSO:				10d. INSIDE CITY LIMITS? 1 YES 2XXNO
100. STREET AND NUMBER 1107 Green Acre Ro	ad		101	21286	-	10g. CITIZE	USA
11. MARITAL STATUS 1 Never Merried 2 Married 3 Wildowed 4 Divorced	2. WAS DECEDENT EVER II FORCES? 1 A YES IF YES, GIVE WAR OR D	2 NO	If yes, sp	ENDENT OF NISPANI ecity Cuben, Mexican, 2XXNO Specity:			4. RACE — American Indian, Black, White, etc. Specify: White
15. DECEDENT'S EDUCAT (Specify only highest grade cor	TON Troleted)	18e. DECEDENT'S USI			16b. KINO C	F BUSINESS/INOUS	
	College (1-4 or 5+) 5 4	Physic	tired.)	st or working	M∈	edical	
17. FATHER'S NAME (First, Middle, Lest) John Tilden Harbol	.d			18. MOTNER'S NAM Helen		laiden Surname) 1 Pressei	
19e. INFORMANT'S NAME (Type/Print)		19b. MAILING AD	DRESS (Street a	nd Number of Rural Ro	oute Number, City	or Town, State, Zip Co	ode)
Mr. Alan K. Harbo	ld	3527 Ad	lvocate	Hill Dri	ive Jar	rettsvil	le, Maryland
20e. METHOD OF DISPOSITION 1	from State Cen	PLACE AND DATE OF D	ISPOSITION (Na place)	me of	DATE 20	c. LOCATION — Cit	y or Town, State
21. SIGNATURE OF FUNERAL SERVICE LICENS	spt ()	illtop Ser		D ADDRESS OF FACE		Towson	Maryland
· Michaels	Rick						c. 1050 York R
23. PART I. Entar tha diseasea, or con shock, or haart failure. Lis	plications that cause	tha death. Do not	antar tha mo	da of dying, auch	as cardiac or	reapiretory arrea	
IMMEDIATE CAUSE (Final disease or condition resulting in death)	Acut		eck	emia			Onset and Death
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	OUE TO (OR AS A	A CONSEQUENCE OF):					
PART II. Other significant conditions of	ontributing to death b	ut not resulting in ti	na underlying	cause givan in P	PE	AS AN AUTOPSY REFORMEO? ES 2 5 NO	24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
					_		1 TYES 2 NO
DID TOBACCO USE CONTRIB				UNCERTAIN			
EXAMINER?	OSPITAL:	26. PLACE OF DEATH (C	THER:				
1 YES 2 NO 1	☐ Inpatient 2 ☐ ER/Outp			5 Residence 6		*	
1 A Natural 5 Pending	DOS DATE OF MUNICIPAL	28b. TIME OF		JRY AT	28d. DESCRIBE N	OW INJURY OCCUI	RED
2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	INJURY	M t 🗆 Y	ES 2 NO			
2 Accident 3 Suicide a Could not be determined	(Month, Day, Year)	- At home, term, stree	M t 🗆 Y	ES 2 NO	28f. LOCATION (S City or Town,	treet and Number or State)	Rural Route Number,
3 Suicide a Could not be determined 29e. CERTIFIER (Check only	(Month, Day, Year) 28e. PLACE OF INJURY building, etc. (Spec		M t □ γ t, fectory, office	ES 2 NO	City or Town,	State)	
3 Suicide 4 Nomicide a Could not be determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: C	(Month, Day, Year) 28e. PLACE OF INJURY building, etc. (Special N: To the best of my know on the bests of examination	— At home, term, stree	M t V t tt, fectory, office	ES 2 NO	o the cause(e) en	d menner es atated.	
3 Suicide 4 Nomicide 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: C	(Month, Day, Year) 28e. PLACE OF INJURY building, etc. (Special Control of the best of my known on the best of examination of the best of examination of the best of examination of the best of examination of the best of examination of the best of examination of the best of examination of the best of examination of the best of th	At home, term, stree	M t V vite the time, date a my opinion, de	end place, end due to both occured at the tild	o the cause(e) en	d menner es stated.	cause(s) end manner es stated.

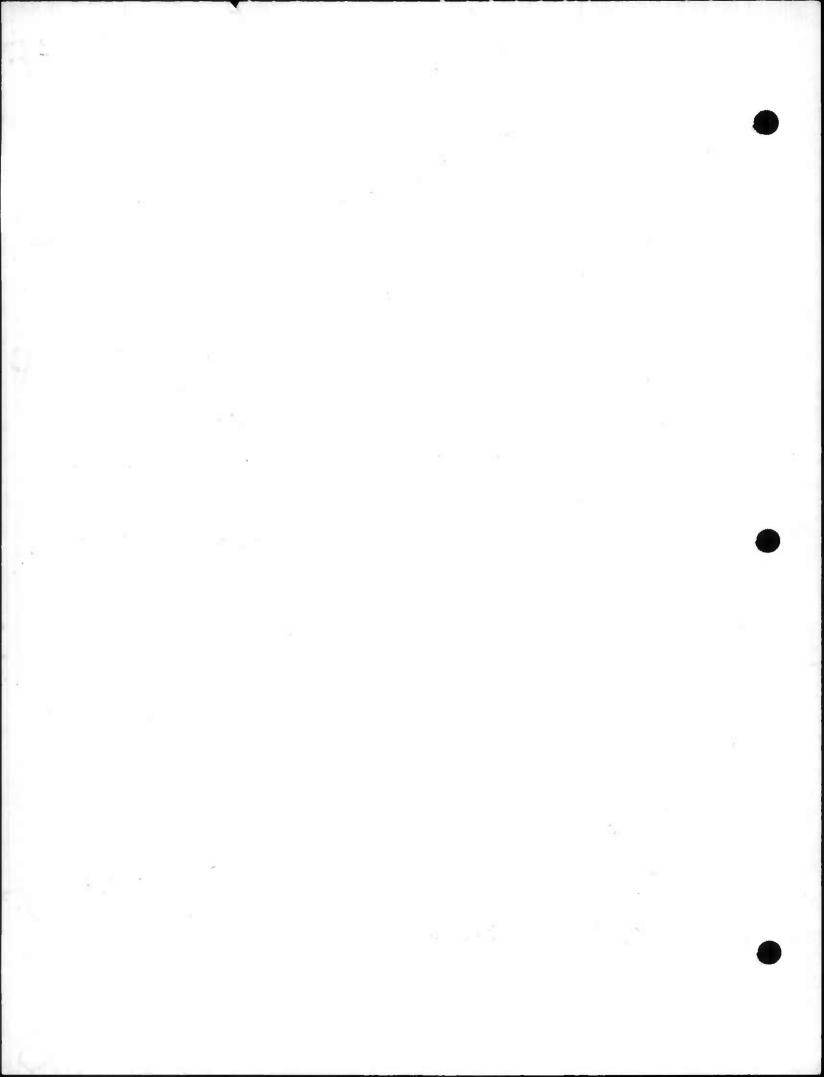
32. REGISTRAR'S SIGNATURE

31. DATE FILED (Month, Day, Year)
DEC U 6 1994

DWISION OF VITAL RECORDS, P.O. BOX 68760.

STATE OF	MARYLAND /	DEPARTMENT	OF HEALTH	AND	MENTAL	HYGIENE
	CI	ERTIFICATE	OF DEAT	'H		BEG NO

		1 - FOR STATE OF MARYS		TMENT OF H		MENTAL HYGIENI REG. NO.	E	
		1. DECEDENT'S NAME (First, Middle, Last)	0=:::::		DEMIN	2. DATE OF DEATH		3. TIME OF DEATH
		William M. HARP				MONTH DA	YEAR 94	120 A M
			(In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	8. BIRT	THPLACE (State or Foreign
亨		216-07-8387 15xm20F	79 YRS.	MONTHS DAYS	HOURS MIN.			íarvland
2, 3 should	~	9e. FACILITY NAME (If not institution, give street and number)		9b. CITY, TOWN (OR LOCATION OF DE	EATH	9c. COUNTY OF	
2, 3	DIRECTOR	Meridian Franklin Squar	е	Chase			Balti	more
Jes 1) E	10e. STATE 10b. COUNTY		Y, TOWN OR LOCAT	ION			10d. INSIDE CITY
r. Pag	듬	Maryland Baltimore	7	rbutus				LIMITS?
physician. burial-transit permit. Pages 1,	AL	10s. STREET AND NUMBER	A		. ZIP CODE		10g. CITIZEN OF	WHAT COUNTRY?
n. ansit	FUNERAL	5407 Highridge Street			21227		IISA	
physician. burial-trar	5	11. MARITAL STATUS 12. WAS DECEDENT EVER	IN U.S. ARMED	13. WAS DEC	ENDENT OF HISPAI	NIC ORIGIN? (Specify Yee on, Puerto Ricen, etc.)	or No- 14, BAC	CE — American Indian, ck, White, etc.
	ВУ	1 Never Merried 2 Merried FOHCES? 1 YES 3 TWidowed 4 Divorced	DATESX	1 TES	2XXNO Specif		Spec	city:
as en c	ED	15. DECEDENT'S EDUCATION	ISA DECEDENT'S	USUAL OCCUPATION		16b. KIND OF BUS	INFOCUMENT OF THE	white
10 n	ETE	(Specify only highest grade completed) Etementery/Secondary (0-12) College (1-4 or 5 +)	(Give kind of v	work done during ma	st of working	IGE, KIND OF BUS	INCSS/INDUSTRY	
2 2 6	릴	0=8+h	Doot			self		
the hospit detached once.	COMPL	17. FATHER'S NAME (First, Middle, Last)		aranto		ME (First, Middle, Maiden :	Surname)	
# 65	ші	Marion Harp			Etta	O. Wheat		
retained to 5 should notified	TO B	19a. INFORMANT'S NAME (Type/Print)	19b. MAILING	ADDRESS (Street a		Route Number, City or Town		
. 4 8 0	-	Paul L. Harp	120	8 Maple	Avenu	e Arbutu	is.Md.	21227
ector, pa		1 Buriel 2 Cremetion 3 Removal from State	b. PLACE AND DATE of	ther placel		DATE 20c. LOC	CATION — City or T	Town, State
		4 Donation 5 XOther (Specify) entembrant	Cedar H	ill Cen	netery1	2/8/94 Br	ooklyn	Maryland
death. Page 6 m e funeral director, l.		21. SIGNATURE OF FUNERAL SERVICE LICENSEE		22. NAME AF	ID ADDRESS OF FA	cur neral Hom		
0 = 0			2-8			ur Spring		1227
E B E		23. PART I. Enter the diseases, or complications that ceuse shock, or heart fellure. List only one cause on a	d the deeth. Do r	not enter the mo	de of dying, auc	h ee cerdiec or reepi	ratory arrest,	Approximata
		IMMEDIATE CAUSE (Finel	4.0		1.	-0		Onset and Death
		disease or condition resulting in death)	uc Ca	Curun	Mir	late		Zyve
2 5 - W		DUE TO (OR AS	A CONSEQUENCE OF	F):				
te be executed sician and con prior to burial, traumatic er	8	Sequentially list conditions, b. DUE TO (OR AS	A CONSEQUENCE OF	F).				
be be rior to trans	CATION	If any, leading to immediate cause. Enter UNDERLYING	A CONSEQUENCE OF	. ,.				
ertificate ing phys giene p		CAUSE (Disease or Injury that initiated events DUE TO (OR AS.	A CONSEQUENCE OF	F):				
- FEE	ERTIFI	reaulting in deeth) LAST						ļ
the deat the atte d Mental	2	PART II. Other significent conditions contributing to deeth i	hut not excellent					
the the and W	§	TAIL II. Other symmetric conditions contributing to deeth	out not resulting	in the underlying	ceuse given in	Part i. 24a. WAS AN PERFOR		b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
9 5 6 c	EDIC/					1 TYES 2	XIII	COMPLETION OF CAUSE OF DEATH?
requires been sign of Heal	×.							1 YES 2 NO
- 2 0 N	IAN	25. WAS CASE REFERRED TO MEDICAL		28. PL	ACE OF DEATH (Ch	eck only one)		
TTENDING PHYSICIAN: The TOP: TOP: After this certificate hatter death with the State I 28 is marked, or item	SICI	EXAMINER? 1 YES 2 NO 1 Inpetient 2 ER/Out	patient 3 DOA	OTHER:		6 Nother (Specify) I	1-18 L	
PHYSICIA this certil with the ked, or	РНҮ	27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year)	28b. TIM	E OF 28c. INJ	URY AT	28d. DESCRIBE HOW IN		- 3/we
NG PHYS fter this eath with	ВУ	1 Natural 5 Pending 2 Accident Investigation	INJ		RK? /ES 2 NO			
TTENDING TOR: After after death		3 Suicide 6 Could not be 28e. PLACE OF INJUR	Y — At home, tarm, a	street, factory, offic		28t, LOCATION (Street a City or Town, State)	nd Number or Rural	Route Number,
TTEN TTOR: after	ETE	4 Homicide determined						
2332	IPL	29e. CERTIFIER (Check only 1 CERTIFYINO PHYSICIAN: To the best of my know						
4 P	COMPLET	one) 2 MEDICAL EXAMINER: On the beels of examination	on end/or investigation	n, in my opinion, d	eath occured at the	time, date end place, end	d due to the cause((e) end menner ae stated.
A P. P.	BE (296. SIGNATURE AND TITLE OF CERTIFIER	7		29c. LICENSE NUI	MBER	29d. DATE SIGNE	D (Month, Day, Year)
TO THE HOSEN TO THE FUNES OF SECTION 7	0	War randonnen	mys		1)08	252	▶ /2 -	5-94
en en maragement de	-	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DE	EATH (ITEM 27) (Type,			GA R	01'	1 2
1		W. TTHEREN, WIS.	France	Jan M	ume 12	y. 18ct	H many	40 21237
10		DEC 0 6 1994 July Student	NATURE			,		
` [1004 Junt amount va	tall					



020	physician.
1213-0020	attending
-	9
מוען	e hospital
Ĵ.	#
	5
	retained
2	2
יונטור, ו	6 тау
)	9
3 4 6	Page

Pages 1, 2, 3

permit.

burial-transit

the

35

use

ō

detached once.

page 5 should be

funeral director,

and completely filled in by the

or removal. medical

æ

notified

9

must

examiner

MEDICAL

PHYSICIAN:

ВУ

COMPLETED

BE

9

CAUSE (Disease or injury

that initieted events resulting in deeth) LAST

_	s aft	2	оша	fica
	OUR	E.	Dr re	THE
		fillec	OU. (her
-	é	tely	mati	t, t
9	with	mple	Crei	Ven
87	urted	8	rial.	0 0
9	Soci	and	o pr	nat
ŏ	2	clan	101	Table 1
ă	cate	Hysi	e pr	er t
o.	ertifi	00 D	gien	鲁
<u>.</u>	th C	endi	Ŧ	6
ທົ	deal	aff	euta	Ě
Ö	the	y the	M D	Ē
E	that	D D	h ar	3my
ŏ	ires	signe	lealt	22
Ä	redu	Lee	50	hou
	AW.	S be	ept.	23
₹	he	e ha	O a	E
	N	ficati	Stat	=
Li.	CIA	Serti	the	9
ō	H.S	his (with	ked
Z	NG P	ter 1	ath	mar
0	NON	L. Af	r de	50
S	ITE	100	afte	28
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within mours after	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remo	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medica
_	AL	AL	2 h	Ξ
	SPIT	NER	E	Ë
	9	3	W	TA
	王	王	filed	20
	2	2	2	Ξ
		-	-	_

1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. OECEDENT'S NAME (First, Middle, Last) 2. DATE OF OEATH 3. TIME OF OEATH Katherine C. Harris DECEMBERY 1994 5.50 AM 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH a. BIRTHPLACE (State or Foreign 4/6/1927 1 🗌 M 2 🙀 F 212-20-2746 67 YRS. Florida 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF CEATH 9c. COUNTY OF CEATH DIRECTOR Union Memorial Hospital Baltimore City RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Baltimore Maryland 1 TYES 2 NO 10e. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 2901 Grantley Avenue 21215 USA 12. WAS OECEDENT EVER IN U.S. ARMEO FORCES? 1 YES 27 NO 11. MARITAL STATUS 13. WAS DECENOENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Married If yea, specify Cuban, Mexican, Puerto Rican, etc.) IF YES, GIVE WAR OR DATES 1 TES 2 NO Specify. BY 3 🔣 Widowed 4 🗌 Divorced Black 16e. DECEOENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. OECEDENT'S EOUCATION (Specify only highest grade complete 16b. KINO OF BUSINESS/INOUSTRY E Elementary/Secondary (0-12) College (1-4 or 5+) A. & F. Nurses Registry COMPL Private Duty Nurse 12th 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname). John Collins Bertha Starkes 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING AOORESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Ronald Harris 437 Trimble Fields Dr. Edgewood, MD 21040 20s. METHOD OF OISPOSITION
1 ★ Burtal 2 Cremetion 3 ☐ Removal from State
4 ☐ Donation \$\sqrt{5} ☐ Other (Specify) _____ 20c. LOCATION — City or Town, State 20b. PLACE ANO DATE OF DISPOSITION (Name of OATE Western Star Cemetery12/8 Catonsville, MD 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY LEROY O. DYETT & SON FUNERAL HOME 4600 LIBERTY HEIGHTS AVENUE 21207 23. PART | Enter the disesses/d complications that covered the desth. Do not sater the mode of dying, such as cardiac or reepiratory arrest, shock, or heart failure List Dniy one cause on each line. Interval Between IMMEDIATE CAUSE (Final Onset and Death disease or condition OUE NO (OR AS A CONSEQUENCE OF): resulting in dseth) week OUE TO (OR AS A CONSEQUENCE OF) ant CERTIFICATION Sequentielly list conditione, If any, leeding to immediate e to of as a consequence of): cause. Enter UNDERLYING

PART II. Other algnificent condition	e contributing to death but not	resulting in the u	nderlying ceuse given in	1 Pert I. 24s. WAS AN AUTOPSY PERFORMEO? 1 YES 2 LIMB	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 P NO
DID TOBACCO USE CONT	RIBUTE TO CAUSE OF DEA	ATH YES	NO UNCERTA	N4	
25. WAS CASE REFERRED TO MEDICAL	26. PLA	CE OF OEATH (Check	only one)		
EXAMINER?	HOSPITAL: 1 Pinpetient 2 ER/Outpetient :	OTHE	R: rsing Home 5 - Realdence	6 Other (Specify)	
27. MANNER OF OEATH 1	28a. OATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY M	28c. INJURY AT WORK? 1 YES 2 NO	28d. DEŞCRIBE HOW INJURY OCCUR	REO
3 Suicide 8 Could not be detarmined	28e. PLACE OF INJURY — At he building, atc. (Specify)	ome, ferm, atreet, fac	ctory, office	28t. LOCATION (Street and Number or City or Town, State)	Rural Route Number,
290. CERTIFIER 1 N CERTIFYING PHYSI	CIAN: To the heet of my knowledge of	and assumed as at .			

2 MEDICAL EXAMINER: Dn the basic of examination end/or investigation, in my opinion, death occurred at the time, date and placa, and due to the cause(a) and menner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)

PG Y-1 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF OEATH (ITEM 27) (Type, Print) ZEINA

MEMORIAL HOSPITAL UNION

32. REGISTRAR'S SIGNATURE

12/4/94

3 TIME OF GEATH

10d. INSIDE CITY

USA

WHITE

MD 21215

intarvai Batween Onset and Death

3to5months

Approximate

7 days

24b. WERE AUTOPSY FINDINGS

AMAILABLE PRIOR TO

29d. DATE SIGNEO (Month, Day, Year)

DEC

COMPLETION OF CAUSE 1 | YES 2 | HT9

14. RACE — American Indien, Black, White, etc.

1 TES 2XXNO

710

0

8. BIRTHPLACE (State or Foreign

RUSSIA

10g. CITIZEN OF WHAT COUNTRY?

9c. COUNTY OF DEATH BALTIMORE

2

1 - STATE REGISTRAR

1. OECEDENT'S NAME (First, Middle, Last) 2 DATE OF DEATH ROSE HARRIS DEC 8. AGE (In yrs. last birthday) 4. SOCIAL SECURITY NUMBER IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH DAYS HOURS NOV .1871902 1 M 2 F 92 220-38-8360 YRS. Pages 1, 2, 3 should Se. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH DIRECTOR RANDALLSTOWN NORTHWEST HOSPITAL CENTER RESIDENCE OF DECEDENT 10e. STATE 18b. COUNTY 10c. CITY, TOWN OR LOCATION MARYLAND BALTIMORE BALTIMORE permit. 10e. STREET AND NUMBER 101, ZIP CODE 21208 FUNERAL 4218 LOWELL DRIVE for use as the burial-transit hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 10 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-BALTIMORE, MARYLAND 21215-0020 If yes, specify Cuben, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 1 Never Married 2 Married IF YES, GIVE WAR OR DATES BY 3 Widowed 4 Divorced COMPLETED 15. DECEOENT'S EDUCATION (Specify only highest grade complete 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 18b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) detached HOUSEWIFE AT HOME Duce. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surname) ours after death. Page 6 may be retained by the in by the funeral director, page 5 should be deter To **JACOB** BRICKMAN IDA KARKLIN BE notified 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Yown, State, Zip Code) 2 PAULA VENICK 2436 SMITH AVE. BALTIMORE, MD 21209 ě 20e. METHOD OF DISPOSITION
1 Disposition 3 Removal from State OATE 20c. LOCATION — City or Town, State 2—1994 ROSEDALE, MD 20b. PLACE AND DATE OF DISPOSITION (Name of must CONSTINATE TO OFTON 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE examiner 22. NAME AND ADDRESS OF FACILITY Ellensu SOL LEVINSON & BROS., INC. 6010 REISTERSTOWN ROAD BALTIMORE, completely filled in by the rial, cremation, or removal. medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardisc or respiratory arrest, shock, or heart failure. List only one cause on each line IMMEDIATE CAUSE (Final the disesse or condition Right Renal Mass event, reaulting in death) DIVISION OF VITAL RECORDS, P.O. BOX 68760, DUE TO (OR AS A CONSEQUENCE OF): and com traumatic Liver Infiltrate CERTIFICATION Sequentially list conditions, prior to if sny, leading to immediate attending physician ntal Hygiene prior to HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be FUNERAL DIRECTOR: After this certificate has been signed by the attending physician within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to . Enter UNDERLYING CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST 6 PART II. Other algorificant conditions contributing to death but not resulting in the underlying ceuse given in Part i. 24a. WAS AN AUTOPSY MEDICAL MALNUTRITION any has b. Dept. c PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) certificate h HOSPITAL:
1 9 Inpatient 2 - ER/Outpatient 3 - ODA OTHER:
4 | Nursing Home 5 | Residence 6 | Other (Specify) 1 YES 2 NO 6 27. MANNER OF DEATH 26e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT 28d. OEŞCRIBE HOW INJURY OCCURED marked, 1 Natural 5 Pending 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify) 3 Sulcide 26f. LOCATION (Street and Number or Rural Route Number, City or Town, State) ETED. 100 6 Could not be 4 Homicide 28 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(s) end menner as stated. COMPL TO THE HOSPITAL
TO THE FUNERAL
De filed within 72 h
IMPORTANT: If I 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occured at the time, data end place, and due to the cause(s) and manner ea stated 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER BE. 1) 37333

ew

32. DEGISTRAR'S SIGNATU

This of wider Ro

SAUTO. MI)

30. NAME AND AGORESS OF PERSON WHO COMPLETED CAUSE OF GEATH (ITEM 27) (Type, Print)

RAVI

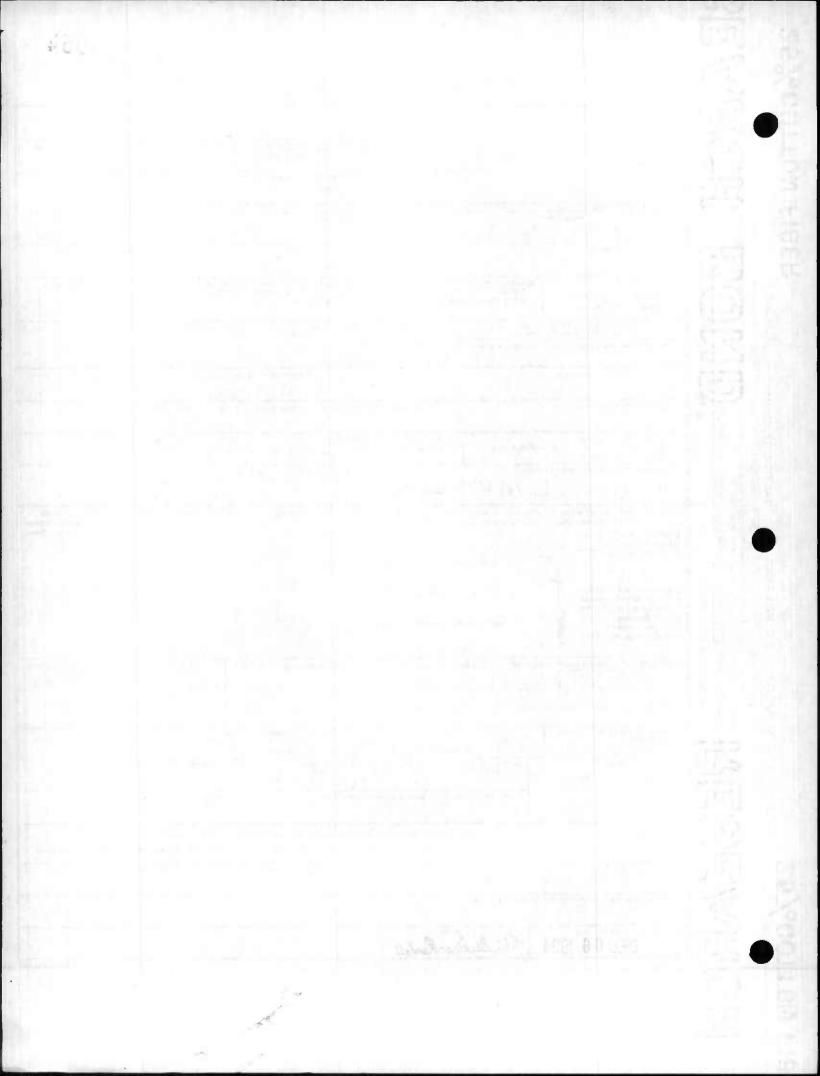
DEC 06 1994

31. DATE FILED (Month, Day, Year)

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

OHMH-16 Rev 1/89



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notitied at once.

11EM: 200, PER F.H.	FILM G-/10 12/0/94 L.L	
FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH / CERTIFICATE OF DEAT	AND MENTAL HYGIENE H REG. NO.
CEDENT'S NAME (First, Middle, Last)		2. DATE OF OEATN
lyra	HARRIS	MONTH DAY

	1 - STATE REGISTRAR	SIAIR UF I	NAKYLANU / CE	RTIF	ICATE	OF	DEAT	AND I		HYGIEN REG. NO.	_			
	1. OECEDENT'S NAME (First, Middle, Last)								2. DATE OF	OEATN			3. TIME OF OE	ATH
- 1	Myra	HAR	RRIS						Noven	her		YEAR O L	2:10	рм
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last	birthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS.	7 DATE OF	BIOTH		6. BIRTHE	PLACE (State or	
	219-05-6325-A	1 🗆 M 2 💢 F	76	YRS.	MONTHS	DAYS	HOURS	MIN.	July	30.19	918	Penr	nsylvan	ia l
	9a. FACILITY NAME (If not institution, give s	street and number)			9b. CITY	, TOWN O	R LOCATIO			, , ,		NTY OF DE		110
O.	Franklin Square H	Hospital			Ва	ltim	ore				Ra1	Ltimo	re	
ᇈ	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNT	~		10- 017	Y. TOWN C		1001					LCIMO		
Ë					Air		ION						10d, INSIDE CIT	
9	Maryland Harf	.01'0		De	THII	-	ZIP CODE						1 YES 2 X	
FUNERAL DIRECTOR	808 Hurley Court					101		014			10g. CITI	U.S	HAT COUNTRY?	
BY	11. MARITAL STATUS 1 Never Married 2 Merried 3XXWidowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	T EVER IN U.S. ARN YES 2 Y NO WAR OR DATES	MED O		If yes, spe	ENDENT O ecify Cuber 2 [X NO	n, Maxicar	IIC ORIGIN? (n, Puerto Ric	Specify Yea an, etc.)	or No—	14. RACE Black, Specify Whit		ilan,
8	15. DECEDENT'S EDU (Specify only highest grade	CATION COMPOSITION	18e, DEC	EDENT'S	USUAL O	CCUPATIO)N		16b. K	NO OF BUS	SINESS/INC			$\neg \neg$
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5	Min.	Do NOT u	se retired.)	during mo:	st of working	g						- 1
MP	11th.		Hos	tess	<u> </u>				Bro	advie	ew Re	stau	rant	
8	17. FATNER'S NAME (First, Middle, Lest)								ME (First, Mid		Surname)			- 1
BE	William Klimm								Legr					
2	Annette Harris				doness				Route Number, BelAir			,		
	20a. METHOD OF DISPOSITION		20b. PLACE A	-					DATE	<u> </u>		City or Tow	un State	
	1 X Buriel 2 ☐ Cremation 3 ☐ Rem 4 ☐ Donation 5 ☐ Other (Specify)	ovel from State	HOIIV					r12/	1/94				unty,Mo	.
	21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEL	981	1	22.	NAME AN	D ADDRES	S OF FAC	CILITY					
		Lasse	hx						Fune			1 a M.	۵۱۸۵	7
	23. PART i. Enter the diseases, or	1		th. Do i	not enter	the mo	de of dvi	ng. auch	RUAU	C Or reed	IS ATT	TE, I'll	d. 2108	
	ehock, or heart fallure. IMMEDIATE CAUSE (Finel	Liat Dnly Dne cau	ise Dn eech line.				.50			-1	The state of		Interval I	Between
	The state of the s	. End at		onti-	uro h		fail	11120	with	COMA	** m	itral		
i	reaulting in death)	e. End sta	(OR AS A CONSECU	UENCE O	re III	carr	rgita	tio	WILII	Seve	re III.	rtlei	4 da	ys
z	Commentation lies and distance	b. Complet	te ateleo	ctas	is o	f le	ft 1	ung					4 da	ys
E	Sequentielly list conditions, if eny, leading to immediate	DUE TO	(OR AS A CONSECU	UENCE O	F):									
2	CAUSE (Disease or injury	C. DUE 70	(OR AS A CONSEO	HENCE O										
Ē	that initiated eventa resulting in deeth) LAST	JOE 10	(ON AS A CONSECU	DENCE O										
CAL CERTIFICATION		d											+	
¥.	PART ii. Other eignificant condition			aulting	In the un	derlying	cauae g	iven in I	Part I. 24	ia. WAS AN PERFOR			WERE AUTOPSY	
	Chronic renal in	sufficier	ncy						_ 1	YES 2			COMPLETION OF OF DEATN?	
MED	hypothyroidism												t 🗆 YES 2 🗍	NO
ÿ	DID TOBACCO USE CONT	RIBUTE TO CA					UNC	ERTAIN	1 🗆					
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	2e. PLACE		OTHER	-								
¥ I	1 TYES 2 NO 27. MANNER OF DEATN	1x Inpatient 2 28a. DATE OF	ER/Outpatient 3	DOA 28b. TIM		ing Nome		nidence i	6 Other (S					
=	1 Natural 5 Pending	(Month, D			URY M	WOI	RK?	NO	28d. DESCR	IBE HOW I	NJURY OCC	CURED		
ĕ I	2 Accident Investigation 3 Suicide 6 Could not be	26a. PLACE O	F INJURY — At hom	ne, lerm, i	street, lact			-	281. LOCATI	DN (Street a	nd Number	or Rural Ro	oute Number,	
COMPLETED	4 Nomicide datarmined	building,	atc. (Specify)						City or	Town, State)				
1 2	29a. CERTIFIER (Check only	ICIAN: To the best of	my knowledge, dear	th occurr	ed at the ti	me, data	and placa,	and due	to the cause	(a) and man	ner as stat	ed.		
ŏ	one) 2 MEDICAL EXAMINE												and manner as	stated.
	296. SIGNATURE AND TITLE OF CERTIFIE						29c. LICE	NSE NUM	IBER		29d. DATI	E SIGNED (Month, Day, Year)
D BE		J. CM					RI	D174	1	-			er 29.1	
2	30. NAME AND ADDRESS OF PERSON WH					1				1 010		· CINDE		7,7
	Dr. Htay Myint 90				r. B	alti	more	, Ma	rylan	d 212	3/			
	31. DATE DECC 0 6: 1994	Jakit Wille	S. S. S. S. S. S. S. S. S. S. S. S. S. S											

and more plants

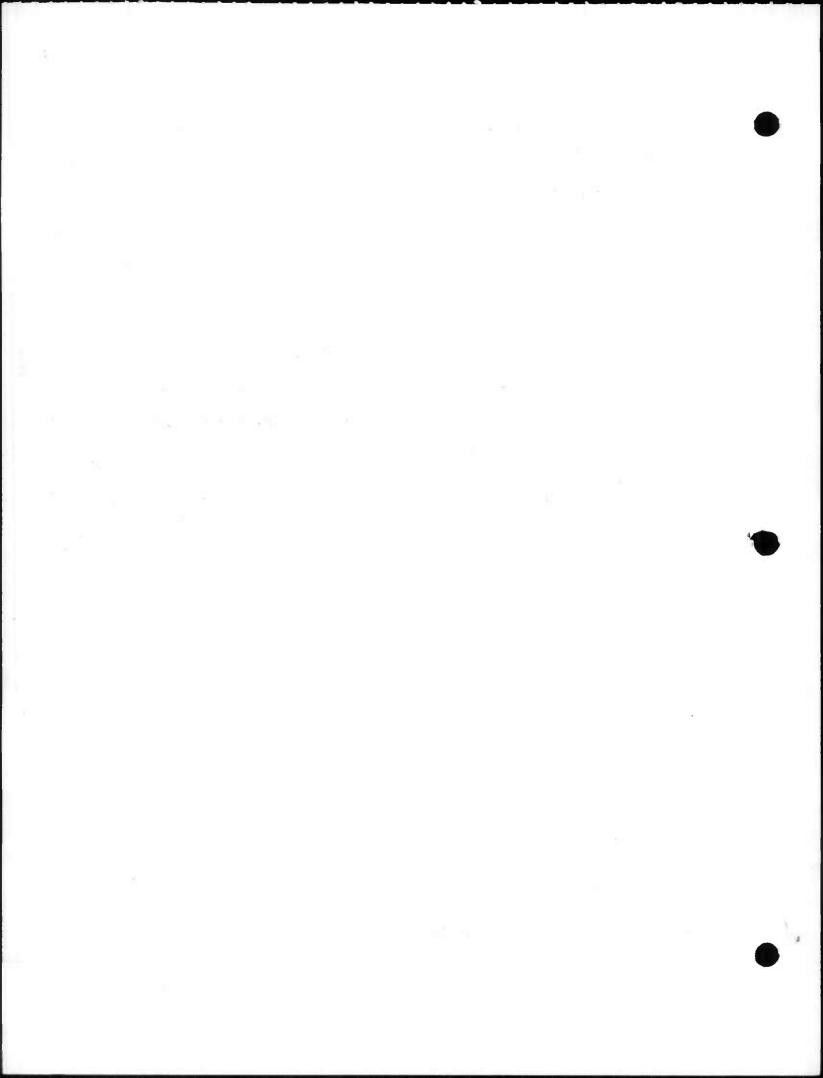
		FOR 1 - STATE REGISTRAR	STATE OF MARYLA		RTMENT OF I		MENTAL HYGIEN			
		1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		ZEAR 3. T	IME OF DEATH
		MARSHALL			HENRY	7	NOV 30	1994	11	:30 A M
9		4. SOCIAL SECURITY NUMBER 214-56-9652	1 ⊠MM 2 □ F 4	n yrs. lest birthdey) .5 YRS.	IF UNDER 1 YEAR MONTHS DAYS	HOURS MIN.	MAY 19,	.949 M	BIRTHPLAC	CE (State or Foreign
2, 3 should	CTOR	99. FACILITY NAME (If not institution, give st SHOCK TRAIIMA C			**	OR LOCATION OF D		9c. COUNTY	n/a	
←*	иши	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR LOCA				10d.	INSIDE CITY
permit, Pages	AL DIR	MARYLAND n/	a		BALTIM	OR E		I	^^	LIMITS? YES 2 NO
ist.	FUNERA	711 N. STREEPE				21205		UNITE	D ST	ATES
215-0020 attending physician. se as the burlal-transit	8	11. MARITAL STATUS 1 XXvever Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 VNO	It yes, s	CENDENT OF HISPA pecity Cuban, Maxico \$ 2/ NO Special	NIC ORIGIN? (Specify Ye an, Puarto Rican, etc.) iy:	s or No- 14	I. RACE — A Black, Whi Specify:	merican Indian, Ita, etc. BLACK
	TED	15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)	(Give kind of	USUAL OCCUPATI	ION ost of working	16b. KIND OF BU	ISINESS/INDUS	TRY	
	PLET	Elementary/Secondary (0-12)	College (1-4 or 5 +)	LABOR			VARI	OUS		
retained by the hospital 5 should be detached to		17. EATHER'S NAME (First, Middle (281)				18. MOTHER'S NA	AME (First, Middle, Maiden	n Surname)		
d) es		19a. INFORMANT'S NAME (Type/Print) BRENDA HENRY		196. MAILING 711		and Number or Rural	REET, BALT	wn, State, Zip Co		LAND# 05
BALTIMORE, er death. Page 6 may be the funeral director, page val.		20s. METHOD OF DISPOSITION 1 Burlel 2 Cremetton 3 Remo			OF DISPOSITION (N			OCATION — CITY ISDOWNE		
TIM: Page		21. SIGNATURE OF FUNERAL SERVICE LIC		/		ND ADDRESS OF FA		ODOMINE	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
BALTIMOR after death, Page 6 m by the funeral director, moval.		· Ree V.	Blollar	d			FH1101			AVENUE
within 25 hours within 25 hours spletely filled in cremation, or re		23. PART I. Enter the diseases, or c shock, or heart failura. I IMMEDIATE CAUSE (Final disease or condition resulting in death)	lst only one cause on aa	ple	Gunsho	oda of dyling, such		iratory arrast	t,	Approximeta Intervel Between Onset and Daeth
P.O. BOX h certificate be e anding physician a Hygiene prior to or other traum	RTIFICATION	Sequentially list conditions, if sny, laeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated avants resulting in dasth) LAST	DUE TO (OR AS A							
S, se de de de de de de de de de de de de de		PART II. Other significant conditions	contributing to death bu	rt not reaulting	In the underlyin	ng cauae givan in	Part I. 24a. WAS AN			E AUTOPSY FINDINGS
E 5 0 5 >							PERFO		OF D	LABLE PRIOR TO PLETION OF CAUSE DEATH? YES 2 NO
law re as bee bept. o		DID TOBACCO USE CONTR				1	N 🗆			, , =
/ITAL N: The faw hcate has I State Dept	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 ¬yes 2 ¬ NO	HOSPITAL:		TH (Check only one) OTHER:					
F VIT. SICIAN: The certificate in the State	H	27. MANNER OF DEATH	1 Inpatient 2 ER/Outpa 26a. DATE OF INJURY	28b. TIM	E OF 26c. IN.	JURY AT	6 Other (Specify) 28d. DESCRIBE HOW	INJURY OCCUF	RED .	
ON OD DING PHYS After this death with	ВУ Р	1 Netural 5 Pending 2 Accident Investigation	(Month, Day, Year) 11-29-94	2034	f M 1 🗆			ed sh		
ISIC TTENDI	TED	3 Suicide 6 Could not be 4 Homicide determined	26a. PLACE OF INJURY building, atc. (Specif	Shreet	street, factory, offic	ca	281, LOCATION (Street City or Town, State, Ect I fine	end Number of 1 1200 Au	utional	Vumber, EAU Co
를 물로 목	12		EIAN: To the best of my knowle t: On the basis of examination							manner ee stated.
S LONG	9 °	296. SIGNATURE AND TITLE OF CERTIFIER	A 111			29c. LICENSE NU		29d. DATE SI		
F P 2	8	flerun	2 Cluste "	0		OCME			.01,	
2	[.	30. NAME AND ADDRESS OF PERSON WHO	1	11 Pen		et, Bal	timore,	Marvl	and	21201
-/	1	31. DEC 0 6 1994	32 REGISTRAR'S SIGNA	TURE						

DHMH-16 Rav 1/89

, .

68760	
BOX	
P.0.	
RECORDS,	
JE VITAL	
DIVISION	

	1 - STATE OF M.	ARYLAND / DEPARTME CERTIFICA	ENT OF HEALTH AND	MENTAL HYGIEN REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)			2. DATE OF DEATH MONTH DA		3. TIME OF DEATH
	KATHARINE 4. SOCIAL SECURITY NUMBER 5. SEX		NDER 1 YEAR IF UNDER 24 HRS.	11-30		5:00 A. M
8	216-18-7239 1 N 20XF	83 YRS. MONTE		(Month, Day, Year) 01-13-	- 1 9	MARYLAND
_	9a. FACILITY NAME (If not institution, give street and number)	9b. 0	CITY, TOWN OR LOCATION OF DE		9c. COUNTY	
HOT:	4 KNOLL RIDGE COU	URT	ELKRIDGE	ESTATES	BA	LTIMORE
DIRECTOR	10a. STATE 10b. COUNTY MARYLAND BALTIMORE	10c. CITY, TOW	WN OR LOCATION ELKRIDGE	ESTATES		10d. INSIDE CITY LIMITS? 1 YES X X NO
	10e. STREET AND NUMBER		101. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
FUNERAL	4 KNOLL RIDGE COL		2121			S.A.
	11. MARITAL STATUS 12. WAS DECEDENT FORCES? 1 IF YES, GIVE WA	YES XXNO	13. WAS DECENDENT OF HISPAI If yes, specify Cuban, Maxica	an, Puarto Rican, atc.)	or No 14.	RACE — American Indian, Black, White, atc.
ВУ	3 Wildowed 4 Divorced	H OR DATES	1 YES ZXXIO Specif	ην: 		Specify: WHITE
TEC	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	life Do NOT use retire	one during most of working	16b. KIND OF BUS	SINESS/INDUST	RY
IPLE	Elementery/Secondery (0-12) College (1-4 or 5+) 12 YEARS		- OPERATOR	DR	ESS S	SHOP
COMPLETED	17. FATHER'S NAME (First, Middle, Last)			AME (First, Middle, Maiden		
BE	PHILIP I. HEUISLER 19a. INFORMANT'S NAME (Type/Print)	LANK MANUNIA ARRE	HIL			· · · · · · · · · · · · · · · · · · ·
2	MARY CHARLOTTE WATTS		UXTON ROAD,			
	20a METHOD OF DISPOSITION A Spurial 2 Cremation 3 Removal from State	29b. PLACE AND DATE OF DIS cemetery, crematory or other ple		DATE 20c. LO	CATION City	or Town, State
	4 □ Donetion 8 □ Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE	NEW CATHED	RAL CEMETER 22. NAME AND ADDRESS OF FA		ALTO.	,MD.21229
	A. S. Ruth			W. JENKI		
	23. PART I. Entar tha diseesea, or complications that shock, or haart fallure. List only one caus	caused tha death. Do not en				
	IMMEDIATE CAUSE (Final		0			Onset and Death
	disease or condition resulting in death)	Vory	- COPP			YRS
	resulting in death)	OR AS A CONSEQUENCE OF	- COPO			YRS.
LION	resulting in death) a. DUE TO (6 Sequentially list conditions,	OR AS A CONSEQUENCE OF):	- COPP			YRS
ICATION	resulting in death) a. DUE TO (6 Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	OF AS A CONSEQUENCE OF):	- COPO			YRS.
RTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	C-AR LITELS	- COPO			YRS.
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	OR AS A CONSEQUENCE OF):	- COPO			YRS.
AL	resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other algorificant conditions contributing to death.	OR AS A CONSEQUENCE OF):	e underlying cause given in	PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE
AL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	OR AS A CONSEQUENCE OF):	e underlying cause given in		MED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
AL	resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other algorificant conditions contributing to death.	OR AS A CONSEQUENCE OF): DR AS A CONSEQUENCE OF): Jeeth but not resulting in the		PERFOR 1 TYES 2	MED?	AMILABLE PRIOR TO COMPLETION OF CAUSE
AL	PART II. Other algnificant conditions contributing to describe the page of the	DR AS A CONSEQUENCE OF): DR AS A CONSEQUENCE OF): DR AS A CONSEQUENCE OF): DR AS A CONSEQUENCE OF): DR AS A CONSEQUENCE OF): DR AS A CONSEQUENCE OF): DR AS A CONSEQUENCE OF): DR AS A CONSEQUENCE OF): DR AS A CONSEQUENCE OF):	UNCERTAIL	PERFOR	MED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
AL	DUE TO (a) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST DID TOBACCO USE CONTRIBUTE TO CAU 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES XX NO 1 Inputem 2	DR AS A CONSEQUENCE OF): 26. PLACE OF DEATH YES TO CONSEQUENCE OF): DR AS A CONSEQUENCE OF): 27. PLACE OF DEATH YES TO CONSEQUENCE OF): DR AS A CONSEQUENCE OF): DR AS A CONSEQUENCE OF): 28. PLACE OF DEATH YES TO CONSEQUENCE OF): DR AS A CONSEQUENCE OF): 28. PLACE OF DEATH OF): 28. PLACE OF DEATH OF): DR AS A CONSEQUENCE OF): 29. PLACE OF DEATH OF): DR AS A CONSEQUENCE OF): 29. PLACE OF DEATH OF): DR AS A CONSEQUENCE OF): 29. PLACE OF DEATH OF): DR AS A CONSEQUENCE OF): 29. PLACE OF DEATH OF): DR AS A CONSEQUENCE OF): 29. PLACE OF DEATH OF): DR AS A CONSEQUENCE OF): 29. PLACE OF DEATH OF): DR AS A CONSEQUENCE OF): 29. PLACE OF DEATH OF): 29. PLACE OF DEATH OF): DR AS A CONSEQUENCE OF): DR AS A CONSEQUENCE OF): 29. PLACE OF DEATH OF): DR AS A CONSEQUENCE OF): DR AS A CONSEQUENCE OF): 29. PLACE OF DEATH OF): 29. PLACE OF DEATH OF): DR AS A CONSEQUENCE OF): DR AS A CONSEQUENCE OF): 29. PLACE OF DEATH OF): DR AS A CONSEQUENCE OF): 29. PLACE OF DEATH OF): DR AS A CONSEQUENCE OF): 29. PLACE OF DEATH OF): 29. PLACE OF DEATH OF): 29. PLACE OF DEATH OF): 29. PLACE OF DEATH OF): 29. PLACE OF DEATH OF): 29. PLACE OF DEATH OF): 29. PLACE OF DEATH OF): 29. PLACE OF DEATH OF): 29. PLACE OF DEATH OF): 29. PLACE OF DEATH OF): 29. PLACE OF DEATH OF): 29. PLACE OF DEATH OF): 29. PLACE OF DEATH OF): 29. PLACE OF DEATH OF): 29. PLACE OF DEATH OF): 29. PLACE OF DEATH O	UNCERTAII eck only one)	PERFOR	XXNO	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN: MEDICAL	DUE TO (a) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DID TOBACCO USE CONTRIBUTE TO CAU 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES XX NO 1 Inpetient 2 2 27. MANNER OF DEATH XX Netural 5 Pending	DR AS A CONSEQUENCE OF): 26. PLACE OF DEATH YES TO CONSEQUENCE OF): DR AS A CONSEQUENCE OF): 27. PLACE OF DEATH YES TO CONSEQUENCE OF): DR AS A CONSEQUENCE OF): DR AS A CONSEQUENCE OF): 28. PLACE OF DEATH YES TO CONSEQUENCE OF): DR AS A CONSEQUENCE OF): 28. PLACE OF DEATH OF): 28. PLACE OF DEATH OF): DR AS A CONSEQUENCE OF): 29. PLACE OF DEATH OF): DR AS A CONSEQUENCE OF): 29. PLACE OF DEATH OF): DR AS A CONSEQUENCE OF): 29. PLACE OF DEATH OF): DR AS A CONSEQUENCE OF): 29. PLACE OF DEATH OF): DR AS A CONSEQUENCE OF): 29. PLACE OF DEATH OF): DR AS A CONSEQUENCE OF): 29. PLACE OF DEATH OF): DR AS A CONSEQUENCE OF): 29. PLACE OF DEATH OF): 29. PLACE OF DEATH OF): DR AS A CONSEQUENCE OF): DR AS A CONSEQUENCE OF): 29. PLACE OF DEATH OF): DR AS A CONSEQUENCE OF): DR AS A CONSEQUENCE OF): 29. PLACE OF DEATH OF): 29. PLACE OF DEATH OF): DR AS A CONSEQUENCE OF): DR AS A CONSEQUENCE OF): 29. PLACE OF DEATH OF): DR AS A CONSEQUENCE OF): 29. PLACE OF DEATH OF): DR AS A CONSEQUENCE OF): 29. PLACE OF DEATH OF): 29. PLACE OF DEATH OF): 29. PLACE OF DEATH OF): 29. PLACE OF DEATH OF): 29. PLACE OF DEATH OF): 29. PLACE OF DEATH OF): 29. PLACE OF DEATH OF): 29. PLACE OF DEATH OF): 29. PLACE OF DEATH OF): 29. PLACE OF DEATH OF): 29. PLACE OF DEATH OF): 29. PLACE OF DEATH OF): 29. PLACE OF DEATH OF): 29. PLACE OF DEATH OF): 29. PLACE OF DEATH OF): 29. PLACE OF DEATH O	ONO UNCERTAI	PERFOR 1 YES 2	XXNO	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
ED BY PHYSICIAN: MEDICAL	PART II. Other algnificant conditions contributing to d. DID TOBACCO USE CONTRIBUTE TO CAL EXAMINER? 1 YES XX NO 27. MANNER OF DEATH XX Natural 5 Pending Investigation Sequentially list conditions, Due TO (d) DUE TO	DR AS A CONSEQUENCE OF): 26. PLACE OF DEATH YES TO CONSEQUENCE OF): DR AS A CONSEQUENCE OF): 27. PLACE OF DEATH YES TO CONSEQUENCE OF): DR AS A CONSEQUENCE OF): DR AS A CONSEQUENCE OF): 28. PLACE OF DEATH YES TO CONSEQUENCE OF): DR AS A CONSEQUENCE OF): 28. PLACE OF DEATH OF): 28. PLACE OF DEATH OF): DR AS A CONSEQUENCE OF): 29. PLACE OF DEATH OF): DR AS A CONSEQUENCE OF): 29. PLACE OF DEATH OF): DR AS A CONSEQUENCE OF): 29. PLACE OF DEATH OF): DR AS A CONSEQUENCE OF): 29. PLACE OF DEATH OF): DR AS A CONSEQUENCE OF): 29. PLACE OF DEATH OF): DR AS A CONSEQUENCE OF): 29. PLACE OF DEATH OF): DR AS A CONSEQUENCE OF): 29. PLACE OF DEATH OF): 29. PLACE OF DEATH OF): DR AS A CONSEQUENCE OF): DR AS A CONSEQUENCE OF): 29. PLACE OF DEATH OF): DR AS A CONSEQUENCE OF): DR AS A CONSEQUENCE OF): 29. PLACE OF DEATH OF): 29. PLACE OF DEATH OF): DR AS A CONSEQUENCE OF): DR AS A CONSEQUENCE OF): 29. PLACE OF DEATH OF): DR AS A CONSEQUENCE OF): 29. PLACE OF DEATH OF): DR AS A CONSEQUENCE OF): 29. PLACE OF DEATH OF): 29. PLACE OF DEATH OF): 29. PLACE OF DEATH OF): 29. PLACE OF DEATH OF): 29. PLACE OF DEATH OF): 29. PLACE OF DEATH OF): 29. PLACE OF DEATH OF): 29. PLACE OF DEATH OF): 29. PLACE OF DEATH OF): 29. PLACE OF DEATH OF): 29. PLACE OF DEATH OF): 29. PLACE OF DEATH OF): 29. PLACE OF DEATH OF): 29. PLACE OF DEATH OF): 29. PLACE OF DEATH OF): 29. PLACE OF DEATH O	UNCERTALI eck only one) HER: Nursing Home XX Residenca 28c. INJURY AT WORK? 1 YES 2 NO	PERFOR 1 YES 2	NJURY OCCURE	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
ED BY PHYSICIAN: MEDICAL	DUE TO (III) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST DID TOBACCO USE CONTRIBUTE TO CAU PART II. Other algnificant conditions contributing to death of the conditions conditions contributing to death of the conditions contributing to death of the conditions contributing to death of the conditions contributing to death of the conditions contributing to death of the conditions contributing to death of the conditions conditing the conditions contributing the conditions conditions conditio	DR AS A CONSEQUENCE OF): 26. PLACE OF DEATH (Ch. OT): A DATE OF THE CONSEQUENCE OF): DR AS A CONSEQUENCE OF): DR AS A CONSEQUENCE OF): DR AS A CONSEQUENCE OF): DR AS A CONSEQUENCE OF): DR AS A CONSEQUENCE OF): 26. PLACE OF DEATH (Ch. OT): A DATE OF THE CONSEQUENCE OF): DR AS A CONSEQUENCE OF):	ONO UNCERTALI eck only one) HER: Nursing Home XX Residence 28c. INJURY AT WORK? 1 YES 2 NO factory, office	PERFOR 1 YES 2 N Cother (Specify) 28d. DESCRIBE HOW II 28f. LOCATION (Street a City or Town, Stets)	NJURY OCCURE	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
ED BY PHYSICIAN: MEDICAL	PART II. Other algnificant conditions contributing to d. DID TOBACCO USE CONTRIBUTE TO CALEXAMINER? 1 YES XX NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES XX NO 1 Inpetient 2 27. MANNER OF DEATH X Netural 5 Pending Investigation 3 Suicide 6 Could not be determined	DR AS A CONSEQUENCE OF): DR AS A CONSEQUENCE OF): DR AS A CONSEQUENCE OF): DR AS A CONSEQUENCE OF): 26. PLACE OF DEATH (Ch. OT) ER/OURly (Year) INJURY At home, ferm, streef, tc. (Specify) Ty knowledge, death occurred at fi	UNCERTALI eck only one)	PERFOR 1 YES 2 6 Other (Specify) 28d. DESCRIBE HOW II 28f. LOCATION (Street a City or Town, Stele)	NJURY OCCURE	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Rural Route Number,
E COMPLETED BY PHYSICIAN: MEDICAL	PART II. Other algnificant conditions contributing to d. DID TOBACCO USE CONTRIBUTE TO CAL PART II. Other algnificant conditions contributing to d. DID TOBACCO USE CONTRIBUTE TO CAL 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	DR AS A CONSEQUENCE OF): DR AS A CONSEQUENCE OF): DR AS A CONSEQUENCE OF): DR AS A CONSEQUENCE OF): 26. PLACE OF DEATH (Ch. OT) ER/OURly (Year) INJURY At home, ferm, streef, tc. (Specify) Ty knowledge, death occurred at fi	UNCERTALI eck only one)	PERFOR 1 YES 2 N	NJURY OCCURE and Number or R oner as stated. d due to the ca	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Rural Route Number, use(s) and manner as stated, GNED (Month, Day, Year)
COMPLETED BY PHYSICIAN: MEDICAL	PART II. Other algnificant conditions contributing to describing in death) DID TOBACCO USE CONTRIBUTE TO CAL Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DID TOBACCO USE CONTRIBUTE TO CAL 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	DR AS A CONSEQUENCE OF): DR AS A CONSEQUENC	DNO UNCERTALI eck only one) HER: Nursing Home XX Residence 28c. INJURY AT WORK? 1 YES 2 NO factory, office ha time, date end place, and due my opinion, death occured at the	PERFOR 1 YES 2 N	NJURY OCCURE and Number or R oner as stated. d due to the ca	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Rural Route Number,
BE COMPLETED BY PHYSICIAN: MEDICAL	PART II. Other algnificant conditions contributing to describe the second secon	DR AS A CONSEQUENCE OF): DR AS A CONSEQUENC	UNCERTAIL eck only one)	8 Other (Specify) 26d. DESCRIBE HOW II 26f. LOCATION (Street and City or Town, Stete) a to the cause(s) and mare time, data and place, and MBER	NJURY OCCURE and Number or R oner as stated. d due to the ca	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Rural Route Number, sues(s) and manner as stated, SNED (Month, Day, Year) 2-01-94

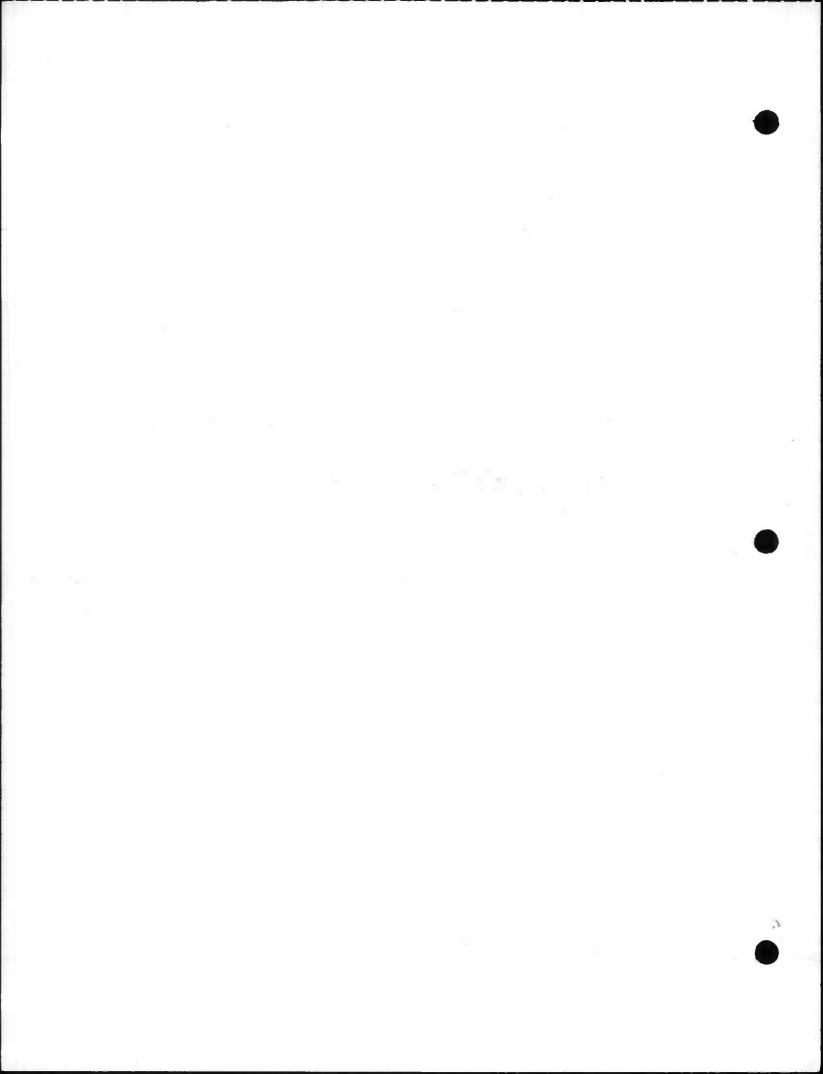


DIVISION OF VITAL RECORDS, P.O. BOX 68760

THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a first fleath. Page 6 may be retained by the hospital or attending physician. THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
--

FOR 1 STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	* REGISTRAR		CE	HIIF	CATE	OF	DEAL	Н	F	REG. NO.			
ļ	1. DECEDENT'S NAME (First, Middle, Last) WILLIAM HIS	COCK							2. DATE OF MONTH	DA		1994	5:00 p.mw
	4. SOCIAL SECURITY NUMBER	5. SEX	B. AGE (In yrs. last	birthday)	IF UNDER 1		IF UNDER		7. DATE OF	BIRTH		6. BIRTHP	LACE (State or Foreign
	046-26-4752	1 1 M 2 □ F	71	YRS.	MONTHS	DAYS	HOURS	MIN.	Januar		1023	Country)	ecticut
	9e. FACILITY NAME (If not institution, give s	treet and number)			9b. CITY.	TOWN C	OR LOCATIO	ON OF DE		y 20,1		TY OF DE	
œ	THE JOHNS HOPK	THE HOSPI	TAI				ΓIMOR				96. COOK	IT OF DE	SI II
2	RESIDENCE OF DECEDENT	(1113 11031 1	1716										
DIRECTOR	10e. STATE 10b. COUNTY	1		10c. CITY	, TOWN OF	RLOCAT	ION			_			IOd. INSIDE CITY
E I	Maryland Baltin	nore Count		Ton								- 1	LIMITS?
	10e. STREET AND NUMBER	iore contr	-у	TOM	rson								YES 2 X NO
Z		Ā				101	ZIP CODE				10g. CITIZ		IAT COUNTRY?
FUNERAL	614 W. Chesapeake						2120	4				U.:	S.A.
5	11. MARITAL STATUS	t2. WAS DECEDENT. FORCES? 1	EVER IN U.S. ARM	MED					IIC ORIGIN? (S		or No-	14. RACE -	- American Indian, White, etc.
B∀	1 Never Married 2 Merried 3 Nidowed 4 Divorced	IF YES, GIVE WAI	R OR DATES				2 NO	Specify		iii, wic.,		Specify.	
	3 Wildhed 4 Divoled	1942-194	16				- 44						White
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade		(Giv	e kind of w	USUAL OC	CUPATIO	ON at of workin	a	16b. KII	ND OF BUS	SINESS/IND	JSTRY	
	Elementary/Secondary (0-12)	College (1-4 or 5+)	illo. i	Do NOT use	e retired.)			•					
A I		5+	Admi	nist	rato	r			Fe	dera]	L Gov	ernm	ent
Ö	17. FATHER'S NAME (First, Middle, Last)						18. MOTH	IER'S NAI	ME (First, Midd	fle, Maiden	Surname)		
	Ira Vaughan Hisco	ock					Mar	eare	et McC	onway	Z Sco	ville	2
8	19e. INFORMANT'S NAME (Type/Print)		196.	MAILING	ADDRESS	(Street a			Route Number,				-
2	Barbara S. Hiscoo	rk											nd 21204
			20b. PLACE AI					AACI	DATE		CATION - C		
	20e. METHOD OF DISPOSITION 1 Burlel 2 Cremetion 3 Rem 4 Donetion 5 Other (Specify)	oval from State	Green	natory or oti	her place)	IUN (/ve	ime or	D	DATE				
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENGEE	Green	MOUII			D ADDRES			ватт	Imore	e, Ma	ryland
	I SIGNATORE OF FOREIGN SERVICE CO	7//	6						lefe1d	Home	9		
	Johnson	SICON										Marvi	land 21212
	23. PART I. Enter the diseeses, or o	omplications that	caused the dee	th. Do no	ot enter t	he mo	de pf dvi	na. suct	n as cerdiec	Dr reepi	retory arre	est.	Approximate
	shock, or heart fellure.	List Dnly De Cause	e on eech line.										interval Between
١ ١	iMMEDIATE CAUSE (Final disease or condition		1.1	-									Onset and Death
	resulting in death)	B	OR AS A CONSECU	cem	10								7 days
		DOE 10 (0											
CERTIFICATION	Sequentielly list conditione,	b	Panen OR AS A CONSECU	eatic		210	1000	na					Jyr 3mo
È.	if any, leading to immediate ceuse. Enter UNDERLYING		.0		,								'
<u>2</u> ∥	CAUSE (Diseese or Injury	C	OR AS A CONSECU	1000	tho	TU. Y	ζ						ZWKS
Ē	thet initiated events resulting in death) LAST	DUE 10 (0											i
H		d	Reno	(1 t	-ailu	110							IWK
	PART II. Other eignificant condition	e contributing to d	eeth but not re	auiting ir	n the und	erivino	Ceuse o	iven in	Part i 24	a. WAS AN	ALITOPEV	245 W	VERE AUTOPSY FINDINGS
EDICAL						,				PERFOR		1	MAILABLE PRIOR TO COMPLETION OF CAUSE
		Hyperten	21 (//)						[t	YES 2	NO		OF DEATH?
Σ	·											1	☐ YES 2 NO
PHYSICIAN:	DID TOBACCO USE CONTI	RIBUTE TO CAU	SE OF DEAT	H YE	S 🗆 N		UNC	ERTAIN	1 🔯				/.
3	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HQSPITAL:	28. PLACE		H (Check or								
Š	1 TYES 2 NO	1 Inpetient 2 E	R/Outpatient 3		OTHER:		e 5 🗆 Res	eldence	6 Other (Sp	pecify)			
₹ I	27. MANNER OF DEATH	28e. DATE OF IN (Month, Day,	JURY	28b. TIME INJU		8c. INJ			28d. DESCRI	BE HOW IN	JURY OCC	URED	
BY F	1 Natural 5 Pending	(Month, Day,	rout)	INSC	M		RK? (ES 2 _	NO					
	2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE OF I	INJURY - At hom	e, term, st	treet, tector	y, office			281. LOCATIO	ON (Street a	nd Number o	or Rural Rou	ite Number,
ETED	4 Homicide determined	building, at	с. (Ѕреспу)					- i	City or To	own, State)			V.000000
91	29a. CERTIFIER												
₽ F		CIAN: To the best of m											
COMPL	2 MEDICAL EXAMINE	H: On the basis of exam	mination end/or in	vestigation	i, In my opi	Inion, de	eath occur	ed at the t	time, date and	i pieca, and	d due to the	cause(s)	end manner es stated.
BE (296. SIGNATURE AND TITLE OF CERTIFIER	, /	7				29c. LICE	NSE NUM	BER		29d. DATE	SIGNED (A	fonth, Day, Year)
	Ikula le	H incl	/				MI	115	510		> /	1/79	lau
2	30. NAME AND ADDRESS OF PERSON WHO	O COMPLETED CAUSE	OF DEATH (ITEM	27) (Туре,	Print)		11	17.	Y			1-11	
	// .	WOIFE				, ,	Res 12	TMO	ce mi	0	2/20		
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR			-,,,		27161	7777 9	- /4		6160)	
	DEC 0 6 1994 Jul	devolver	Cartlell										



pital or attending physician. BALTIMORE, MARYLAND 21215-0020

Pages 1, 2, 3 should

permit.

use as the burial-transit

-DIVISION OF VITAL RECORDS, P.O. BOX 68760

õ	500	
ĮĘ,	5	
osb	ě	
-	etac	
Ē	Ď	
5	P	
Ded	Š	
etai	S	
9	5	
y b	99	
Ë	8	
9 9	50	
ğ	÷	
-	E	
eat	5	
D	92	<u>_</u>
afte	3	5
SIL	.5	9
ĕ	P	ŏ
S	3	io.
ME.	tely	mat
W	ple	Cre
8	000	a,
SCU	B	UN.
Š	9	2
2	Cia	6
ate	S	P
tific	ā	ene
Cer	ding	Ē
ath	ten	F
9	60	E
the	5	2
Jat	5	a
S I	2	att
uire	55	운
Ped	99	0
SW.	S	ept.
9	E	Ŏ
F	ate	tate
AN	ij	S
SC	9	=
Ī	華	聖
TENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital is	CIUM After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached	when the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
8	¥	den
嵩	焦	H
Ę.	Ħ	16

8

9

Michael

94 35959 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATN YEAR ROBERT HUGHES М Dec 1994 1:37 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH (Month, Day, Year) IF UNDER 24 HRS. 8. BIRTNPLACE (State or Foreign 1 🔀 M 2 🗌 F 84 YAS. November 26,1910 038-05-9544 Rhode Island 9a. FACILITY NAME (If not institution, give stree 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATN DIRECTOR St. Agnes Hospital Baltimore RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY RhodeIsland Providence Providence 1 X YES 2 NO 10e. STREET AND NUMBER FUNERAL 10f, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 109 Woodward Road 02904 U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 25 MO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, Whita, atc. 1 Never Married 2 Married Il yea, specify Cuban, Maxican, Puarto Rican, atc.) 1 TES 27 THO BY 3 Widowed 4 Divorced Specify: White 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEOENT'S EDUCATION 18b. KIND OF BUSINESS/INOUSTRY (Specify only high COMPLET Elementary/Secondary (0-12) College (1-4 or 5+) Commercial Painting House Painter 12 17. FATNER'S NAME (First, Middle, Last) 16. MOTNER'S NAME (First, Middle, Maiden Surname) William J. Hughes BE Alice E. Hoyle notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 6 William H. Hughes 6620Washington Blvd. Apt.45 Elkridge, Maryland 21227 9 20b. PLACE AND DATE OF DISPOSITION (Name of 20c, LOCATION - City or Town, Stata DATE must Highland <u>Memorial Park</u> 4 Donation 5 Other (Specify) Johnston, Rhode Island 21. SIGNATURE OF FUNERAL SERVICE LICENSEE examiner 22. NAME AND ADDRESS OF FACILITY Marzullo Funeral Service michael 3981Carrollton Road Upperco, Maryland 21155 medical 23. PART I. Enter the diseases, or complications that caused the deeth. Do not anter the mode of dying, such as cerdiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Intarval Between Onset and Death IMMEDIATE CAUSE (Final the disease or condition PULMONARY THROMBOEMBOLISM OF RIGHT UPPER 36 Hrs. event, resulting in death) DUE TO (OR AS A CONSEQUENCE OF): traumatic MIDDLE & LOWER LOBE ARTERIES, OCCLUSIVE Sequentially list conditions. DUE TO (OR AS A CONSEQUENCE OF) If any, leading to immediate CERTIFICATI cause. Enter UNDERLYING CAUSE (Disease or Injury or other DUE TO (OR AS A CONSEDUENCE OF): that initiated events resulting in death) LAST Injury. PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? MEDICAL 24b. WERE AUTOPSY FINDINGS Lymphoma, Poorly Differentiated of the Stomach, Para-AVAILABLE PRIOR TO shows any COMPLETION OF CAUSE 1 X YES 2 □ NO astinum OF DEATH? Aortic Lymph Nodes, Omentum, Mesentery, Diaphragm & Medi YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES PHYSICIAN: NO' 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF OEATN (Chick only one) HOSPITAL: OTHER: 1 YES 2 XNO ng Home 5 🗆 Residence 6 27. MANNER OF DEATH 28a. DATE OF INJURY 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED marked Natural INJURY 1 YES 2 NO BY 2 Accident Investigation 28 is 3 Sulcide 28e. PLACE OF INJURY — At home, larm, atreet, lectory, office building, atc. (Specify) 281, LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be determined COMPLETED 4 Homicide 29a, CERTIFIER 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner ea stated, 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(s) and menner as attated. FITTLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)

CDMPLETED CAUSE DF DEATH (ITEM 27) (Type, Print)

32. REGISERAR'S SONATURE

D09990

Agnes Hospital 900 Caton Ave. Baltimore, Md.

Dec. 1, 1994

hysici	urial	
d Buil	the b	
ttend	as as	
0. a	SD J	
pital	Pd ft	
hos	tach	5
the A	e de	5
5	D	75
ow requires that the death certificate be executed with Jurs after death. Page 6 may be retained by the hospital or attending physicis	been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial- ort of Health and Mental Honlene prior to burial, cremation, or removal	3 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
8	age	e
E	or, p	Isn
ge 6	lirect	E
2	Ta d	lhe
death	fune	жаш
ffer	the the	100
Jrs a	In by	edic
	lled o	9
	atio	£
Mile	crem	ent,
petu	COM	5
DOOK	and	att
pe	cor to	aun
cate	hysic	P T
ertifi	ng p	oth
uth c	tendi	6
e que	s been signed by the attending physician and completely filled in by the of Health and Mental Hyriene prior to burial, cremation, or removal	L.
at the	by th	E /
s tha	ned a	an
quire	A Sig	OWS
W rei	been	Sh
(Fire		476

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

DR ATTENDING PHYSICIAN: The law requ

has be Dept. 23 sl

10

60

certificate h

this c marked,

After 1

FUNERAL C within 72 h HOSPITAL

permit. Pages 1, 2, 3 should

an. ransit

1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 330/0 Margaret L. Howie DEC 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) IF UNDER I YEAR 7. DATE OF BIRTH (Month, Day, Year) November IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign DAYS 8,09 Maryland 1 - M 2 - F 85 213-01-1835 YRS. 9a. FACILITY NAME (If not institution, give street and number)
CATON MANOR NURSING HOME
FOREST HOVEN NURSI 9c. COUNTY OF DEATH 9b. CITY, TOWN OR LOCATION OF DEATH DIRECTOR Catonsville BALTIMORE Baltimore RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Baltimore Arbutus 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY 1242 Circle Rrive 21227 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or NoIf yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, atc. FORCES? 1 YES 2 NO 1 Never Merried 2 Married BY 1 TYES 2 NO Specify. Specify: 3 Widowed 4 Divorced white COMPLETED 15. DECEDENT'S EDUCATION 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) 0-12th bookeeper construction 17. FATHER'S NAME (First, Middle, Last) t8. MOTHER'S NAME (First, Middle, Maiden Surname) William Tall Sarah Countess 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) 2 John Howie 242 Circle Drive Arbutus, Md. 21227 20a. METHOD OF DISPOSITION
1 IX Burlal 2 ☐ Cremation 3 ☐ Ramoval from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - Cify or Town, State DATE 1 N Burlai 2 Cremation 3 L 4 Donation 5 D Other (Specify) Loudon Park Cemetery12/5/94 Baltimore, Md. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Ambrose Funeral Home of Lansdowne 2719 Hammonds Ferry Road PART /. Enter the diseases, or complications that ceused the death. Do not enter the mode of dying, such as cardiec or respiratory erreet, ehock, or heert failure. Liet only one cause on each line interval Between MMEDIATE CAUSE (Fine) Onset and Death NEUMONIA diseese or condition resulting in death) ASPIRATION DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initieted events resulting in deeth) LAST PART ii. Other significent conditions contributing to deeth but not resulting in the underlying ceuse given in Part i. MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE MELLITUS. IABE TES 1 TES 2 NO OF DEATH? DEMEN 7 1 YES 2 NO PHYSICIAN: NA 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL: OTHER: 1 Inpatient 2 ER/Outpatient 3 DOA Nursing Home 5 Residence 8 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED N A 1 Natural 5 Pending 1 YES 2 NO BY 2 Accident Investigation 28e. PLACE OF INJURY — At home, term, street, factory, office building, etc. (Specify) 3 Sulcide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) DIRECTOR: A hours after of term 28 is 6 Could not be determined COMPLETED 4 Homicide MA 29a. CERTIFIER
(Chack only

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(e) and manner as stated. TO THE HOSPITA
TO THE FUNERA
De filed within 72
IMPORTANT: II 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER D26395 29d. DATE SIGNED (Month, Day, Year) mo fulka 12 13194 0 30. NAME AND ADDRÉSS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

CORD. ITT & JULICA M. D. 821 N. EUTAW ST

DECO 6 1994

32 REGISTRAR'S SIGNATURE
Fulia Bridgen A Bondale MY

BALTIMORE

margaret 200 of free 110

be detached for use as the burial-transit permit. Pages 1, 2, 3 should

funeral director, page 5 should

filled in by

ŏ

inial, cremation, a

in and com to burial,

prior

attending physician

signed by the atte

6

Dept.

has

certificate to the State

this c

After 1

DIRECTOR: J

교원

WITHIN !

fled

1994

the

0	差
92	₩ p
28	cute
×	900
0	2
m	cate
o.	ertif
۵.	th C
ທົ	deat
Ö	at the
OR	- 45
. RECORDS, P.O. BOX 68760	quires
	e le
_	8
OF VITAL	The
5	AN.
Ĺ	SICL
0	PHY
Z	9
0	9
S	E
2	SE.
ъ,	ű
	ħ

· Item19a, Film718, 12/6/94, 1t STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE REGISTRAR CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATN 004 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH IF UNDER 1 YEAR 8. BIRTHPLACE (State of Formi IF UNDER 24 HRS. (Month, Day, Year) 01-06-1900 213-28-1408A 1 M 2 XF 94 YRS. NORTH CAROLI 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c COUNTY OF OFATN DIRECTOR CHURCH HOME HOSPITAL BALTO. CITY NONE RESIDENCE OF DECEDENT 10b. COUNTY 10a. STATE toc. CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND NONE BALTO, CITY 1 XYES 2 NO FUNERAL 10a. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 1401 N. LAKEWOOD AVE. APT. 21213 UNITED STATES 11. MARITAL STATUS 12. WAS OECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yaa or NoIf yes, specify Cuban, Mexican, Puerto Rican, etc.)

1 YES 2 ANO Specify: 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married BY X Widowed 4 □ Divorced AFRICAN AMERICAN COMPLETED 18a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION pecify only highest grade comple 16b. KIND OF BUSINESS/INOUSTRY (Spe Elementary/Secondary (0-12) 4 TH NONE NONE DOMESTIC PRIVATE HOMES 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) HENRY YOUNG PATTIE BANKS 띪 notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 0 thelma carrothers 1815 N. COLLINGTON AVE. BALTO, MD. 21213 9 TO Burtal 2 Cremation 3 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, Stata DATE must emetery, crematory or other place)
MT. ZION CEM. 4 Constion 5 Other (Specify) 12/7/94 BALTO, MD ATURE OF, FUNERAL SERVICE LICENSEE examiner 22. NAME AND ADDRESS OF FACILITY CALVIN B. SCRUGGS FUNERAL HOME 1412 E. PRESTON ST. BALTO, MD. medical 23. PART I. Enter the diseases, or complications that charged the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximata Interval Between **Onset and Death** IMMEDIATE CAUSE (Final the disease or condition DUE TO (OR AS A CONSEQUENCE OF): resulting in death) event, Alzheimer's traumatic CERTIFICATION Sequentially list conditions. DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause, Enter UNDERLYING CAUSE (Disease or injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated events reaulting in death) LAST 6 Injury, PART II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? MEDICAL 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO Parkinsons disease any COMPLETION OF CAUSE 1 | YES 2 1 NO OF DEATH? shows a Cancer 1 TYES 2 T NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO | PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATN (Check only one) **EXAMINER?** HOSPITAL: OTHER:
4 | Nursing Nome 5 | Rasidence 6 | Other (Specify) 1 YES 2 NO 1 Inpetient 2 ER/Outpetient 3 DOA 10 27. MANNER OF DEATH 28a. DATE OF INJURY 28b. TIME OF INJURY 28c, INJURY AT WORK? marked, 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending 1 YES 2 NO BY 2 Accident Investigation 28a. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 99 COMPLETED 8 Could not be 4 Homicide 28 determined 29a, CERTIFIER 1 CERTIFYINO PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. = 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. Se fled within 2 29b. SIGNATURE AND TITLE OF CENTIFIER 29c. LICENSE NUMBER 29d, DATE SIONED (Month, Day, Year) BE at Dbaolin 94 MA 431 S OF PERSON WHO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print) Broadway QBAD INA 101 M CHH 37 REGISTRAR'S GNATURE

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

9a. FACILITY NAME (If not institution, give street and number)

Washington County Hospital

10b. COUNTY

5. SEX

1 🛛 M 2 🗌 F

4. SOCIAL SECURITY NUMBER

217-32-5781

10a. STATE

	7
-	
, P.O. BOX 68760	
7.5	
w	
~	-
68	
10	
~	
\sim	
_	
\cap	
\sim	
nn -	
ш	
$^{\circ}$	
\smile	
α.	
_	
85	
10	
w	
-	
_	
-	
F VITAL RECORDS,	
-	٠.
\cap	
r)	
_	
ш	
_	
—	
_	
_	
-	
ч.	
_	ı
	٠,
-	
	- 3
	- (
ш.	- 3
_	1
	:
_	1
_	1
_	
-	
	:
$\mathbf{\mathcal{C}}$	-
_	- 3
n	i
00	ì
IVISION OF	- American de la company de
>	-
	١,
	- 1

=			Ington	Har	ncock				1 X YES 2 NO
permit	AL	10e. STREET AND NUMBER			101	. ZIP CODE		10g. CITIZ	ZEN OF WHAT COUNTRY?
iş.	ᇤ	127 East Main Str	eet		2	21750		USA	A
DLVSician. burial-transit	FUNERAL	11. MARITAL STATUS	12. WAS DECEOENT EVER I FORCES? 1 X YES	N U.S. ARMED	13. WAS DEC	ENOENT OF HISPANIC O	RIGIN? (Specify Yes	or No-	14. RACE — American Indian,
	ВУ Е	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR D	ATES		ecify Cuben, Maxican, Pu 2 [X] NO Specify:	arto Rican, etc.)	- 1	Black, White, atc. Specify:
attending se as the		3 Widowed 4 Divorced	1955-1956						White
r atte	TED	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	16a. DECEDENT'S USL (Give kind of work	done during mo	ON asl of working	16b. KINO OF BU	SINESS/INDI	USTRY
for t	LET	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use re	tired.)				
the hospital or detached for u	COMPL	9		Labor			W.B.Byı	con Ta	annery
	8	17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NAME (F			
ad by ad at	핆	Samuel Hull	_			Martha M.			
retained 5 should notified	၉	19a, INFORMANT'S NAME (Type/Print)				and Number or Rural Route			
ay be r page 5	-	Rhoda I. Hull		127 East	t Main	Street Har	cock, Ma	arylar	nd 21750
6 may be ector, page a		20a, METHOD OF DISPOSITION 1 N Suriet 2 Cremation 3 Ram	oval from Stata gen	PLACE AND DATE OF D	ISPOSITION (Na	ame of			City or Town, State
		4 Donation 5 Other (Specify)		edar Lawn N				erstov	wn, MD. 21740
death. Page 6 m funeral director,		24. SIGNATURE OF FUNERAL SERVICE CH	NISEE C			Funeral Ho		30x 36	58
		Kich	2 Clar	7.10		est Main St			
C 3 4		23. PART I. Enter the diseases, or o	complicatione that ceuse	the deeth. Do not	enter the mo	de of dying, such es	cerdiec or reep	ratory arre	est, Approximete
D o E		shock, or heart feilure. IMMEDIATE CAUSE (Finel	List only one ceuse on e	ech line.				HER TON	interval Betwee
y fill thought		disease or condition	Advance	N 2111A		3 10	Later		Ollegt sild be
ted within completely ial, cremati		resulting in death)	DUE TO (OR AS	CONSEQUENCE OF:	e vuoi	alu			
B 0 2	_	_					•		į
e be execute sician and confort to buring traumatic	ERTIFICATION	Sequentisity liet conditions, if any, leading to immediate	DUE TO (OR AS A	CONSEQUENCE OF):					
ficate be physician ne prior to	Ä	cause. Enter UNDERLYING							
	필	CAUSE (Disease or Injury that initiated events	OUE TO (OR AS /	CONSEQUENCE OF):					
	H	resulting in death) LAST	4						
he death the atter Mental	O								
	MEDICAL	PART ii. Other significant condition	st veet we				I. 24a. WAS AN PERFOR		24b. WERE AUTOPSY FINDING AVAILABLE PRIOR TO
	20	esophoges!	1			onto	1 TES 2	No	COMPLETION OF CAUSE OF DEATH?
requires een signe of Health	ME	metos trais				liver_		4	1 TES 2 NO
e law requestable been Dept. of 123 sho	ä	DID TOBACCO USE CONTI	RIBUTE TO CAUSE C	F DEATH YES	P'NO [] UNCERTAIN []		
er ate	SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	26. PLACE OF DEATH /C					
PHYSICIAN: The this certificate with the State	\SI	1 □ VES 2 Ø NO	1 - Inpatient 2 - EN/Outp		HER: Numing Hom	e 5 🗆 Residence 5 🗀	Other (Specify)		
this ce with the	РНҮ	27. MANNER OF DEATH	28s. DATE OF INJURY (Month, Day, Year)	28b. TIME OF		UNY AT 28d	DESCRIBE HOW I	NJURY OCC	JRED
	β	1 Natural 5 Pending 2 Accident Investigation			H + 1				
D A D S	ED	3 Suicide & Could not be	truiding, 410. (Son	- At home, farm street	t, factory, otset	29	LOCATION STreet A	snif Number a	or Fishel Route Numbec
ATTER EGOR 28	EE	4 Nomicide determined							
OR A DIRECT HOURS	_	29a. CERTIFIER (Check only	CIAN: To the best of my know	ledge, death occurred at	the time, date	and place, and due to th	e cause(s) and mar	ner as state	d.
UMB CONTRACTOR NITHER TO ANY IN THE PERSON NITHER TO ANY I	COMP	one) 2 MEOICAL EXAMINE	R: On the beels of axaminatio	n end/or investigation, in	my opinion, d	eath occured at the time,	date end place, en	d due to the	couse(s) and manner as stated.
A PIN A		296. SIGNATURE AND TUTLETOF CERTIFIES	n			29c. LICENSE NUMBER			SIGNEO (Month, Day, Year)
T Te	8	/ WMm	A.X			D 1293	10	▶ 1 /	-28 -94.
₽₽%₹	2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETEO CAUSE OF DE	ATH (ITEM 27) (Tyrus Prin	nt)	100013	3	- 11	7
		MERINE	-17	1	3 m	a a made	111	-8	,
2	H	31. DATE ELEGYMANN Develor	• X RECISTRAR SIG	ATTURE	om	2000	VVVC	1.	
	H	UEC 10 0 1994 /W	WIND TO LEASE	B.A.					

CERTIFICATE OF DEATH

IF UNDER 1 YEAR IF UNDER 24 HRS

HOURS

DAYS

Hagerstown

10c. CITY, TOWN OR LOCATION

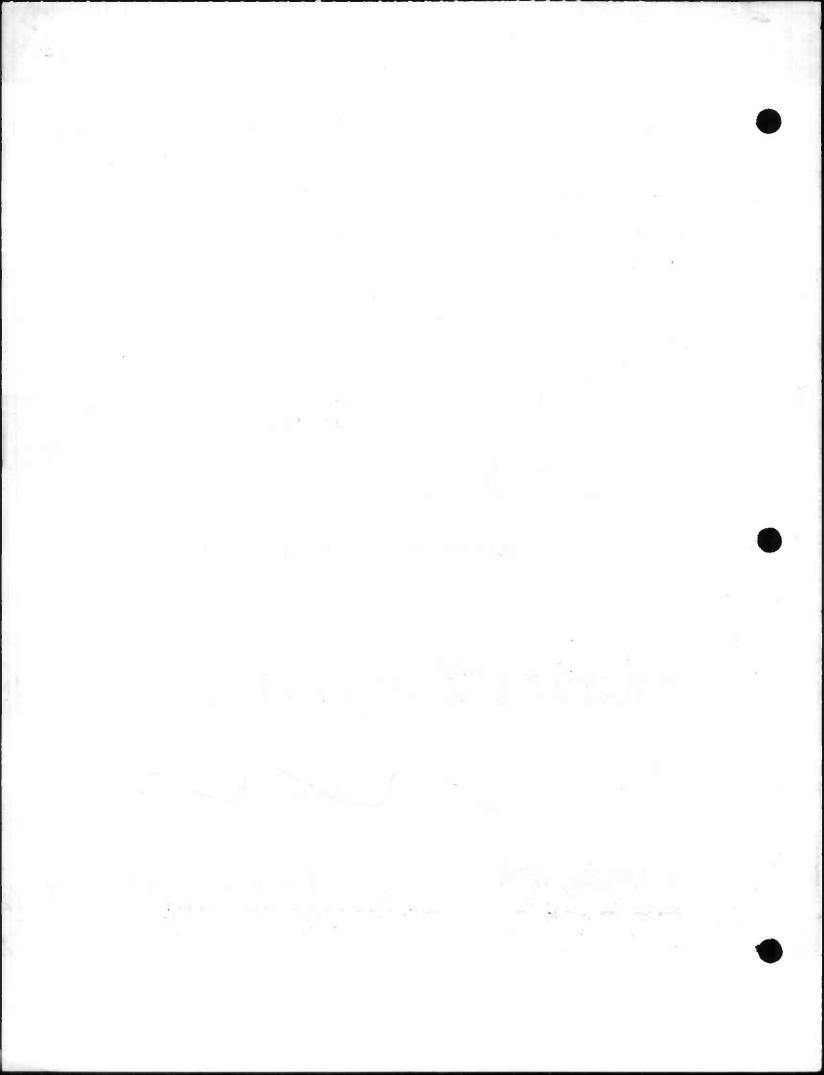
Harold Nelson Hull, Sr.

59 YRS.

S. AGE (In yrs. last birthday)

94 35962 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 2. DATE OF GEATH MONTH 3. TIME OF DEATH 1035am nov 7. DATE OF BIRTH (Month, Day, Year) AUG. 24,1935 BIRTHPLACE (State or Foreign Country)
 Maryland 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF OEATH Washington 10d. INSIDE CITY 1 X YES 2 NO 10g. CITIZEN OF WHAT COUNTRY? USA 14. RACE — American Indian, Black, White, atc. Specify: White BUSINESS/INDUSTRY yron Tannery ill Town, State, Zip Code) Maryland 21750 LOCATION - City or Town, State gerstown, MD. 21740 .Box 368 lancock, MD. 21750 epiratory arrest, Approximete interval Between **Onset and Death** 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE AN AUTOPSY S 2 740 OF DEATH? 1 YES 2 NO W INJURY OCCURED

DHMH-16 Rev 1/89



281. LOCATION (Street and Number or Rural Route Number, City or Town, State)

12/11

94

3. TIME OF OEATH

10:45

10d. INSIDE CITY LIMITS? 1 YES X NO

14. RACE — American Indian, Black, White, etc.

Specif White

Approximete Interval Between Onset and Desth 20 minutes

30 years

30 years

24b. WERE AUTOPSY FINDINGS

AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?

1 YES 2 NO

8. BIRTHPLACE (State or Foreign

Maryland

10g. CITIZEN OF WHAT COUNTRY?

REG. NO.

2. DATE OF DEATH

>
MARYI
TIMORE,
BAL
-
1260
6876
X
BOX
O. BOX
BOX

AND 21215-0020

ANTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should not the cath with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. DIVISION OF VITAL RECORD

marked, or

28 18

BY

TO, BE, COMPLETED

		Mary Elizab	eth HOG	AN					3	MON	ember 1		YEAR O	10:
	- 1	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In	yrs. last birthday)	IF UNDE	1 YEAR	IF UNDER	24 HRS.	7. DATE	E OF BIRTH		8. BIRTH	PLACE (Ste
		216-12-6710	1 🗌 M 2 💢 F	80	YRS.	MONTHS	DAYS	HOURS	MIN.	Jai	n.20,19	14	Mar	yland
		9a. FACILITY NAME (If not institution, give	street and number)			9b. CITY	, TOWN	OR LOCATI	ON OF DE				TY OF D	
	DIRECTOR	Franklin Square	<u>Hospital</u>			<u> </u>	Ros	svil.	le			Ва	ltim	ore
	끭	10e. STATE 10b. COUN	ry	-	10c. CIT	Y, TOWN	OR LOCA	TION						10d. INSI
		Maryland Ba	ltimore		_		Midd	dle F	River					1 YES
	AL	10e. STREET AND NUMBER					10	f. ZIP COD	E			10g. CITI	ZEN OF V	HAT COUR
	FUNERAL	2202 Redthorne	Rd.		_			2	21220)		U	SA	
	£	11. MARITAL STATUS 1 Never Married 2 Merried	12. WAS OECEDEN FORCES? 1	T EVER IN U	J.S. ARMED 2 VINO	13.	WAS DEC	ENDENT C	F HISPAN	IC ORIGI	IN? (Specify Yea	or No-	14. RACE	— Americ
	ВУ	3 X Widowed 4 Divorced	IF YES, GIVE V				1 YES	2X XNO	Specify	r.	Rican, etc.)			Whit
	ED E	15. DECEDENT'S ED	UCATION		IBa. DECEDENT'S	HSUAL O	CCUBATIO	ON		140	b. KIND OF BUS			
	ETE	(Specify only highest grad	(completed)		(Give kind of life. Do NOT u	work done	during mo	st of working	ng	10	e. KIND OF BUS	HAE32/HAD	USTRY	
	IPL	8 yrs.	Conege (1-4 or 5	"	Hous	sewif	e				Home	emaki	ng	
notified at once.	COMPL	17. FATHER'S NAME (First, Middle, Last)					=	18. MOT	HER'S NAI	ME (First,	Middle, Maiden	Surname)		
1 at	ш	Unknown							Unk	now	n			
tiffe	TO B	19a. INFORMANT'S NAME (Type/Print)									nber, City or Town			
De no	-	Mary Joan Moser			1517	7 Bri	an l	₹d. E	Balti	mor	e, Mary	/land	21	237
ust b		20s. METHOD OF DISPOSITION 1X Devial 2 Cremation 3 Reg	noval from State		LACE AND DATE				0	DA	TE 20c. LO	CATION —	City or To	wn, State
E	į	4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE L	-0511055	_ Mc	reland						-5+94	sarto	.,	a.
E I		. 0		, 5	/			ND ADDRE			me			
medicai examiner must		Jassehn.	Turerd	14	3 mt	74	401	Bela:	ir Ro	d. B	altimo:	re, M	ld. 2	1236
adica		23. PART I. Enter the diseeses, or shock, or heart fellure.	complications the	t coused t	the deeth. Do	not enter	the mo	de of dy	lng, suct	es cei	rdiec or respi	ratory arr	est,	App
E		IMMEDIATE CAUSE (Finel	and only one dec	300 OII 600	ai mie.									One
t, the		disease or condition resulting in death)	. Hypoxia				ocai	rdial	. inf	arc	tion			20
ever					ONSEQUENCE O	F):								
atic	ON	Sequentisily list conditions,	Hyperte		ONSEQUENCE O				_					30
men	A	If sny, lesding to immediate csuse. Enter UNDERLYING	Hyperch											30
her	FICATI	CAUSE (Disesse or Injury that Initiated evente			ONSEQUENCE O									-
shows any injury, or other traumatic event,	CERTI	resulting in death) LAST	d.											
Ä	- 11	PART II Other significant condition		4 - 4 - 5 -										
y in	MEDICAL	PART II. Other significent condition	is contributing to	Geeth but	not resulting	In the ui	nderlyin	g ceuse (given in i	Part I.	24a. WAS AN PERFOR		24b.	AVAILABLE
rs an											1 TYES 2	NO NO		OF DEATH?
shov		DID TOPACCO HEE CONT	EDIDLITE TO CA	UCE OF	DEATH W			1						1 TES
23	AN	DID TOBACCO USE CONT 25. WAS CASE REFERRED TO MEDICAL	RIBUTE TO CA		DEATH YI			JUNC	ERIAIN	<u>и П</u>	<u></u>			
or item 23	PHYSICIAN:	EXAMINER? 1 YES 2 X NO	HOSPITAL:			OTHE	R:		ald-c-					
red, or	H	27. MANNER OF DEATH	28e. DATE OF	INJURY	28b. TIN	E OF	28c, INJ		aldence		er (Specify) SCRIBE HOW II	JURY OCC	URED	
ě	₽	1 57 Natural 5 Panding	(Month, D	lay, Year)	IN.	JURY	WO	RK?					-	

29a. CERTIFIER 1 _ CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and menner ea stated.

28e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify)

2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(e) and manner as stated. 296, SIGNATURE AND TIPLE OF CENTU 29c. LICENSE NUMBER 29d. DATE SIGNED (Mopth, Day, Year)

1 YES 2 NO

RD 1760

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

9000 Franklin Square Drive Eliot Battle, M.D. Baltimore, MD 21237

31. DATE FILED (Month, Day, Year)

1 50 Netural

2 Accident

3 Sulcide

4 Homicide

FOR STATE REGISTRAR

1. OECEDENT'S NAME (First, Middle, Last)

32. REGISTRAR'S

$\overline{}$
CA
4
AND 212
2.4
-
-
_
7
-
_
-
-
- 1
_
_
-
-
Treatment .
MARY
401
-
-
-
- 00
4 . 4
ш
Com
14
_
_
_
-39
=
Ē
Ē
-TIMORE
Ē
LTI
ALTIN
ALTI
3ALTII
BALTII
BALTII
BALTII
BALTII
BALTII
BALTII
BALTII
BALTII
BALTII
BALTII
BALTIF
BALTII
BALTII
BALTII
BALTII
BALTII
, BALTII
, BAL
, BAL
, BAL
, BAL
, BAL
, BAL
, BAL
, BAL
, BAL
, BAL
68760, BALTII
, BAL
. 68760, BAL
. 68760, BAL
. 68760, BAL
. 68760, BAL
. 68760, BAL
. 68760, BAL
, BAL

	1
BAL	
m	
_	4
	٦
	١
-	-
0	:
9	
0	i
9	
×	
9	
10	
_ •	1
0	
4	1
-	
(1)	
	1
α	
	:
\asymp	
V	
ш	
Œ	
7	
4	
	1
<u></u>	-
	ì
1	i
0	1
_	i
Z	-
	-
=	1
S	1
=	1
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	-
1	i
	-

L OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. Tours after death. Page 6 may be retained by the hospital or attending physician.	
DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	
nours after death with the State Dept, of Heath and Mental Hygiene prior to burial, cremation, or removal.	
then 60 to marked on them and interest an able to be marked by marked and marked has marked as a second	

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF OEATH William Actson DEC 8:05 PM 7. DATE OF BIRTH (Month, Day, War) 1 9 1 3 4. SOCIAL SECURITY NUMBER 8. AGE (in yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. BIRTHPLACE (State or Foreign Country) XXM 2 □ F MONTHS DAYS. HOURS 212 26 2229 81 YRS 3 Md. Se. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR VIEW NURSING LEASANT Mt. Airy Carpol1 RESIDENCE OF DECEDENT Md. 10d. INSIDE CITY Carrol1 1 YES 2 NO Airy Mt. FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 10g CITIZEN OF WHAT COUNTRY? Baltrimore Nat. 21771 Pk U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☒ NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No 14. RACE — American Indian, Black, White, etc. If yes, specify Cuben, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 1 Never Married 2XXMarried Specify: BY 3 Widowed 4 Divorced White ETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highe Elementary/Secondary (0-12) College (1-4 or 5+) COMPL H.S. Paper Hanger None Construction 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) BE Henry Jackson Maggie Parslev 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 0 Ricki Jackson Fairway Dr. Glen 20e. METHOD OF DISPOSITION

X Buriel 2 Cremation 3 Rei
4 Donation 6 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State DATE F/A · City Orange City Cemetery Kec. 1994 Orange 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Haight Fuenral Home POBox 195 Sykesville, 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory arrest, shock, or reert failure. List only one cause on each line. Approximate Interval Between Onset and Death IMMEDIATE CAUSE (Final disease or condition A MIN Acute cardiac resulting in death) DUE TO (OR AS A CONSEQUENCE OF): Cownerm Cou MEDICAL CERTIFICATION Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING Alzhenses clo CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in death) LAST PART II. Other aignificent conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? Lamal 1 TES 2 NO 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA OTHER:
4 Nursing Home 5 Residence 6 Other (Specify) 1 YES 2 NO 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 | Heturel
2 | Accident 5 Pending Investigation 1 YES 2 NO BY 26e. PLACE OF INJURY — Al home, farm, street, factory, office building, atc. (Specify) 3 Suicide 261. LOCATION (Street and Number or Rural Route Number City or Town, State) 6 Could not be determined COMPLETED 4 Homicide 1 X CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(s) and menner as stated. (Check only one) TO THE HOSPITAL
TO THE FUNERAL
DE filed within 72
IMPORTANT: If 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and manner se stated. BE D06588 12 0 WARD COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) TAN)

32. REGISTRAR'S SIGNATURE



BALTIMORE, MARYLAND 21215-0020

FOR

DIVISION

6

	h	
3	_	
0		
9		
_		
ω.		
_		
×		
BOX 68760,		
m		
_		
~		
ب		
P.O.		
_		
S		٠
Ö.		
~		
=		
\mathbf{c}		
\circ		
ш		
\mathbf{r}		
_		
=		
4		
=		
ON OF VITAL RECORDS, I		The second second second
		į
=		
J		
7		
J		i

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within an intermedial feath. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Nem 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

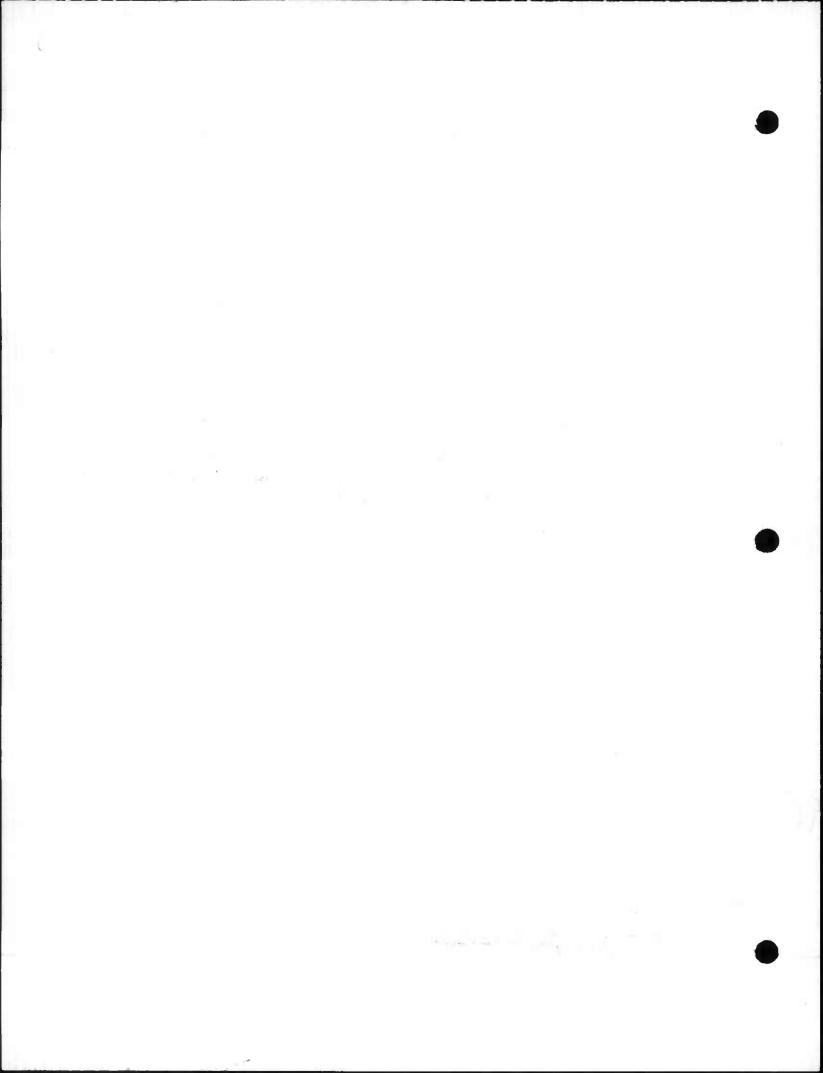
	1 - STATE REGISTRAR	0.000	CE		ICATE				MERTINE	REG. NO.	_		
	1. DECEDENT'S NAME (First, Middle, Last)		-						2. DATE OF	DEATH			3. TIME OF DEATH
	ROBERT J. JAM	ES JR.							III-2	7-94	AY.	YEAR	8;46 A.
	4. SOCIAL SECURITY NUMBER	T	6. AGE (In yrs. last	t birthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DATE OF	BIRTH		A. BIRTH	IPLACE (State or Foreign
	219-32-1869	1 JM 2 D F	57	YRS.	MONTHS	DAYS	HOURS	MIN.	3/13	ay Your		Count	ny)
	90. FACILITY NAME (If not institution, give	111	31		as curv	TOWA!	R LOCATION	011 05 05		737			CH CAROLINA
DIRECTOR	GOOD SAMARITAN						LMORE	VAL.	EAIH		9c. CO	JNTY OF D	EATH
일	10a. STATE 10b. COUNT	TY .	_	10c CIT	Y, TOWN C	B LOCAT	ION						10d, INSIDE CITY
5	MARYLAND				LTIM		1011						LIMITS?
7	10e. STREET AND NUMBER			Dr	11111					_			1 YES 2 NO
FUNERAL	3620 ECHODALE A	VE.		10f. ZIP CODE 21216					USA				WHAT COUNTRY?
5	11. MARITAL STATUS	12. WAS DECEDENT	EVER IN U.S. ARI	MED					NIC ORIGIN? (Specify Yee or No-			14. RACE — American Indian,	
BY	1 Never Merried 2 Merried 3 Wildowed 4 Divorced	IF YES, GIVE WI	R OR DATES	ю			2 XNO		en, Puerto Rican, etc.) Ble			Spec AFI	
COMPLETED	15, DECEDENT'S EDU		18e. DE	CEDENT'S	USUAL O	CCUPATIO	ON .		16b. Ki	ND OF BUS	SINESS/IN	*	
	(Specify only highest grad Elementary/Secondary (0-12)	College (1-4 or 5+)	Dia.	ve kind of Do NOT u	work done (se retired.)	during mo	st of workin	ng					
4	12	0011090 (1-4 01 0 4)		STRIIC	CTION	I WOI	RKER		1				
8	17. FATHER'S NAME (First, Middle, Last)		100111	JIKO	31101	1102		HED'S NAI	ME (First, Mide	dle Meiden	Sumama)		-
	LEROY JAMES SR						, molt	HES'		AMES	Sarrenne)		
B	19e. INFORMANT'S NAME (Type/Print)	•	400	A8 A 11 (b) C								12.55	
임									Route Number,				21216
	DOROTHY JAMES				_			L. BA	ALTIMO	_			21216
.	20e. METHOD OF DISPOSITION 1 Burlel 2 □ Cremetion 3 □ Ren	noval from State	20b. PLACE A cemetery, cres	metory or o	ther plecel				DATE	20c. LO	CATION -	- City or To	wn, State
	4 Donation 5 Other (Specify)		WOODLA	AWN (CEMET					BAL	TIMO	RE, I	MD.
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	1-A		-		D ADDRES			TAT	TIOME	D 4	
	Throng	14.	ell.	/					S FUNE				
\neg	23. PART I. Entar the diseases, or	complications that	caused the day	ath. Do i	not antar	tha mo	da of dvi	ng such	h aa cardla	OALII.	ratory a	, FID	21217
	ahock, or heart failura. IMMEDIATE CAUSE (Final disease or condition reaulting in death)	a. DUE TO (HAGE OR AS A CONSECUTIVE OR AS A CONSECUTIVE OR AS A CONSECUTIVE	DUENCE O	yst	reli	ic	Co	ardi	·om	Jed.	ath	intarval Batweer Onset and Daati
CERTIFICATION	Sequentially list conditiona, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST	b. My TO (1) C. DUE TO (1) d. July	or as a consecutive or as a consecutive or a consecutive	DUENCE O	est Fi: V	ent	ria	ula dio	u c	Ari valor	ly	Hun Des	uis Cine
PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa reaulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONS												
ä	DID TOBACCO USE CONT	RIBUTE TO CAL	JSE OF DEAT	TH YE	S 🗆 I	10 C	UNC	ERTAIN	10				
ICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	26, PLAC	E OF DEA	TH (Check of	only one)							
¥	27. MANNER OF DEATH	<u> </u>	ER/Outpetient 3					sidence	6 Other (S				
古	1 Maturel 5 Pending	28e. DATE OF I (Month, Day		28b. TIM	IE OF JURY		RK?	1	25d. DESCR	IBE HOW II	NJURY O	CURED	
B	2 Accident Investigation						ES 2	NO					
<u>۵</u>	3 Suicide 4 Momicide Suicide 5 Could not be determined Suicide 6 Could not be determined Suicide 6 Could not be determined Suicide 6 Could not be determined Suicide 8 Could not be determined Suicide 8 Could not be determined Suicide 9 Suic								Route Number,				
COMPLET	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYS 2 MEDICAL EXAMINI	ER: On the basic of exa											e) end manner ee stated.
BE	SIGNATURE AND TITLE OF CERTIFIE	R			,		29c. LICE	NSE NUM	MER		29d. DA	TE SIGNED	(Month, Day, Year)
	Agre Ken	a a	Hend	my	ph	pia	Sh	7)	409	25		/	1/29/94
٤	30 NAME AND ADDRESS OF PERSON WI	HO COMPLETED CAUSE	OF DEATH (ITEN	27/ Type	Hine) U	/	0	-	0.		-	, ,	1
1	31. DATE FILED (Month, Dry, Year)	Leno		01	Li	ch	Ra	iven	13/v	1d	Bu	lt.	nose, me
	DEC 0 6 1894	32. REGISTRAR	x Rarbell										2/239

0
C
0
Ö
T
S
T
N
2121
Ò
_
7
~
Q.
_
>
~
AR
<
5
650
ш
00
MO
O.
5
-
l-m-
17
BAL
4
a
-

	h
	ı
o	4
9	3
-	1
φ	1
Θ	-
\times	
BOX 68760	made and Sanda be made de michigan
m	1
	3
\circ	1
P.O.	
<u>α</u>	4
-	1
S	ı
	1
Œ	1
0	4
ñ	1
×	4
2	1
ш.	
VITAL RECORDS,	1
d	1
-	ř
-	á
-	7
ш.	ò
0	3
_	9
Z	볰
MAISION OF VI	â
700	3
EU.	ú
>	٩
±11	9

	TO THE HIGH DIRECTION TO THE INVIDUAL PRINCIPAL OF THE INVIDUAL PROPERTY OF THE PROPERTY OF TH
	NT. Il Illem 28 is marked, or litem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
IMPORTANT: Il tem 28 is marked, or them 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	no. 72 hours and death with the State Dept. or Health and Mendal Hygiene prior to burial, cremation, or removal.
be filed within 72 Towns and death with the State Dept. or Health and Merital Hygiene prior to burial, cremation, or removal. IMPORTANT: If them 28 is marked, or them 23 shows any injury, or other traumattic event, the medical examiner must be notified at once.	NEED PRECING AND THE CENTRAL HIS CONTINUED TO THE BUILDING STORY OF ALTERNATION OF THE BUILDING
TO THE FUNETAL DIRECTOR AND THE THIR CENTROLLE IN SECURITY OF A STANDARD TO SECURITY OF THE FUNETAL DIRECTOR AND THE THIRD SECURITY OF THE THIRD SECURITY	The law retained by the hospital or attribution to the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.
TO THE HIGHER CHRISTON TO INVESTIGATE IN VIOLENCE THE LOSS THE CASH CASH CASH CASH CASH CASH CASH CASH	

	1 - STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG, NO.										
	1. DECEDENT'S NAME (First, Middle, Last)			2. DATE OF DEATH 3. TIME OF DEATH							
	Alice Arnita	Johnson					December 4, 1994				
	4. SOCIAL SECURITY NUMBER		In yrs. last birthday) III	UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	8	BIRTHPLACE (State or Foreign			
1	216-50-1503	1 🗆 M 2 💢 F	93 ^{vrs.}	ONTHS DAYS	HOURS MIN.	March 26		Maryland			
œ		t institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH									
DIRECTOR	3619 Campfield Ro	ad					Ba	ltimore			
REC	10a. STATE 10b. COUNTY	1	10c. CITY, T	OWN OR LOCAT	ION			10d. INSIDE CITY LIMITS?			
	Maryland Bal	timore						1 YES 2 X NO			
MI	10e. STREET AND NUMBER	101. ZIP CODE					10g. CITIZE	N OF WHAT COUNTRY?			
FUNERAL	3619 Campfield Ro				21207		US	A			
FU	11. MARITAL \$TATUS 1 Never Merried 2 Merried	12. WAS DECEDENT EVER IN FORCES? 1 YES	U.S. ARMED	13. WAS DEC	ENDENT OF HISPAI	NIC ORIGIN? (Specify on, Puerto Rican, atc.)	Yes or No 14	I. RACE — American Indian, Black, White, etc.			
ВУ	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DA			2 NO Specif			Specify:			
	15. DECEDENT'S EDUC	CATION	18e. DECEDENT'S US	UAL OCCUPATION	IN .	18b. KIND OF	BUSINESS/INDUS	Black			
COMPLETED	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of work life. Do NOT use n	done durina mo:	st of working						
MPL	Grade School		Homer	naker							
SO	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Mail	den Sumame)				
BE (Samuel Blunt				Jes	sie Hend	derson				
70	19e. INFORMANT'S NAME (Type/Print)					Route Number, City or	Town, State, Zip Co	ode)			
	Maria Sesson Mad				d Road	Bal.tim	ore, MD	21207			
	20a. METHOD OF DISPOSITION 1X Burlel 2 Cremation 3 Rame	oval from State com	PLACE AND DATE OF C etary, crematory or other	place)		1	LOCATION — CIT	TOTAL CAMES			
	4 Donation 6 Other (Specify)		ew Cathedi	ral Cem	etery	Dec 9 E	<u>Baltimor</u>	e, Maryland			
	h 1/- 1 1	C >		2501 G	wynns Fa	alls Park	r Funera Way	al Homes, Inc			
	revert	2 hul	to	Baltim	ore, Mar	yland 2	1216				
	23. PART i. Enter the diseases, or of shock, or heart failure.	complications that caused List only one cause on ea	the desth. Do not sch line.	enter the mo	de of dying, suc	h ss cardisc or re	spiretory srres	t, Approximate interval Between			
	IMMEDIATE CAUSE (Fins)										
	disease or condition resulting in death) s. Cardio myopathy OUE TO (OR AS A CONSEQUENCE OF): 5 years										
ō	Sequentisity list conditiona, our to consequence of:										
CAT	cause. Enter UNDERLYING CAUSE (Disease or injury	· hyper	tension	-				15 ven 15			
E	that initiated events										
CERTIFICATION	reaulting in death) LAST	o. malni	etrition					1 year			
AL C	PART II. Other significant condition	s contributing to death be	ut not resulting in t	he underlying	csuse given in	Part i. 24s. WAS	AN AUTOPSY	24b. WERE AUTOPSY FINDINGS			
5			30.00			PER	FORMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE			
0						1 U YES	2 NO	DF DEATH?			
PHYSICIAN: MEDIC	DID TOBACCO USE CONTI	RIBUTE TO CAUSE O	F DEATH YES	П ио 🗵	UNCERTAIL			T TES 2 NO			
IA.	25. WAS CASE REFERRED TO MEDICAL		26. PLACE OF DEATH		ONGERIAN						
Sic	EXAMINER?	HOSPITAL: 1 Inpatient 2 ER/Output		THER: Nursing Home	5 Residence	6 Other (Specify)					
	27. MANNER OF OEATH	28s. OATE OF INJURY (Month, Day, Year)	28b. TIME O	F 28c. INJI	-	28d. DESCRIBE HO	W INJURY OCCUI	REO			
ВУ	1 Natural 5 Pending 2 Accident Investigation	(Markin, Suy, Tour)			ES 2 NO						
8	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, atc. (Speci	— At home, farm, stre-	et, factory, office		28f. LOCATION (Stre City or Town, St.	et end Number or	Rural Route Number,			
IPE		CIAN: To the best of my knowle									
COMPLET	2 MEDICAL EXAMINE	R: On the beals of examination	and/or investigation, i	n my opinion, de	eath occured at the	time, data end placa,	end due to the o	ceuse(s) end manner es stated.			
BE (296. SIGNATURE AND TITLE OF CERTIFIER	1	a a A		29c. LICENSE NUI	MBER		HGNED (Month, Day, Year)			
5	A segnance	inder	MA		D439	04	Dec	ember 5,1994			
-	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEA	1								
	31. DATE FILED (Mapth, Day, Year)	Koad E		ld. 2	1228						
	31. DATE FILED (Mogth, Day, 1804) R. REGISTRARY SIGNATURE R. REGISTRARY SIGNATURE R. REGISTRARY SIGNATURE										



PER F.H. EILM G-718 12/13/94 t.t

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

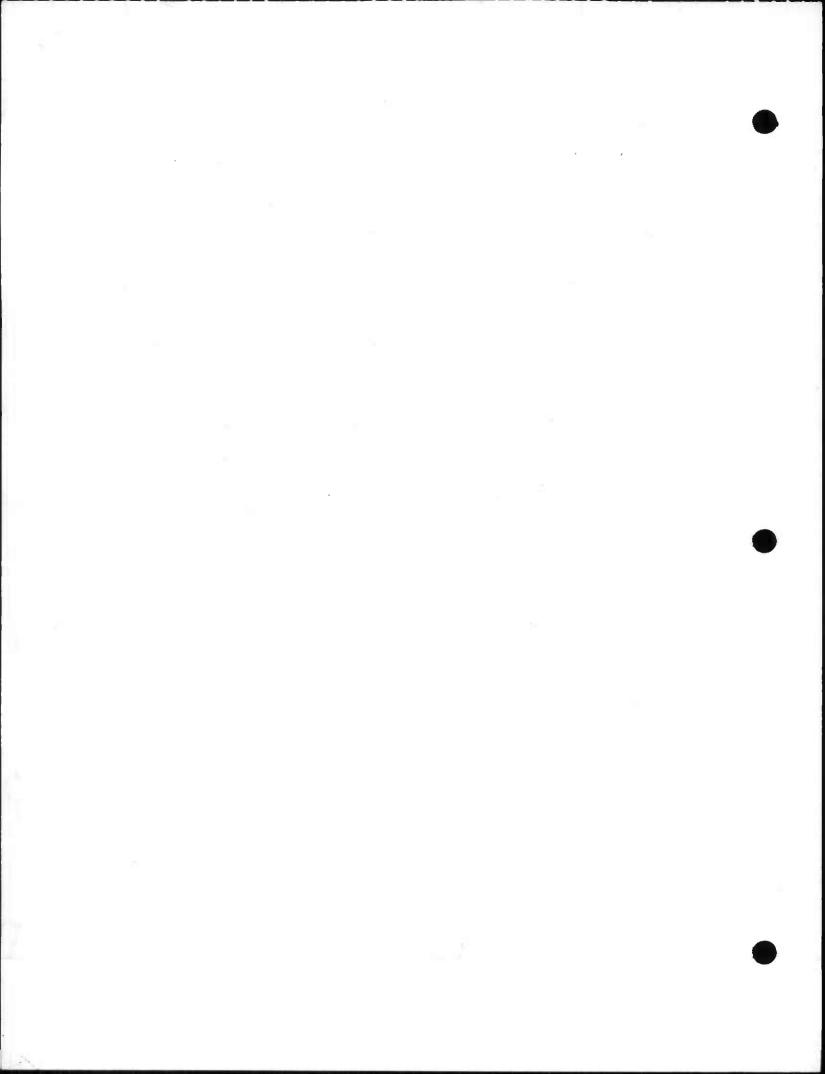
IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	Item1,12/6/94,Per	4 6									
	FOR		ND / DEPARTE	MENT OF HEALTH AN	D MENTA	LUVCIENE					
	1 - STATE REGISTRAR	OIMIE OF MARKEEN		ATE OF DEATH	MICHIA	REG. NO.					
	1. DECEDENT'S NAME (First, Middle, Last)			TONES SP	2. DATE	OF OEATH	,	3. TIME OF DEATH			
	Billy 4. SOCIAL SECURITY 376-30-72375		Davis	JONES, SR.	Dece	mber 3,	1994	2:58 p			
				FUNDER 1 YEAR FUNDER 24 HR ONTHS DAYS HOURS MIN	S. 7. DATE	ch 21,	7000	6. BIRTHPLACE (State or Foreign Country)			
	90. FACILITY NAME (If not institution, give street			b. CITY, TOWN OR LOCATION OF		en ZI,	193	Country Kentucky			
B	Franklin Sq. Ho			Rossvill		1					
5	RESIDENCE OF DECEDENT	0,2342					balti	more County			
DIRECTOR		timore	10c. CITY, T	Essex		10d. INSIDE CITY LIMITS? 1 ☐ YES 2 ANO					
3AL	10e. STREET AND NUMBER	21.61		10f. ZIP CODE			10g. CITIZEN OF WHAT COUNT				
FUNERAL	1107 Tace Driv	-		212				USA			
	11. MARITAL STATUS 12 1 Never Merried 2 Merried	2. WAS DECEDENT EVER IN I	22 NO	13. WAS DECENDENT OF HIS If yes, specify Cuben, Me:	kicen, Puerto	N? (Specify Yee of Ricen, etc.)	or No-	14. RACE — American Indian, Black, White, etc.			
ВУ	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DAT	ES	1 TYES 2 NO Sp	ecity:			Specify: White			
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade con	ION	16a. DECEDENT'S US	UAL OCCUPATION done during most of working	16b	, KIND OF BUSI	NESS/IND	USTRY			
E	Elementary/Secondary (0-12)	College (1-4 or 5+)	ille. Do NOT use re	stired.)			_				
MP	12		Clerk				lroa	ıd			
	17. FATHER'S NAME (First, Middle, Last) Clifton E.	Jones		18. MOTHER'S		Middle, Melden S	(urneme)				
BE	19e. INFORMANT'S NAME (Type/Print)	oones	195 MAILING AT	DRESS (Street and Number or Ru			Dans 7/-	Code			
7	Pamela Kay Swi			ld Eastern Av				D 21221			
	20a METHOD OF OISPOSITION 1 10 Burlel 2 Cremetion 3 Removal	I from State 20b. F	PLACE AND DATE OF D	DISPOSITION (Name of place)	DAT	E 20c. LOC	ATION —	City or Town, Stata			
	4 Donation 5 Other (Specify)	Ste He	olly Hill	Memorial Gar	dens .	12/6/94	+ Ba	ltimore Co MD			
	hum The	defunde,		22. NAME AND ADDRESS OF Bruzdzinski							
-4	23 PART I Enter the diseases or com	policetions that several t	the death Deast	1407 Easter	23 ART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest						
	ahock, or haart fallure. List	production that cadage i				dian an or a tra					
	IMMEDIATE CAUSE (Final disease or condition reaulting in death)	MYOCARD	ch line.	entar tha mode of dying, s			atory arro	Approximate Interval Betwee Onset and Dasi			
ERTIFICATION	IMMEDIATE CAUSE (Final disease or condition	DUE TO (OR AS A C	CONSEQUENCE OF):				atory arre	Intarvai Betwee			
0	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A C	CONSEQUENCE OF):	INFARC	710			Interval Betwee			
0	IMMEDIATE CAUSE (Final disease or condition resulting in desth) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions of	DUE TO (OR AS A C	CONSEQUENCE OF): CONSEQUENCE OF): CONSEQUENCE OF):	IN FAR C	710	N 24a. WAS AN A PERFORN	LUTOPSY HED?	Interval Betwee Onset and Dasi Onset and Dasi 24b. WERE AUTOPSY FINDING AMILABLE PRIOR TO COMPLETION OF CAUSE			
0	IMMEDIATE CAUSE (Final disease or condition resulting in desth) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions of	DUE TO (OR AS A C	CONSEQUENCE OF): CONSEQUENCE OF): CONSEQUENCE OF):	IN FAR C	710	/V 246. WAS AN A	LUTOPSY HED?	Interval Betwee Onset and Desi Onset and Desi 24b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?			
0	IMMEDIATE CAUSE (Final disease or condition resulting in desth) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions of	DUE TO (OR AS A CO	CONSEQUENCE OF): CONSEQUENCE OF): CONSEQUENCE OF): CONSEQUENCE OF):	TNFARC	T / 0	N 24a. WAS AN A PERFORN	LUTOPSY HED?	Interval Betwee Onset and Dasi Onset and Dasi 24b. WERE AUTOPSY FINDING AMILABLE PRIOR TO COMPLETION OF CAUSE			
0	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant conditions of the conditions of th	DUE TO (OR AS A CONTRIBUTION OF AS A CONTRIBUTION O	CONSEQUENCE OF): CONSEQUENCE OF): CONSEQUENCE OF): TOT resulting in t DEATH YES L PLACE OF DEATH (TNFARC ha undarlying cause given ASB NO VINCERTA Check only one)	T / 0	N 24a. WAS AN A PERFORN	LUTOPSY HED?	Interval Betwee Onset and Desi Onset and Desi 24b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?			
0	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant conditions of the conditions of th	DUE TO (OR AS A CONTRIBUTION OF TO CAUSE O	CONSEQUENCE OF): CONSEQUENCE OF): CONSEQUENCE OF): CONSEQUENCE OF): CONSEQUENCE OF): CONSEQUENCE OF): CONSEQUENCE OF): CONSEQUENCE OF):	TNFARC the underlying cause given ASB NO VINCERTA Check only one) THER: Nursing Home 5 Reelden	In Part I.	24a. WAS AN A PERFORM 1 YES 2	LUTOPSY HED?	Interval Betwee Onset and Desi Onset and Desi 24b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?			
PHYSICIAN: MEDICAL C	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant conditions of the conditions of th	DUE TO (OR AS A CONTRIBUTION OF AS A CONTRIBUTION O	CONSEQUENCE OF): CONSEQUENCE OF): CONSEQUENCE OF): CONSEQUENCE OF): CONSEQUENCE OF): CONSEQUENCE OF): CONSEQUENCE OF):	TN FAR C the underlying cause given AS B NO VINCERTA Check only one) THER: Nursing Home 5 Reeldene F 28c. INJURY AT WORK?	In Part I.	24a. WAS AN A PERFORM 1 YES 2	JUTOPSY MED?	Interval Betwee Onset and Dasi			
BY PHYSICIAN: MEDICAL C	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions of the conditions of the cause of the conditions of the cause of the ca	DUE TO (OR AS A CONTRIBUTION OF TO CAUSE OF CONTRIBUTION OF CONTRIBUTION OF TO CAUSE OF CONTRIBUTION OF CO	CONSEQUENCE OF): CONSEQ	TN FAR C the underlying cause given AS B NO VINCERT Check only one) THER: Nursing Home 5 Reelden F	In Part I.	24a. WAS AN A PERFORM 1 YES 2 (UTOPSY HED? NO	Interval Betwee Onset and Dasi Onset and Dasi Onset and Dasi Onset and Dasi Onset and Dasi Onset and Dasi Onset and Dasi Onset			
BY PHYSICIAN: MEDICAL C	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions of the conditions of the cause of the conditions of the cause of the ca	DUE TO (OR AS A CONTRIBUTE TO CAUSE OF CONTRI	CONSEQUENCE OF): CONSEQUENCE	TN FAR C the underlying cause given AS B NO VINCERT Check only one) THER: Nursing Home 5 Reelden F	In Part I. AIN 26d. DES	24a. WAS AN A PERFORM 1 YES 2 (UTOPSY HED? NO	Interval Betwee Onset and Dasi			
BY PHYSICIAN: MEDICAL C	IMMEDIATE CAUSE (Final disease or condition resulting in desth) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant conditions of the conditions of th	DUE TO (OR AS A CONTRIBUTION OF AS A CONTRIBUTION O	CONSEQUENCE OF): CONSEQUENCE	the underlying cause given ASB NO VINCERTA Check only one) THER: Nursing Home 5 Reelden F 28c. INJURY AT WORK? M 1 YES 2 NO it, tectory, office	In Part I. AIN 26d. DES 2et. Loc City	24e. Wils AN A PERFORM 1 VES 2 [Or (Specify) SCRIBE HOW IN. CATION (Street an or Town, State)	JURY OCC	Interval Betwee Onset and Dasi 24b. WERE AUTOPSY FINDING: AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 DYNO URED OF Bural Route Number,			
BY PHYSICIAN: MEDICAL C	IMMEDIATE CAUSE (Final disease or condition resulting in desth) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant conditions of the conditions of th	DUE TO (OR AS A CONTRIBUTION OF AS A CONTRIBUTION O	CONSEQUENCE OF): CONSEQUENCE	the underlying cause given ASB NO VINCERTA Check only one) THER: Nursing Home 5 Reelden F 28c. INJURY AT WORK? M 1 YES 2 NO it, tectory, office	In Part I. AIN 26d. DES 2et. Loc City	24e. Wils AN A PERFORM 1 VES 2 [Or (Specify) SCRIBE HOW IN. CATION (Street an or Town, State)	JURY OCC	Interval Betwee Onset and Dasi Onset and Dasi Onset and Dasi Onset and Dasi Onset and Dasi Onset and Dasi Onset and Dasi Onset and Dasi Onset On			
COMPLETED BY PHYSICIAN: MEDICAL C	IMMEDIATE CAUSE (Final disease or condition resulting in desth) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant conditions of the conditions of th	DUE TO (OR AS A CONTRIBUTION OF AS A CONTRIBUTION O	CONSEQUENCE OF): CONSEQUENCE	TNFARC TNFARC TNFARC TNFARC UNCERT Check only one) THER: Nursing Home 5 Reelden F 29c. INJURY AT WORK? M 1 YES 2 NO at, tectory, office At the time, date end place, end of In my opinion, death occured at 29c. LICENSE II	In Part I. AIN 26d. DES 28t. LOC City due to the cauthe time, date	24e. WAS AN A PERFORM 1 YES 2 [Or (Specify) SCRIBE HOW IN. CATION (Street an or Yown, State)	JURY OCC	Interval Betwee Onset and Desi 24b. WERE AUTOPSY FINDING AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 DYNO URED Or Rural Route Number, ad., a cause(e) and menner se stated.			
BE COMPLETED BY PHYSICIAN: MEDICAL C	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DID TOBACCO USE CONTRIB 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 2 Accident Investigation 3 Suicide 6 Could not be determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: COULD AND COUNTRIBE COUNT	DUE TO (OR AS A CONTRIBUTION OF THE BUILDING O	CONSEQUENCE OF): CONSEQUENCE	TNFARC TNFARC TNFARC TNFARC TNO VINCERT Check only one) THER: Nursing Home 5 Reelden F 28c. INJURY AT WORK? M 1 YES 2 NO at, tectory, office to the time, date end place, end on n my opinion, death occured at 1	In Part I. AIN 26d. DES 28t. LOC City due to the cauthe time, date	24e. WAS AN A PERFORM 1 YES 2 [Or (Specify) SCRIBE HOW IN. CATION (Street an or Yown, State)	JURY OCC	Interval Betwee Onset and Desi			
	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant conditions of the conditions of th	DUE TO (OR AS A CONTRIBUTION OF THE BASE OF INJURY MONTH OF THE BASE OF DEAT ON THE BASE OF DEAT OF THE BASE OF DEAT OF THE BASE OF DEAT OF THE BASE OF DEAT OF THE BASE OF DEAT OF THE BASE OF DEAT OF THE BASE OF DEAT OF THE BASE OF DEAT OF THE BASE OF TH	DEATH YES DEATH YES PLACE OF DEATH (Land 13 DOA A At home, farm, strain At home, farm, strain At home, farm, strain H (ITEM 27) (Type, Print)	the underlying cause given A \$ B UNCERT Check only one) THER: WORK? I VES 2 NO st, tectory, office the time, date end place, end of the time, date of the time, death occurred at the time, death	In Part I. AIN 26d. DES 28t. LOC City Sue to the cauthe time, date NUMBER 769 2	24s. WAS AN A PERFORM 1 YES 2 [OF (Specify) SCRIBE HOW IN. EATION (Street an or rown, State)	JURY OCC JURY OCC d Number of the due to the	Interval Betwee Onset and Desi			
BE COMPLETED BY PHYSICIAN: MEDICAL C	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant conditions of the conditions of th	DUE TO (OR AS A CONTRIBUTION OF THE BEST OF INJURY (Month, Day, Year) DUE TO the best of examination of the basic of examination of the examination of the basic of examination of the basic of examination of the basic of examination of the basic of examination of the basic of examination of the basic of examination of the basic of examination of the basic of examination of the basic of exami	DEATH YES DEATH YES PLACE OF DEATH (Jent 3 DOA 4 At home, farm, atrace At home, farm, atrace H (ITEM 27) (Typo, Print At home 27) (Typo, Print At home 27) (Typo, Print)	the underlying cause given A \$ B UNCERT Check only one) THER: WORK? I VES 2 NO st, tectory, office the time, date end place, end of the time, date of the time, death occurred at the time, death	In Part I. AIN 26d. DES 28t. LOC City Sue to the cauthe time, date NUMBER 769 2	24s. WAS AN A PERFORM 1 YES 2 [OF (Specify) SCRIBE HOW IN. EATION (Street an or rown, State)	JURY OCC JURY OCC d Number of the due to the	Interval Betwee Onset and Desi 24b. WERE AUTOPSY FINDING AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 DYNO URED Or Rural Route Number, ad., a cause(e) and menner se stated.			

•
0
20
120
8
68
×
BOX
\simeq
110
0
0
CO
~
щ
Œ,
0
\simeq
ECORDS,
ш
000
ITAL F
d
_
=
>
OF
0
_
Z
IVISION
\simeq
S
=-
>
_
_

	TO BE COMBIETED BY BUYERING MEDIONI APPLICATION
examiner must be notified at once.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
TO THE PARTY OF TH	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
s certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the
r death. Page 6 may be retained by the hospital or attending physician.	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within mours after death. Page 6 may be retained by the hospital or attending physician.

	FOR 1 - STATE REGISTRAR	STATE OF MARYLAN		RTMENT OF		MENTA	AL HYGIEN REG. NO.	E			
	1. DECEDENT'S NAME (First, Middle, Last)					2. DAT	E OF DEATH	W.	PAR	3. TIME OF DEATN	
		Lugin						94	TEAR	1:49 PM M	
			s. last birthday)	IF UNDER t YEAR	IF UNDER 24 HRS.	(Mor	E OF BIRTN hth, Day, Year)		. BIRTNE Country	PLACE (State or Foreign	
	212 10 0101	1 ☐XM 2 □ F 67	YRS.			_	b 15, 1			ssia	
œ	9e. FACILITY NAME (If not institution, give stre				OR LOCATION OF D	EATN		9c. COUNT			
DIRECTOR	Carroll County Ge	eneral Hospita	al	west	minster			Car	rol	<u>L</u>	
RE	10s. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR LOCA	TION	11				10d. INSIDE CITY LIMITS?	
	MD Balt	Baltimore		ltimore						1 YES 2 NO	
FUNERAL		мөвя nbling Ridge Lane Apt 20			10f. ZIP CODE			tog. CITIZEN OF WHI			
JNE		12. WAS DECEDENT EVER IN U.S	_							— American Indian.	
	1 Never Merried 2 🔀 Married	FORCES? 1 YES 2	X NO	If yes, s		en, Puerto	n, Puerto Ricen, atc.) Black,			White, etc.	
Э ВУ	3 Widowed 4 Divorced				**				opean	White	
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade of		Give kind of a life, Do NOT us	USUAL OCCUPAT	ON ost of working	16	b. KIND OF BUS	INESS/INDUS	STRY		
P.E.	Elementery/Secondary (0-12)	College (1-4 or 5+)		11100		_					
OM	17. FATHER'S NAME (First, Middle, Last)		COLIST	ruction	16. MOTHER'S NA	ME (First.	Roa Middle Maiden				
BE C	Gregory Weintra	ub			Chay						
TO B	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street	and Number or Rural		nber, City or Town	n, State, Zip C	ode)		
F	Polina Kaluqin		1813	Rambli	ng Ridge	Lane	e Apt 2	01 Ba	ltin	ore 21209	
	20m METHOD OF DISPOSITION 1 Duriet 2 Cremation 3 Remove		ACE AND DATE	OF DISPOSITION /A		DA		CATION CH			
	1 Burlet 2 Cremation 3 Removal from State Cemetery, crematory or other place) 4 Donation 6 Other (Specify) Chizuk Amuno Cem Dec 4, 1994 Baltimore MD 21. SIGNATURE OF FUNERAL SERVICE LICENSEE, 22. NAME AND ADDRESS OF FACILITY										
	21. Signations of Functing Service Liver) See			LEVINSON		BROS.	TNC.			
_	per	2 deurs		6016) REISTER	STOE	ANT POAD	ВЛТП	TMOF	RE. MD 21215	
	23. PART i. Enter the diseasea, Dr cor shoot or heart failure. Li:	mplications that caused the st only one cause on each	e death, Dp r line.	not enter the m	ode of dying, aud	h aa ca	rdiac or reapi	ratory arrea	ıt,	Approximate interval Between	
ł	IMMEDIATE CAUSE (Final										
ı	disease or condition resulting in death) a. Myo CARL M INTAR CTT ON DUE TO (OR AS A CONSEQUENCE OF):									SMIN	
z I											
CERTIFICATION	Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):										
S	cause. Enter UNDERLYING CAUSE (Disease or injury										
Ë	that initiated eventa resulting in death) LAST	DUE TO (OR AS A COL	NSEOUENCE O	F):							
E I	d.										
A.									WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO		
	1 U YES 2 NO							COMPLETION OF CAUSE OF DEATN?			
ME								1 TES 2 NO			
AN	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one)										
S	EXAMINER?	HOSPITAL:	\- I	OTHER:							
PHYSICIAN: MEDIC	27. MANNER OF DEATN	28e. DATE OF INJURY	28b. TIM	E OF 28c, IN	JURY AT		SCRIBE HOW II	JURY OCCU	RED		
ВУ Р	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJ		ORK? YES 2 NO						
	3 Suicide a Could not be	28e. PLACE OF INJURY - A building, etc. (Specify)	At home, ferm, s	street, factory, offic	:•	28f. LO	CATION (Street e	nd Number or	Rural Ro	oute Number,	
COMPLETED	4 Nomicide determined			_			, , , , , , , , , , , , , , , , , , , ,				
4	11	AN: To the best of my knowledge									
Š	2 MEDICAL EXAMINER:	On the beele of examination end	d/or investigation	n, in my opinion,	leath occured at the	time, dat	e end place, end	d due to the	:euse(e)	end menner ee atated.	
BE (296. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NUI					Month, Day, Yeer)	
2	Chio				933979			De	c 4	, 1994	
- 1	30. NAME AND ADDRESS OF PERSON WHO G	/	(ITEM 27) (Type,	Print)							
ŀ	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNATUR	RE								
	DEC 0 6 1994 July	Michael 1	,								



	- 60
	Cia
2	E S
\approx	-
21215-00	r attending
-	5
N	æ
AND	hospit
٩	島
=	à
MARYL	tained
2	9
	2
ž	Пау
0	9
Σ	Page
BAL	death.
n	after
	100

Pages 1, 2, 3 should

bunal-transit

the

Se

ISe

Por

once.

T

BE

2

DIVISION OF VITAL RECORDS, P.O. BOX 68760, TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within TO THE FUNEFAL DIRECTOR: After this certificate has been signed by the attending physician and completely be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, creman iMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event,	BALTIMORE, MARY	mours after death. Page 6 may be retained by	r filled in by the funeral director, page 5 should b tion, or removal.	the medical examiner must be notified a
	DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within envirous after death. Page 6 may be retained by	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified a

91 35969 Item17, Film718, 12/6/94, 1t 1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF OEATH 3. TIME OF DEATH Marlin Culnan Kendall December 1994 2:00pm 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) 6. BIRTHPLACE (State or Foreign MONTHS DAYS HOURS MIN. 212-18-7773 1 X M 2 F 73 YRS. May 16. Maryland 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 2901 Echodale Avenue Baltimore RESIDENCE OF DECEDENT 10a STATE 10h COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY **Baltimore** Maryland 1 (X) YES 2 | NO FUNERAL 10e STREET AND NUMBER 10g, CITIZEN OF WHAT COUNTRY? 2901 Echodale Avenue 21214 United States 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, etc. If yes, specify Cuban, Maxican, Puerto Rican, etc.)

1 YES 2 (X) NO Specify: FORCES? 1 YES 2 X NO 1 X Never Married 2 Merried IF YES, GIVE WAR OR OATES BY Specify 3 Widowed 4 Divorced White 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comp. (Give kind of work done life. Do NOT use retired.) COMPLET Elementary/Secondary (0-12) College (1-4 or 5 +) Dispatcher Utility 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Ozman Kendall Raymond L. Kendall Viola Clark BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Mrs. Vivian Sanner 7503 A Brushfield Court Baltimore, Md. 20e. METHOD OF DISPOSITION
1 № Burlel 2 □ Cremetion 3 □ Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State 4 ☐ Donation 5 ☐ Other (Specify) _ Meadow Branch Cemetery 12/5/94 Westminster, Maryland 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Mark T. Zavoyna Leonard J. Ruck, Inc. Mach T. 5305 Harford Road Baltimore, 21214 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, ahock, or heart failure. List only one ceuse on each line. Interval Between IMMEDIATE CAUSE (Final Onset and Death disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF) CERTIFICATION Sequantially list conditions, OUE TO (OR AS A CONSEQUENCE OF) If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PHYSICIAN: MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? PERFORMED? 1 ☐ YES 2 ☐ NO 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL OTHER: 1 TES 2 NO 1 - Inpatient 2 - ER/Outpatient 3 - DOA 4 Nursing Home 5 Residence 6 Other (Specify) 28e. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF 28c. INJURY AT WORK? 28d, OESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending 1 YES 2 NO BY 2 Accident 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 26e. PLACE OF INJURY — At home, term, street, factory, office building, etc. (Specify) 3 Suicide COMPLETED 8 Could not be 4 Homicide

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. (Check only one) MEDICAL FAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 296. STONATURE AND TITLE OF CERTIFIER 29c_LICENSE NUMBER 29d. DATE SIGNEO (Month, Day, Year) 0167 94 20 17 8415 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

DEC 0 6 1994

32, HEGISTRAR'S SIGNATURE della whi Dandon - Ro

.

IU HE HUSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed withing withing floating to retained by the law requires that the death certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should be detached for use as the bunal-transit permit. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	STATE OF MARYLA		TMENT OF H			HYGIENI REG. NO.	E			
á	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF MONTH	Ch 41	Y	VEAR	3. TIME OF DEATH	
	ANITA 4. SOCIAL SECURITY NUMBER	E S. SEX G. AGE (I	n yrs. last birthday)	KOENIGS	BERG IF UNDER 24 HRS.	DEC.		1994		2:45 A. M	
	219-38-9614 1 M 2 X _F 81 VRS. MONTHS DAYS HOURS MIN. (Month, Day, Year) VI									IRGINIA	
OR	98. FACILITY NAME (If not institution, give street and number) 90. CITY, TOWN OR LOCATION OF DEATH 90. COUNTY OF DEATH BALTIMORE 90. COUNTY OF DEATH										
										10d. INSIDE CITY	
	MARYLAND BALTIMORE X□ ves 2 □ no									YES 2 NO	
FUNERAL	100. STREET AND NUMBER 6210 PARK HEIGHTS	AVE., APT.	400		21215			USA	N OF WH	AT COUNTRY?	
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 NO	If yes, sp	ENDENT OF HISPA ecify Cuben, Mexic 2 NO Speci	an, Puarto Rica	Specify Yes an, etc.)	or No- 1	4. RACE - Black, Specify, WH	— American Indian, White, etc.	
	15. OECEDENT'S EDUC	ATION	18e. DECEDENT'S	USUAL OCCUPATION	DN .	18b. KI	ND OF BUS	INESS/INDUS		ITE	
COMPLETED	(Specify only highest grade of Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of ville, Do NOT us HOUSEW.		st of working	ΓA	HOMI	Ξ			
E COM	17. FATHER'S NAME (First, Middle, Last) ELLIS	MARKS			18. MOTHER'S N. JENNY	AME (First, Mide	dle, Maiden S	Surname)	GLI	CK	
TO BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street a	nd Number or Aural	Route Number,	City or Yown	, State, Zip C	ode)		
_	MR. STEPHEN KOEN			ATESFORD							
	1 Buriet 2 Cremation Remoi		PLACE AND DATE Of the control of the			DATE 2/4/190	20c. LOC	ATION — CH	y or Town	n, State N . MD	
i	21. SIGNATURE OF EUGERAL SERVICES SCE		-	22. NAME AI	D ADDRESS OF F	ACILITY					
	1/m/	Doma	-		VINSON 8 EISTERTO				MD	21215	
Ì	23. PART I. Enter the diameter, pr co	profications that caused list only one cause on ea	the death. Do n	Dt enter the mo	de of dying, suc	ch as cardia	or reapir	atory srres	it,	Approximate interval Between	
	IMMEDIATE CAUSE (Final disease or condition	del	1/2			1	1-01	10-		Onset and Death	
	reaulting in death) s.	DUE TO (OR AS A	CONSEQUENCE OF	resp	ur to	y a	popul			Imp	
NO	Sequentially list conditions, Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of):										
CERTIFICATION	if sny, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A	CONSEQUENCE OF	-):	/					İ	
THE	CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF	7):							
CER	d.	·									
AL	PART II. Other algnificant conditiona	contributing to death but	it not reaulting i	n the underlyin	g cause given in	Part I. 24	e. WAS AN /		1 1	WERE AUTOPSY FINDINGS	
PHYSICIAN: MEDIC		urera 1	121-01	10/12		1	YES 2	□ NO		OMPLETION OF CAUSE OF DEATH?	
Σ.	DID TOBACCO USE CONTR	IBUTE TO CAUSE OF	F DEATH YE	S NO	UNCERTAI	ND			'	I TES 2 NO	
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	6. PLACE OF DEAT	H (Check only one)							
HYS	1 TYES 2 NO 27. MANNER OF DEATH	1 Inpetient 2 ER/Outpa	tient 3 DOA	4 - Nursing Hom	e 5 🗆 Residence	T		JURY OCCU	BED		
BY PI	1 Setural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJ		RK?	Zeu. DESCN	IBE NOW IN	JOHT OCCU	HED		
COMPLETED B	3 Suicide 8 Could not be 4 Homicide detarmined	28a. PLACE OF INJURY building, etc. (Specif	— At home, farm, a	street, factory, offic		281. LOCATION City or 1	ON (Street ar fown, State)	nd Number or	Rural Roo	ute Number,	
PLE		IAN: To the best of my knowle	edge, death occurre	ed at the time, date	and place, and du	to the cause(a) and man	ner as stated			
SON	one) 2 MEDICAL EXAMINER	On the besia of examination	and/or Investigation	n, in my opinion, d	eath occured at the	time, data and	d piece, and	dua to the	cause(a)	and manner sa stated.	
BE	296. SIGNATURE AND TITLE OF CERTIFIER Stanly M.	(cosen m)			DO 9	MBER 75	_	29d. DATE S	IGNED (Month, Day, Wear)	
5	Stemy M. Per	COMPLETED CAUSE OF DEA	TH (ITEM 27) (Type,	W. Be	Inde	y A	ue.	Bulo	hn	4/2131	
	DEC 06 1994	32. REGISTRAR'S SIGNA	TURE							1	

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within and hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunal, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

									94	35	971
,	ITEM: 20a, PER F.H. FII FOR 1 - REGISTRAR	LM G-718 12/6/94 STATE OF MARYLAN	ID / DEPAR	RTMENT	OF HEALT	H AND I	MENTAL	HYGIEN BEG. NO			
	1. DECEDENT'S NAME (First, Middle, Last) FTORFNCE, KORN	JBI JIM	CENTIL	ICAIL	OF DE	NI II	2. DATE O MONTH		AY	YEAR 3.	TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 273–16–4306	5. SEX 8. AGE (In y	72 YRS.	IF UNDER 1	YEAR IF UNI DAYS HOUR	DER 24 HRS.	7. DATE O	13,1	922	8. BIRTHPL	CE (State or Foreign ESOTA
OR	9a. FACILITY NAME (If not institution, give a STELLA MARIS HOS.			9b. CITY,	BALTI		ATN	•	9c. COU	NTY OF DEAT	н
DIRECTOR	PRESIDENCE OF DECEDENT 10a, STATE 10b, COUNT MARVI, AND	ALTIMORE	10c. C/1	Y, TOWN OF	LOCATION	E					d. INSIDE CITY LIMITS? YES 2X NO
FUNERAL	100. STREET AND NUMBER 7208 VALLEY COUNT	TRY CT, APT. 4	!		101. ZIP CO	2120	8		10g. CITI	ZEN OF WHA	T COUNTRY?
ВУ	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U. FORCES? 1 YES :	2 XNO	11	AS DECENDEN yes, specify Cu	ban, Maxica	n, Puarto Ric		or No—	14. RACE — Black, W Specify:	American Indian, hita, atc. WHITE
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12) 12	CATION 16 completed) College (1-4 or 5+)		SEWIF	iring most of wo	rking	16b. i	(IND OF BUS		HOME	
BE CON											
TO B	19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Flural Route Number, City or Town, State, Zip Code) MR. JEFFREY WEINSTOCK 668 GREENWICH ST, # 743 NEW YORK, N.Y. 10014										
53	20s. METNOD OF OISPOSITION 192 Bertel 2 Cremetion 3 MVRsm 4 Donation 5 Other (Specify)	20b. PL	ACE AND DATE TV. Crematory or C W MONT	of disposition of the place TFIOR	FION (Name of	1	0ATE 2-1-9	TE 20c. LOCATION — City or Town, State -94 PINELAWN, L.I., NEW YORK			
	21. SIGNATURE OF FUNERAL SERVICE LA	u Lei		S 6	OL LEV	INSON ISTER	& BR STOWN	ROAD	BALT	TIMORE	, MD 21215
	shook, or heart failure. List only one ceuse on each line. IMMEDIATE CAUSE (Final Onget a									Approximate interval Between Onaet and Death	
ERTIFICATION											
PHYSICIAN: MEDICAL C	PART II. Other aignificent condition						_	PERFOR	IMED?	CO OF	RE AUTOPSY FINDINGS NILABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO
ICIAN	DID TOBACCO USE 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	26. PLACE OF		eck only one)				
	1 YES 2 NO 27. MANNER OF DEATN Netural 5 Pending	28a. DATE OF INJURY (Month, Cay, Year)	28b. T/N		ng Home 5 -		4	(Specify)	HOSPI NJURY OCC		
TED BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Nomicide determined	28a. PLACE OF INJURY — building, atc. (Specify)	At home, farm,			□ NO		TION (Street a Town, State)	and Number	or Runal Route	Number,
COMPLETED		ICIAN: To the best of my knowleds									d manner as stated.

SIGNATURE AND TITLE OF CERTIFIER

29c. LICENSE NUMBER
D 85643

29d. DATE SIGNED (Month, Day, Year) 94

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

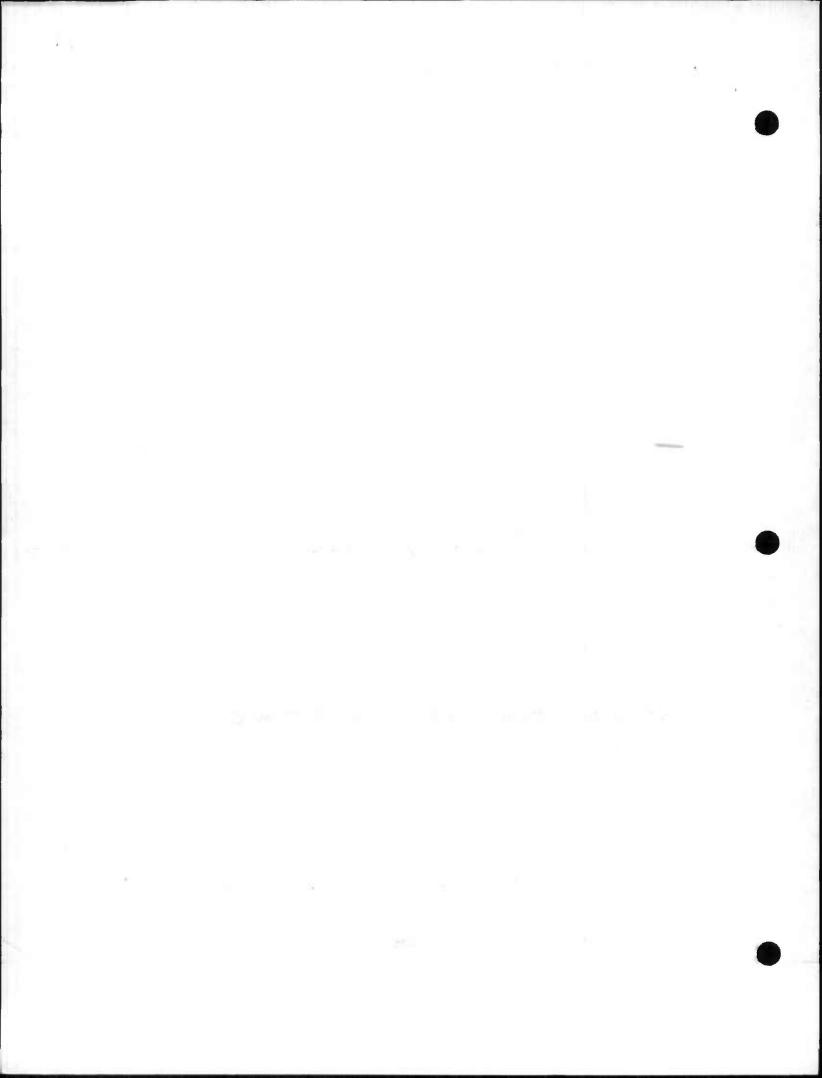
KENDALL FAULKNER 2300 DULANEY VALLEY ROAD TOWSON, MD 21204

DECO 6 1994

BE

0

3. BEGISTBAR'S SIGNATURE



215-0020	spilai ar attending physician,
MARYLAND 21	may be retained by the hospital or
BALTIMORE, MARYLAND 21215-0020	after death. Page 6 may be
O. BOX 68760,	printicate be executed within yours after death. Page 6 may
0.80	ertificate by

TO BE COMPLETED BY FUNERAL DIRECTOR

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

CHANCENING PHYSICIAN: The law requires that the death certificate be executed within Jours after death. Peacle may be extend by the highest permit. Pages 1, 2, 3 should seath with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. Item 2 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND	MENTAL HYGIENE
CERTIFICATE OF DEATH	REG. NO.

1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.										
1. DECEDENT'S NAME (First, Middle, Last) Katherine	М.	Kirby		I	2. DATE OF DEATH DATE OF DEC. 5,	1994 ^{**}	3. TIME OF DEATH			
4. SOCIAL SECURITY NUMBER 579-24-6569 9a. FACILITY NAME (If not institution, give	1 - M 24-F	70 YRS.	F UNDER 1 YEAR DAYS		7. DATE OF BIRTH (Month, Day, Year) 1ay 23,1	924 P	BIRTHPLACE (State or Foreign Country) ennsylvania			
1319 Jones Sta			rnold	OR LOCATION OF DEA	ATH	Anne	Arundel			
MD Ann	e Arundel	10c. CITY, T	old	TION			10d, INSIDE CITY LIMITS? 1 X YES 2 \(\text{\text{\text{NO}}} \) NO			
100. STREET AND NUMBER 1319 Jones Sta	tion Road			1. ZIP CODE 21012		10g. CITIZEN	OF WHAT COUNTRY?			
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR D	2 X NO	If yea, sp	CENDENT OF HISPANIC Secify Cuban, Maxican, S 2X NO Specify:	C ORIGIN? (Specify Yea , Puarto Rican, etc.)		RACE — American Indian, Black, Whita, atc. Specify: White			
15, DECEDENT'S EDU (Specify only highest grade	Cation completed) College (1-4 or 5 +)	18a. DECEDENT'S US (Give kind of work life. Do NOT use as Superv	k done during mo etired.)	ON osl of working	Telepho					
17. FATHER'S NAME (First, Moods, Last) unknown	Mor	nk			E (First, Middle, Maiden Anita Ke					
Guy H. Kirby		196. MAILING AD	ones (Street	and Number or Rural Rd Station	Road, Ari	n, State, Zip Coo	MD 21012			
26e. METHOD OF DISPOSITION 1 X Surfal 2 Cremation 3 Ren 4 Donation 5 Other (Specify)	Towal from State	PLACE AND DATE OF C				CATION — City Vidsor	or Town, Stata			
21. SIGNATURE OF BANERAL SERVICE LI	Broll h		Hard	esty Fur	neral Hor	ne, P.	A. S. MD 21401			
23. PART I. Enter the diseases of ahock, or heart failure. IMMEDIATE CAUSE (Finel disease or condition resulting in death)	e. Metastatic DUE TO (OR AS A	ach line.	enter the mo	ode of dying, such	aa cardlec or reepl	retory srrest,	Approximete interval Between Onset and Death			
Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that initieted events resulting in deeth) LAST	C	CONSEQUENCE OF):		·						
PART II. Other algnificant condition	na contributing to deeth b	ut not reaulting in t	the underlying	g cause given in P	PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?			
DID TOBACCO USE CONT 25. WAS CASE REFERRED TO MEDICAL	1	F DEATH YES		UNCERTAIN			1 TES 2 NO			
EXAMINER?	HOSPITAL: 1 Inpatient 2 ER/Outp	0	THER:	e 5 Residence 6	☐ Other (Specify)					
27. MANNER OF DEATH 1 Shatural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME O	Y WO	URY AT SPACE STATE OF THE SPACE STATE STATE STATE OF THE SPACE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STAT	28d, DESCRIBE HOW IN	JURY OCCURE	D			
3 Suicide a Could not be 4 Homicide determined	28a. PLACE DF INJURY building, atc. (Spec	— Al home, farm, atre-	et, factory, offic	•	28t. LOCATION (Street a City or Town, State)	nd Number or R	urel Route Number,			
	CIAN: To the best of my knowl						use(a) and manner as stated.			
29b. SIGNATURE AND TITLE OF CERTIFIE		2.		29c. LICENSE NUMB			SNED (Morsh, Day, Year)			
Soel B. Kleik,	M.O. 180 A	HUMITAL CO		e Pr.	Annanali	NO	21401			
31. DATE FILED (Month, Day, Year)	32 DEGISTRADIS ATTEN				1	/				



35

reflect | 1

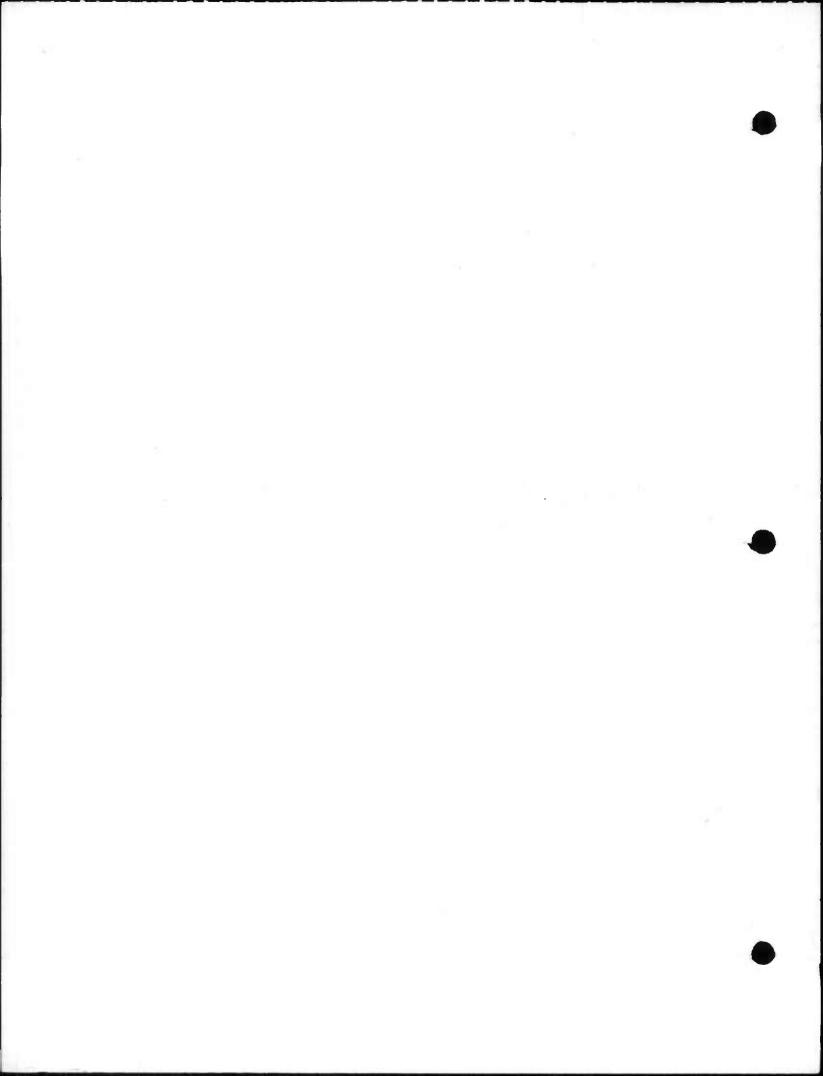
	2	2	0	
	TO THE HOSPITAL OF ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	TO THE FLINERAL DIRECTIVE After this certificate has been signed by the attending physician and completely filled	He first within Tarbay and death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, o	IMPORTANT II III TO ZUNE marked, or Item 23 shows any Injury, or other traumatic event, the m
3	重	tely	Tat	1,
00	W	ple	Crel	e
7	9	50	<u>e</u>	2
89	500	p	Ĕ	=======================================
×	W.	a a	9	Ē
ô	20	Clar	10	2
à	ale	S	D	1
~	ŢĮĮ.	0	iene	\$
Ÿ.	9	÷	루	0
0	ath	tter	Tes.	0
Ś	de	9	fem	3
	the	4	P	Ξ
E.	hai	D .	an	Š
\aleph	SS	gne	alth	69
Щ	Juin.	S	Ť	*
~	9	Jee	0	5
_	WE.	as t	epi	23
⋖	Pe	e h	9	E
Ξ	ž	Cal	Sta	프
>	CE	in a	he	0
<u> </u>	S	S	=	Ď,
_	F	Ē	¥	H
Z	NG	fter	sath	Ē
$\underline{\circ}$	9	Y	Ď	22
S	Ë,	H	Ę	20
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	I	꾶	19	⁄ኤ
<u> </u>	4	Ď,	Œ	福
	귫	3	ç	#
	25	꾶	H	2
	至	골	뒿	K
	坐	뿟	3	9
	p	0	*	눞
			-	-

1 - FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1. DECEDENT'S NAME (First,	Middle, Last)								2. DATE OF DEATH	· ·		3. TIME OF DEATH
	Susan Car												5:00 am M
	215-34-93		5. SEX	6. AGE (In yrs. Ia	VRS. ABST DAYS HOURS MIN. T. DATE OF BIRTH F. MORTHS DAYS HOURS MIN. F. MORTHS DAYS HOURS MIN. F. MORTHS DAYS DAYS MIN. F. MORTHS DAYS DA			934		PLACE (State or Foreign York			
	9a. FACILITY NAME (If not in			9b. CIT	, TOWN	OR LOCATI	ON OF DE	ATH	9c. COL	JNTY OF D	EATH		
DIRECTOR	7046 Harb		llage	Court		1	Annapolis Anne Arundel					rundel	
입	10a. STATE	10b. COUNT	Υ		10c, CIT	ry, Town	OR LOCAT	ION					10d. INSIDE CITY
	MD	Anne	Arunde	1	An	nnapolis						LIMITS?	
\¥	10e. STREET AND NUMBER							. ZIP COD					WHAT COUNTRY?
FUNERAL	7046 Harb	or Vi					2	2140	1		U	SA	
	11. MARITAL STATUS 1 Never Married 2	Married	12. WAS DECEDEN	T EVER IN U.S. A	RMED NO	13.	WAS DEC	ENDENT C	OF HISPAN	IIC ORIGIN? (Specify Ven, Puerto Ricen, etc.)	a or No-	14. RACE Black	E — American Indian, k, White, etc.
ВУ	3 Widowed 4 Divo			MAR OR DATES				2 3KNO				Speci	
	15. DEC (Specify only	EDENT'S EDU highest grade	CATION completed)		ECEDENT'S				20	16b. KIND OF BU	SINESS/IN	DUSTRY	
COMPLETED	Elementary/Secondary (0	-12)	College (1-4 or 5	+1	nema	se retired.)		0, 0, 0,0,0		Ow	n Ho	me	
ŏ O	17. FATHER'S NAME (First, M	Iddle, Last)						16. MOT	HER'S NAI	ME (First, Middle, Maldel	Sumamal		
BE C	Lion W. J	oseph	1							ice Harr			
10	William F		III	16	6. MAILING	Mea:	s (Street a	Cou	ror Rural F	Annapol	vn, State, Zi is,	MD 2	21401
	20a. METHOD OF DISPOSITION 1 Duriel 2/ Premetion 4 Donetion 5 Dother	n 3 🗆 Rem	oval from State	20b. PLACE cometery, co	AND DATE	of DISPOS	SITION (Na	me of		12/5 B			wn, State
	21, SIGNATURE OF FUNERAL	L SERVICE LIC	ENSEE	,		22.	NAME A	ID ADDRE	SS OF FAC	CILITY	-		
	- Thomas	an a	tarch	stu 1	N					neral Ho			MD 21401
	23. PART I. Enter the di	seases, or	complications the	t caused the d	ath. Do	not anter	tha mo	de of dy	ing, aucl	n ss cardiac or rasp	retory ar	rest,	Approximate
	IMMEDIATE CAUSE (Fin		1/			1							intarval Between Onsat and Death
	disease or condition resulting in death)	+		6K/n			5 /2/	TSR					
-		_	DUE TO	(OR AS A CONSE	OUENCE O	iF):							
CERTIFICATION	Sequantially list conditi If any, leading to immed	diata	DUE TO	(OR AS A CONSE	OUENCE O	F):							
<u>S</u>	cause. Entar UNDERLYi CAUSE (Disease or Inju		с										
	that initiated eventa reaulting in death) LAS	т	DUE TO	(OR AS A CONSE	OUENCE O	iF):							
빙			d										
₽	PART II. Other aignifica	nt condition	a contributing to	death but not	reaulting	in the u	derlying	g causa (given in		AUTOPSY	24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
EDICAL										1 _ YES	2 🗌 NO		COMPLETION OF CAUSE OF DEATH?
Σ								_		_			1 TES 2 NO
PHYSICIAN:	DID TOBACCO U		RIBUTE TO CA				_	UNC	ERTAIN	1 🗆 📗			
i i	EXAMINER?	MEDICAL	HOSPITAL:		CE OF DEA	OTHE	D .	N					
H	27. MANNER OF DEATH		28a. DATE OF		28b. TIN	7	sing Hom 28c, INJ		aldenca	6 Other (Specify) 28d, DESCRIBE HOW	IN ILIDY OF	CHRED	
ву Р	Naturel 5	Pending Investigation	(Month, E	Pay, Year)		JURY M	WO	RK?	□ NO	200. DESCRIBE NOW	INJUNY OC	COHED	
60	3 Suicide 6	Could not be	28e. PLACE C	F INJURY — At he atc. (Specify)	oma, farm,	atreet, fac	ory, office			281. LOCATION (Street City or Town, State	and Numbe	r or Aural F	Route Number,
Ĭ	4 Homicide	determined								ony or lown, oraco	, 		
	29e. CERTIFIER CERT	IFYING PHYSI	CIAN: To the best of	my knowledge, de	eath occurr	ed at the t	lme, data	and place	, end dua	to the ceuse(s) and ma	nner es sta	rted.	
COM	one) 2 MEDI	CAL EXAMINE	R: On the basis of a	xamination end/or	Investigation	on, In my o	pinion, d	esth occur	ed at the	time, data end place, a	nd due to t	he cause(s) and manner as stated.
BE C	296. SIGNATING AND TITLE	OF CERTIFIER	W	1				29c. LICI	ENSE NUM	IBER /	29d. DAT	E SIGNED	(Month, Day, Year)
0	30. NAME AND ADDRESS OF	Was	ven i	W	-	0.00		1	701	18		14/5	175
	STANLEY	1.	WATX	SE OF DEATH (ITE	0.	(Print)	9	300	RE	ESTUATE	- No	B	LAKI ZOURUN
	31. DATE FILED (Month, Day, Year) 12. (FEGISTRAR'S SONATURE) 12. (FEGISTRAR'S SONATURE)												





*	
- 10	_
0	
-	
œ	
68760,	
~	
w	
മ	
-	
\checkmark	
\circ	
P.O. BOX	
m	
_	
_	
0	
Τ,	
Λ.	
-	
10	
97	
RECORDS	
~	
ш.	
$\mathbf{\circ}$	
11	
$\mathbf{\circ}$	
R	
1	
α	
_	
all .	
A	
┝-	
_	
_	
-	
╙.	
_	
\circ	
_	
7	
_	
$\mathbf{\mathcal{C}}$	
_	
(A)	
_	
30	

31. DATE FILED (Month, Day, Year)

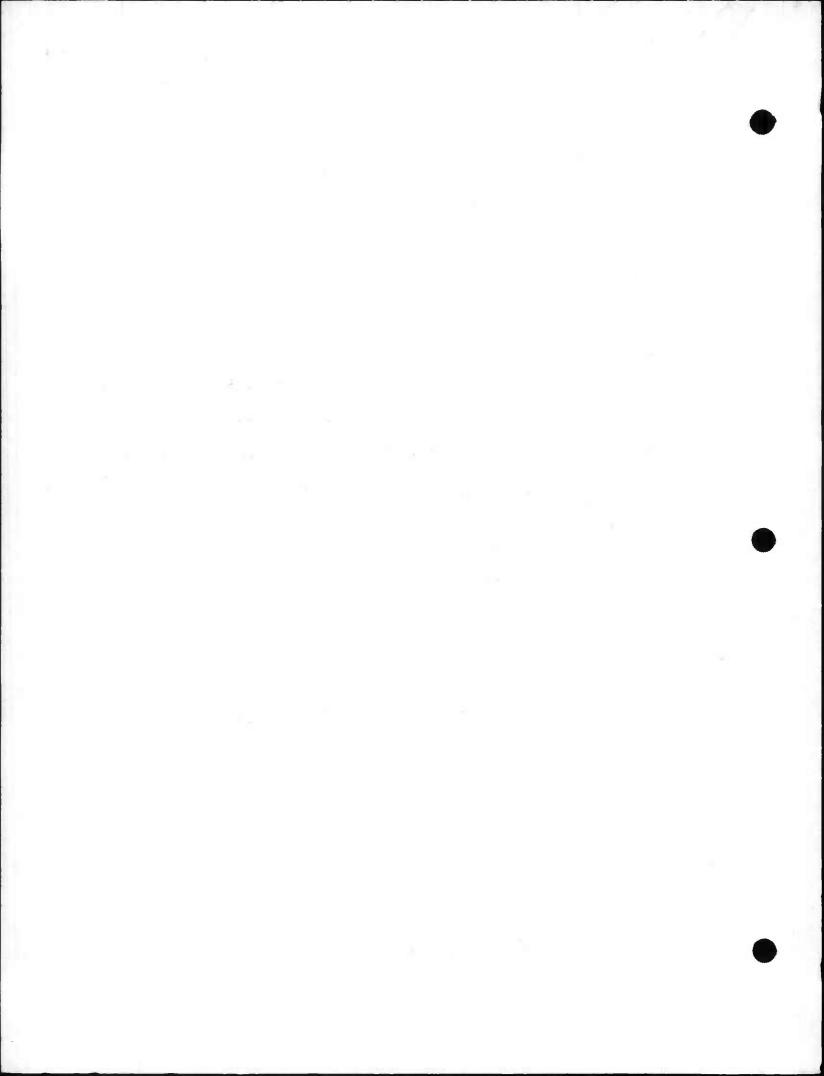
6 1994

32. REGISTRAR'S SIGNATURE

he Tevidon

Pages 1, 2, 3 permit. and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit o bunal, cremation, or removal. 76 notified Pe must medical examiner the event, other traumatic prior to signed by the attending physician Health and Mental Hygiene prior to death certificate Hygiene r any injury, this certificate has been with the State Dept. of 23 OR ATTENDING PHYSICIAN: 0 marked, L DIRECTOR: After the hours after death w 69 28 Item TO THE HOSPITAL TO THE FUNERAL IS be filed within 72 h

IYEM: 1. PER F.H. FILM G-718 12/6/94 t.t 1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH GEORGE W. KLEBE YEAR Sr. 14.30 M 94 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. lest birthday) 5. SEX IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign (Month, Day, Year) Nov. 2, 1914 80 DAYS 215-10-0242 1 M 2 D F Maryland 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Harbor hospital Center Balto.City, Md, RESIDENCE OF DECEDENT 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY Balto.City, Md. Maryland _____ 1 X YES 2 | NO 10e. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 1303 Marshall St. 21230 United States 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-14. RACE — American Indian, Black, White, etc. If yes, specify Cuban, Mexican, Puerto Ricen, etc.) 1 YES 2 NO Specify: 1 Never Married 2 Merried FORCES? 1 YES 2 NO Specify: White BY XX Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION 16s. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highe 7th.Grade C.G.R.Co. Laborer 17, FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surneme) K1ebe Adam S. Amelia Geisler BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 1303 Marshall St.Balto.Md. 21230 George W.Klebe, Jr. 20e. METHOD OF DISPOSITION Disposition 3 Ramoval from State 20b. PLACE AND DATE of DISPOSITION (Name of Cederal of Hard Page 12 / 6 / 94A.A.Co.Md. Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 32. NAME AND ADDRESS OF FACILITY Balto.Md. 21230 McCUlly Funeral Home, 130 E. Fort Ave 23. PART . Enter the diseases, or complications that ofused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart fellure. List only one ceuse on each line. **Approximate** Interval Between IMMEDIATE CAUSE (Final **Onset and Death** Cardiae arrist disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): se MI CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24s. WAS AN AUTOPSY PERFORMED? MEDICAL 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO OF DEATH? 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES TO NO TO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 YES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA ng Home 5 - Residence 6 - Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending Investigation м 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — Al home, ferm, streel, factory, office building, etc. (Specify) 28t. LOCATION (Street end Number or Rural Route Number, City or Town, State) 3 Suicide 8 Could not be COMPLETED 4 Homicide determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, data end place, and due to the cause(e) end manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, end due to the ceuse(s) end manner ee stated. 29b. SIGNATURE AND TITLE OF CERTIFIER BE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) JUMRUSSIKIKUL PItayodet 12-3-94 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) HARBOR HOSPITA L CTR



BALTIMORE, MARYLANDZ1215-4020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

* Item 17, g-718, 12-6-94, per F.H., dr

	- 62	1 - STATE REGISTRAR	STATE OF I		D / DEPAP CERTIF					MENTAI	REG. NO.	E			
	- 3	1. DECEDENT'S NAME (First, Middle, Last								MONTH			YEAR 3.	TIME OF DEATH	
		EVELYN 4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs	LAF s. last birthday)	FERM.		IF UNDER	24 HRS.		OF BIRTH	994 Ta	6. BIRTHPL	8 AM ACE (State or Foreign	M
P		224-07-9494	1 🗆 M 2 💢 F	75	YRS.	MONTHS	DAY\$	HOURS	MIN.	SEP	r.1771	919	MAR'YI		
3 should	œ	90. FACILITY NAME (If not institution, given 2500 W. BELVEDE		r. 408		9b. CITY		TIMOE		ATH		9c. COUNT	TY OF DEAT	н	
1, 2,	ECTOR	RESIDENCE OF DECEDENT 100. STATE 10b. COU		1. 400		<u> </u>									
. Pages	DIRE	MARYLAND	NIT		10c, CI1	y, town o	TIM							d. INSIDE CITY LIMITS? YES 2 NO	
permit	ERAL	100. STREET AND NUMBER 2500 W. BELVEDE	RE AVE.AP	т. 408			101.	ZIP CODE					EN OF WHA	T COUNTRY?	_
ician. Ial-transit	FUNE	11. MARITAL STATUS	12. WAS DECEDEN			13	MAS DEC	212.		IIC OBIGIN	2 (Snecthy Vee		SA	American Indian,	_
	BYF	1 Never Merried 2 Merried 3 Wildowed 4 Divorced	FORCES?	YES 2	NO If yes, specify Cuben, Mexicen, Puerto Ricen, etc.)						or No-	Black, Vi Specify:	WHITE		
DR') 윤립	15. DECEDENT'S E (Specify only highest gr		160	Give kind of life. Do NOT us	work done i	CUPATIO	ON st of workin	g	16b.	KIND OF BUS	INESS/INDU	ISTRY		
	BLE	Elementary/Secondary (0-12)	College (1-4 or 5	+)		USEW:	IFE				AT	HOME			
be defined	0	17. FATHER'S NAME (First, Middle, Last)	Luntz								liddle, Malden				
5 should be notified at	BE	BENJAMIN I 190. INFORMANT'S NAME (Type/Print)	AFFERMAN	-	19b. MAILING	ADDRESS	(Street a	-			DSTEIN er_City_or_Town		Codel and		
2 8 0	5	MR. RONALD E. I	AFFERMAN		17 C	LEAR	RUN	DRI	VE S	HREW	ŜĠŬŔŶŢ	PAT	7361		
e 6 may ector. pa must b		20s_METHOD OF DISPOSITION 1	emoval from State	20b. PLA cemetery	CE AND DATE (, cremetory or o	of DISPOS ther place) ISRA	ITION (Nai EL	me of	12	-2-9	20c. LOC 4 BALT	TMORE		State	
death. Page 6 m		21. SIGNATURE OF FUNERAL SERVICE	LICENSEE			22.	NAME AN	O AOORES	S OF FAC	& B	ROS.,	INC.			
2 2 2		* (((() () () () () () () () () () () ()	Je var	MNG	202		6010	REI	STER	STOW	N ROAD	BALT	IMORI	E, MD 212	215
or or		23. PART I. Enter the diseases, of ahock, or heart fellur IMMEDIATE CAUSE (Fine)	e. Liet only one cer	it caused the	e deeth. Do i line. //	not enter	the mod	de of dyl	ng, such	n ea cerd	lec or reepir	atory arre	at,	Approximete Interval Betwe Onset and De	
completely fille ial, cremation,		disease or condition resulting in death)	a. Cara	10 pul	LO ha	1/)	avre	14							
P 5 1 6	N	Sequentially list conditions,	- b. Ven	Kin Ca	les	Ford	Chro	1/3							
be en cian a ior to	CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING	DUE TO	OR AS A CON	NSEOPENCE O	les	E	ach	760	die					
death certificate attending physiental Hygiene price p	TIFIC	CAUSE (Disease or Injury thet Initieted events resulting in deeth) LAST	C. DUE TO	(OR AS A CON	NSEQUENCE O	F): /	-1	1	- 0	1 10					
ne death certi the attending Mental Hygiei Ijury, or oth	CER		_ d	a wan	Law	nen	Λf	a	1 16	94-					
t the	CAL	PART ii. Other aignificent conditi	www.fb-	deeth but n	ot reculting	in the un	derlying	ceuee g	iven in I	Part i.	24a. WAS AN PERFOR		AM	RE AUTOPSY FINDING AILABLE PRIOR TO IMPLETION OF CAUSE	
w requires that been signed to the best of Health a shows any	MEDI	Thoke.	4 1							_	1 YES 2	Ø,40	DF	DEATH?	
has beer Dept. of	AN:	DID TOBACCO USE CON	TRIBUTE TO CA					UNC	ERTAIN	10					
N: The ficate h State (PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VLYES 2 NO	HOSPITAL:	Library est	LACE OF DEA	OTHER	t:	X	eldanoa I	6 🗆 Other	(Consibil				\dashv
ATTENDING PHYSICIAN: The law requires CTOR: After this certificate has been significate dath with the State Dept. of Healt 28 is marked, or item 23 shows:	PHY	27. MANNER OF OEATH	28e. OATE OF (Month, E	INJURY	28b. TIM	-	28c. INJU	JRY AT	siderice	_	CRIBE HOW IN	JURY OCCU	JRED		\neg
VDING PHYS : After this or death with is marked,	BY	2 Accident Investigatio	28e PLACE C	F INJURY — A	it home, ferm, i	M Street, fect		ES 2 _	NO NO	28f LOCA	TION (Street a	nd Number o	r Bural Bout	Mumber	_
OR ATTENDING DIRECTOR: After hours after death item 28 is ma	TED	4 Homicide 6 Could not be determined	building,	etc. (Specify)						City	r Town, State)	ra montear of	Turar rious	rivarios,	
ゴ コペー	COMPLET		YSICIAN: To the best of												٦
- W > P III 20h CICUATURE ARC TITLE AE CENTIFIED															
TO THE TO THE De filed	TO BE		W	M				0	30	33	9	▶ /	2/1	onthy Day, Year)	- 1
		30. NAME AND ADDRESS OF PERSON OF	WHO COMPLETED CAU	SE OF DEATH ((ITEM 27) (Type,	Prior	LEV	R A	VE	B	AUTI	1701	RE,	970 2/20	08
		31. DATE FILEO COOR COO 6-19	94 32. RESISTE	ARY SIGNATUR	- Handy	IL.							/		

•

Item6, Film718, 12/06/94, 1t STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH YEAR DEC 9:20 LIGGINS P DAVID 01 94 4. SOCIAL SECURITY NUMBER 216-20-6943 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTNPLACE (State or Foreign 66 67 DEC. 2, 1927 1 XXM 2 | F HOURS MARYLAND VRS Pages 1, 2, 3 should 9e. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATN DIRECTOR 2113 SINCLAIR LANE n/a BALTIMORE CITY 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10e. STATE 10d. INSIDE CITY MARYLAND n/a BALTIMORE YES 2 NO permit. 10e. STREET AND NUMBER FUNERAL 109. CITIZEN OF WHAT COUNTRY?
UNITED STATES 2113 SINCLAIR LANE 21213 STATES burlal-transit Page 6 may be retained by the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 Y YES 2 NO IF YES, GIVE WAR OR DATES ARMY 11 MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No- RACE — American Indian, Black, White, etc. 1 Never Married 2 Married It yee, specify Cuban, Mexicen, Puerto Rican, etc.)

1 YES 2 NO Specify: BY Specify: 3 Widowed 4 Divorced nding physician and completely filled in by the funeral director, page 5 should be detached for use as the Hygiene prior to burial, cremation, or removal. **BLACK** 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comp (Give kind of work done life. Do NOT use retired.) E Elementary/Secondary (0-12) College (1-4 or 5+) ARMED SERVICES MERCHANT SEAMAN COMPL 12 TH once. 17. FATHER'S NAME (First, Middle, Lest)
WALKER LIGGINS 18. MOTHER'S NAME (First, Middle, Maiden Surname)
MARY LIGGINS notified at BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)
2113 SINCLAIR LANE, BALTIMORE, MARYLAND 21213 2 MARILYN LIGGINS pe 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE must GARRISON FOREST VA CEMETERY12-70WINGS MILLS, MD 4 Donetton 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE examiner 22. NAME AND ADDRESS OF FACILITY WM. C. MARCH FH.-1101 E. NORTH AVENUE medical 23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart fallure. List only one cause on each line interval Between Onset and Death **IMMEDIATE CAUSE (Final** the disease or condition Atheroscleruhic curdiovasculur disease resulting in death) traumatic event, DUE TO (OR AS A CONSEQUENCE OF CERTIFICATION Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF): has been signed by the attending physician Dept. of Health and Mental Hygiene prior to cause. Enter UNDERLYING other t CAUSE (Disesse or Injury DUE TO (OR AS A CONSEQUENCE OF). that initiated events resulting in death) LAST 0 PART II. Other aignificant conditions contributing to death but not reaulting in the underlying cause given in Part i. 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE MEDICAL 24a. WAS AN AUTOPSY PERFORMED? shows any 1 YES 2 100 OF DEATH? 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES INO IN UNCERTAIN 🔄 PHYSICIAN: 23 OR ATTENDING PHYSICIAN: The law 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATN (Check only one) Item OIRECTOR: After this certificate hours after death with the State HOSPITAL OTHER: TYPES 2 NO Inpatient 2 - ER/Outpatient 3 - DOA 4 ☐ Nursing Nome \$\times \text{Realdence} 6 ☐ Other (Specify) marked, or 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT 28d. DESCRIBE NOW INJURY OCCURED Natural 1 YES 2 NO BY 2 Accident 28a. PLACE OF INJURY — At home, tarm, street, factory, office building, etc. (Specify) 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 69 COMPLETED 6 Could not be item 28 4 Nomicide determined 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end menner ee stated. TO THE FUNERAL O be filed within 72 hr IMPORTANT: If it THE HOSPITAL (THE FUNERAL (filed within 72 h HOSPITAL 2 X MEDICAL EXAMINER: On the beels of examination end/or investigation, in my opinion, death occurred at the time, date end piece, end due to the ceuse(s) end menner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE O.C.M.E. DEC 2,1994 0 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) David 111 Penn Street, Baltimore, Maryland 21201

32 REGISTBAR'S SIGNATURE

1994

6

DEC-0

DHMH-16 Rev 1/89

020	phys
ō	ing.
15	tend
12	pital or after
Ċ	- E3
9	ospi
A	9
7	5
Æ	B
A	tain
2	ath. Page 6 may be retained by
щ	ay b
H	E
\leq	96
Ξ	Z
BALTIMORE, MARYLAND 21215-0020	leath
B	ther o
	55
_	DE.
•	100
0	皇
092	ed with
68760	ecuted within mours after death. Page 6 may be retained by the hospital or attending phy
X 68760	e executed with
3OX 68760	te be executed with
. BOX 68760	ificate be executed with
O. BOX 68760	certificate be executed with
P.O. BOX 68760	ath certificate be executed with
S, P.O. BOX 68760	e death certificate be executed with
RDS, P.O. BOX 68760	it the death certificate be executed with
ORDS, P.O. BOX 68760	that the death certificate be executed with
CORDS, P.O. BOX 68760	ires that the death certificate be executed with
RECORDS, P.O. BOX 68760	requires that the death certificate be executed with
L RECORDS, P.O. BOX 68760	aw requires that the death certificate be executed with
'AL RECORDS, P.O. BOX 68760	he law requires that the death certificate be executed with
VITAL RECORDS, P.O. BOX 68760	N: The law requires that the death certificate be executed with
F VITAL RECORDS, P.O. BOX 68760	IICIAN: The law requires that the death certificate be executed with
OF VITAL RECORDS, P.O. BOX 68760	HYSICIAN: The law requires that the death certificate be executed with
N OF VITAL RECORDS, P.O. BOX 68760	G PHYSICIAN: The law requires that the death certificate be executed with
ION OF VITAL RECORDS, P.O. BOX 68760	VDING PHYSICIAN: The law requires that the death certificate be executed with
ISION OF VITAL RECORDS, P.O. BOX 68760	TENDING PHYSICIAN: The law requires that the death certificate be executed with
DIVISION OF VITAL RECORDS, P.O. BOX 68760	R ATTENDING PHYSICIAN: The law requires that the death certificate be executed with

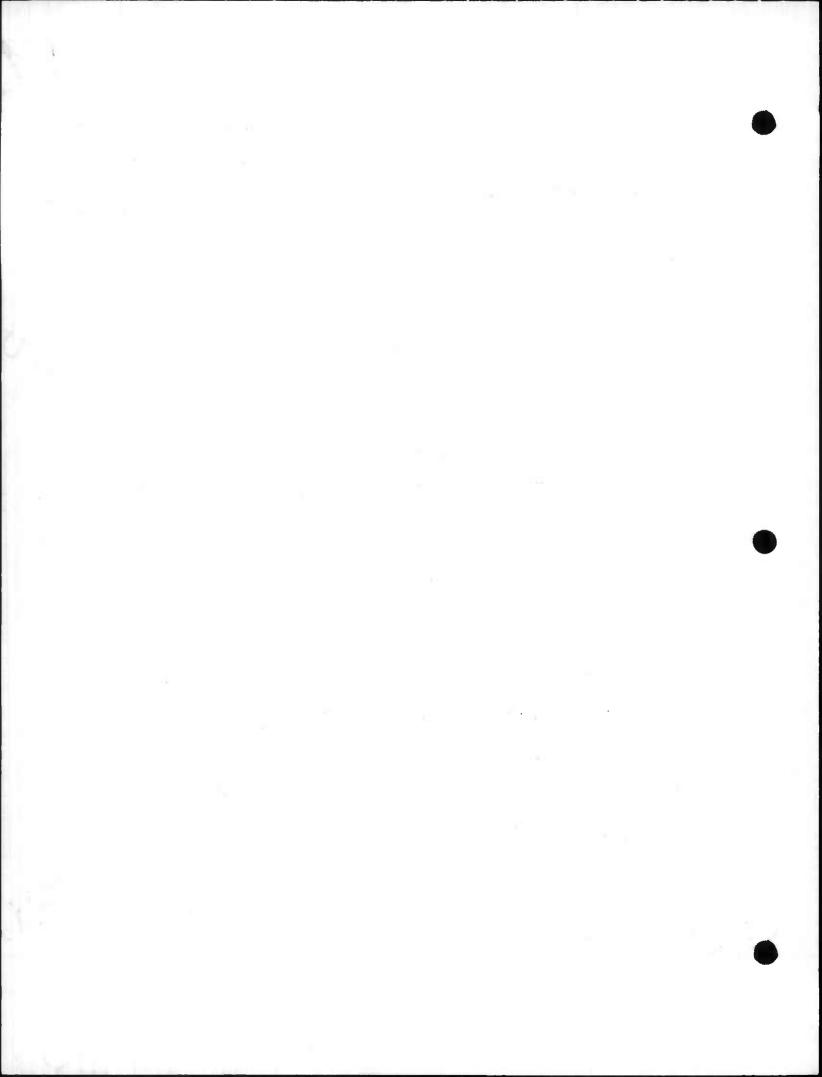
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with chours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		C	ERTIFI	CATE C	F DEATH		RE	EG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)							DATE OF D				3. TIME OF DEAT	н
	VINCENT		LIVESE	Y			1-	HTMON	er 2		YEAR	22 27	. м
	4. SOCIAL SECURITY NUMBER		. AGE (In yrs. Is		IF UNDER 1 YEA	R IF UNDER 24 HR	_	CEMBI			94	11:17 PLACE (State or For	a
	221-56-0229	1,∏,M 2 □ F			MONTHS DAY		6. (Month, Day,	Year)		Country	1)	orgin
		4 64 6	31	0.041				11y 4	,1963			ware	
~	9a. FACILITY NAME (If not institution, give s				9b. CITY, TOV	N OR LOCATION OF	F DEATN		1	e. COUNT	Y OF DE	EATH	
Ö	GREATER BALTIM	ORE MEDICA	AL CEN	TER	TO	WSON				BAT	TIMO	ORE	
5	RESIDENCE OF DECEDENT												
DIRECTOR		Y			TOWN OR LO							10d. INSIDE CITY LIMITS?	7
	Maryland				Baltim	ore						1 X YES 2 🗌	NO
A	10e. STREET AND NUMBER					101. ZIP CODE			- 1	i0g. CITIZE	N OF W	HAT COUNTRY?	
8	6300 Boxwood Rd.					21212			- 1	U.	S.A		- 1
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT I			13. WAS	DECENDENT OF NIS	PANIC O	RIGIN? (Sp	ecify Yas or		-	- American India	0.
II.	1 Never Merried 2 Married	FORCES? 1 [NO	If yes	specify Cuban, Ma	xican, Pu				Black,	, White, etc.	
B⊀	3 Widowed 4 Divorced	IF TES, GIVE WAY	OH DATES		1 '0'	res 2 1 NO Sp	ecify:				Specify	White	- 1
	15. DECEDENT'S EDU	CATION	16a. D	ECEDENT'S I	JSUAL OCCUP	ATION		165 KIND	OF BUSIN	ESS/INDI II			
ËΙ	(Specify only highest grade	completed)	(ork done during	most of working		TOD. KINE	7 OF BUSIN	ESSTINUUS) I Ki		
٦	Elementary/Secondary (0-12)	College (1-4 or 5+) 4 yrs.			Execu	tive		Adv	ertis	ina			- 1
Σ		T yED.	110	court	Licea			L		-			
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					18. MOTNER'S							
BE	William Vincent I	lvesey				Const	ance	e Val	erie	Atki	.ns		
ဥ	19a. INFORMANT'S NAME (Type/Print)		1	9b. MAILINO	ADDRESS (Stre	et and Number or Ru	iral Route	Number, Cl	ity or Town, S	State, Zip C	ode)		
۴I	Theresa Doyle Liv	resey		6300	Boxwoo	d Road B	alt:	imore	. Mai	cylar	id 2	1212	
	20a. METNOD OF DISPOSITION		20b. PLACE	ANDDATEO	FDISPOSITION	(Name of		DATE	20c LOCA	TION — CH	by or Tow	en State	
	1 N Buriel 2 □ Cremation 3 □ Ram 4 □ Donation 5 □ Other (Specify)	oval from Stata	cemetery, ci	remetory or oth	er plece)	ial Garden	a 12	/5/0/	Time	i	. M	lower and	
	21. SIGNATURE QE FUNERAL SERVICE LIC	ENSEE	ji.cu.ai E	y valle	22 NAM	AND ADDRESS OF	S 14/	7/34	LIIIR	JIII UII	1, 1	aryrand	
	· OLT	24				chell-Wi			Home	Tnc	•		
- 8	72-1.7	5000			650	O York R	nad.	Ralt	imore	, Inc	1737	and 212	12
	23. PART I. Enter the disesses, or o	complications that o	eused the d	leeth. Do no	ot enter the	mode of dving.	ouch ss	cardiac o	or respirat	OFV STEEL	st. y .L.	Approxima	
	shock, or heart fellure.	List only one cause	on eech iin	10.	0					.,		interval Be	tween
	iMMEDIATE CAUSE (Finel disease or condition			1	1	1						Onset and	Deeth
	resulting in deeth)	· Ke	SDIPQ RAS A CONSI	tory	79	·/ure						724	157
		DUE TO 10	R ÁS A CONSI	EOUENCE QF	1	•						72h	
z l	CONTRACTOR OF CONTRACTOR	b //	neum	1001	α							12 7	150
CERTIFICATION	Sequentially list conditions, if any, leeding to immediate	DUB TO (O	R AS A CONSI	EQUENCE OF	:								
3	Cause, Enter UNDERLYING CAUSE (Disease or injury	c											
国	thet initieted events	DUE TO (O	R AS A CONSI	EOUENCE OF									
	resulting in deeth) LAST	d										ļ	- 1
8													
7	PART II. Other significent condition						in Part	l. 24a.	WAS AN AU		24b.	WERE AUTOPSY FIR	
DICAL	Hogvired	/ mmuno	odeti	cieu	cus (Jun an	DUME !	ף ר	YES 2	NO		COMPLETION OF C	
					1	1		_ ' _	123 2	40		OF DEATH?	
Σ	DID TODA CCO LIGE	001 177171					7	/	-			1 YES 2 N	10
Z	DID TOBACCO USE		TO CAU	ISE OF			40 Y				\perp		
PHYSICIAN: ME	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER:	PLACE OF DEATH	(Offect) is	nty čnej					_
S	1 YES 2 NO	1 Inguitient 2 - E	PrOutpatient			iome 5 🗌 Residen	ce fill	Other (Spe	icity)				
동미	27. MANNER OF DEATH	28s. DATE OF IN (Munth, Day,	JURY	28b. TIME INJU	OF 26c.	INJURY AT	289	DESCRIB	E HOW BUIL	JRY OCCU	RED		\neg
BY	1 Netural 5 Pending Investigation				M 1	YES /2 NO	X	/					- 1
	1 Suicide # Could not be	28s. PLACE OF I	NJUHY — At h	some, farm, at	rest, factory,	mb/ /	281	LOGODON		Aumi -	Burn A	oute Number	\neg
世	4 Homicide determined	building, et	r. (Specify)		/	v /		Of or ton	en fates				
<u>ا</u> ا	29e. CERTIFIER					-		_	115/3				_
E	(Check only	CIAN: To the best of m											
COMPLETED	2 MEDICAL EXAMINE	R: On the basis of exer	ninstion and/s	Investigation	, In my opinio	n, death occured at	the time.	, data and p	place, and d	us to the	cause(a)	and manner as st	sted.
ш	296. SIGNATURE AND TITLE OF CERTIFIE	R /.		-		29c. LICENSE	NUMBER		2	9d. DATE S	SIGNED	(Month, Day, Year)	_
0	lanet	Hory 1	wis		1	D	25	16			1	2/2/9	4
임	30. NAME AND ADDRESS OF PERSON WN	O COMPLETED CAUSE	OF DEATH (IT	EM 27) /%ne	Print)	1 2						1-11	/
}	- 1 11	_	<5	50 1	Penbo	ry St		R	alten	010	NI	d. 2170	291
				- / (-	1	.,,,,,	/			
	31. DATE FILED (Month, Day, Year)	32. REGISTRARY											
	DEC 0 6 1994	Talli Devoles	Mardell	(
- #													



	1 - STATE OF STATE OF REGISTRAR		MENT OF HEALTH AND (CATE OF DEATH	MENTAL HYGIENE REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Lest) James Edward	Mabe		2. DATE OF DEATH DAY DAY PECEMber 4,	3. TIME OF DEATH	
ļ	4. SOCIAL SECURITY NUMBER 5. SEX 1 M 2 1	74 YRS. M	F UNDER 1 YEAR IF UNDER 24 HRS. DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, March 21, 1920		
TOR	9e. FACILITY NAME (If not institution, give street and number) Meridian Hamilton Nurs RESIDENCE OF DECEDENT		Baltimore	ATH 9c. COU	INTY OF DEATH	
DIRECTOR	Maryland Baltimor	10c. CITY, 1	TOWN OR LOCATION		10d. INSIDE CITY LIMITS? 1 YES 2 MO	
FUNERAL	100. STREET AND NUMBER 1106 Tace Drive A		101. ZIP CODE 212	21	USA	
BY FU	1 Name Married 2 Married FORCES?	PENT EVER IN U.S. ARMED 1 YES 2 NO E WAR OR DATES WW 1	13. WAS DECENDENT OF HISPAN If yea, specify Cuban, Mexica 1 YES 2 NO Specify		14. RACE — American Indian, Black, White, atc. Specify: White	
LETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or	ille. Do NOT use i	k done during most of working	166. KIND OF BUSINESS/INI	DUSTRY DOLIVE	
at once.	17. FATHER'S NAME (First, Middle, Last) Ernest Matthew	Mabe		ME (First, Middle, Maiden Surname)		
TO B	194. INFORMANT'S NAME (Type/Print) Sharon L. Lewis	19b. MAILING AI	DDRESS (Street and Number or Rural lider Drive Ba)	Toute Number, City or Yown, State, Zi timore, MD 212	20	
must be	20a. METHOD OF DISPOSITION 1 □ Buriel 2 ■ Cremetion 3 □ Removal from State 4 □ Donation 5 □ Other (Specify)	20b. PLACE AND OATE OF	DISPOSITION (Name of the Crematory		City or Town, Stata	
examiner	21, SIGNATURE OF FUNERAL SERVICE LICENSEE		22. NAME AND AGORESS OF FA Bruzdzinski I 1407 Eastern	uneral Home PA		
mar hygene prof to butta, cemation, or removal ry, or other traumatic event, the medical CERTIFICATION	Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disesse or injury	cause on each line.	In fa		rest, Approximate interval Betwee Onset and Dec	
hows any Inju MEDICAL	PART II. Other algnificent conditions contributing	to death but not recuiting in	the underlying ceuse given in	Part I. 24s. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO	24b. WERE AUTOPSY FINDIN AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
or item 23 s YSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER 1 NO NO NO NO NO NO NO NO NO NO NO NO NO	2 C ER/Outpatient 3 DOA 4	26. PLACE OF DEATH (Ch THER: Nursing Home 5 Residence			
BY PHY		OF INJURY 28b. TIME (INJURY) INJUR	DF 28c. INJURY AT WORK? M 1 YES 2 NO	28d. DEŞCRIBE HOW INJURY OC	CCURED	
ETED E	3 Suicids 6 Could not be 4 Homicide detarmined 28s. PLACE OF INJURY — At home, larm, street, lactory, office building, etc. (Specify) 28s. PLACE OF INJURY — At home, larm, street, lactory, office City or Town, State)					
필립	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best MEDICAL EXAMINER: On the basis of					
IMPORTANT. O BE COM	296. SIGNATURE AND TITLE OF CERTIFIER	Bond N	29c LICENSE NUI	ABER 29d, DAT	TE SIGNED (Morith, Day, Year)	
	HOWARD H. Bond 9618	AUSE OF OEATH (ITEM 27) (Type, Pi Bella ier Rö ANTE MENATURE		1236		

mi begi besi fi 0,5 mesa S was refer to the a militaria de la Vida Veronesse anua a militaria de la Vida Veronesse anua a militaria de la Vida Veronesse anua a militaria de la Vida Veronesse anua a militaria de la Vida Veronesse anua a militaria de la Vida Veronesse anua a militaria de la Vida Veronesse anua a militaria de la Vida Veronesse anua a militaria de la Vida Veronesse anua a militaria de la Vida Veronesse anua a militaria de la Vida Veronesse anua a militaria de la Vida Veronesse anua a militaria de la Vida Veronesse anua a militaria de la Vida Veronesse anua a militaria de la Vida Veronesse anua a militaria de la Vida Veronesse anua a militaria de la Vida Veronesse anua a militaria de la Vida Veronesse a militaria de la Veronesse a militaria de la Veronesse a militaria de la Veronesse a militaria de la Veronesse a

BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

FOR

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within four safer death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

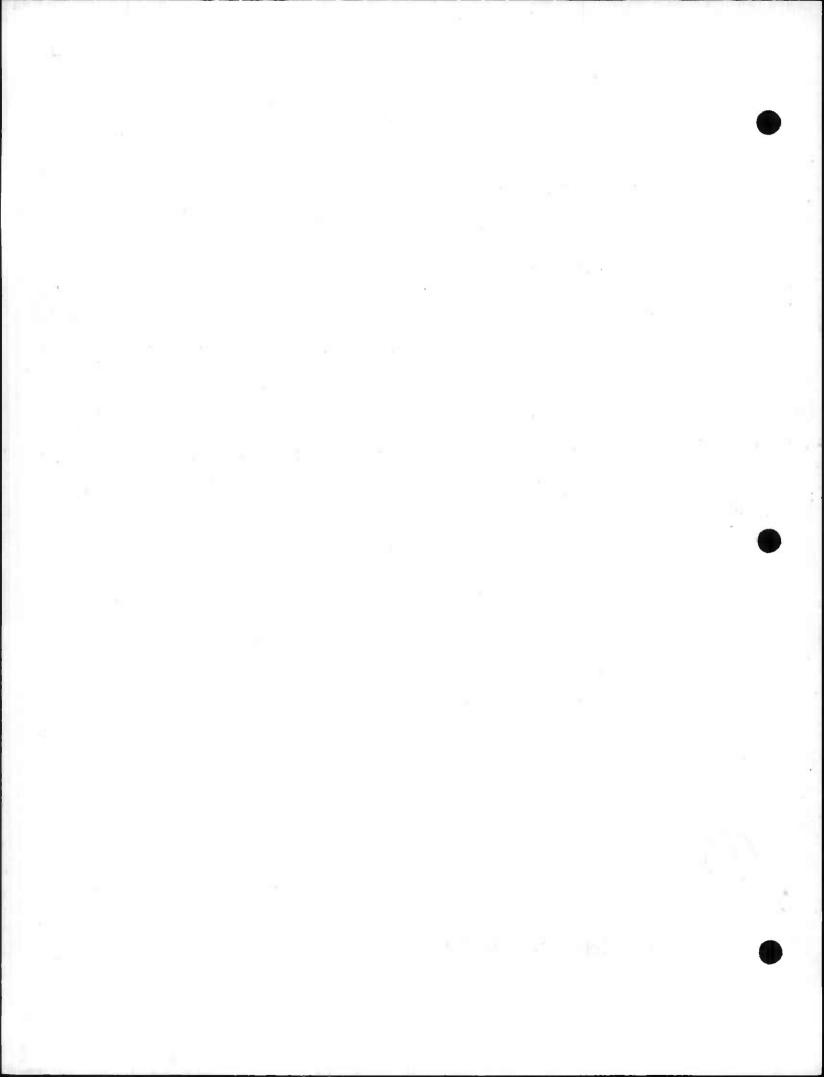
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR	CE	RTIFICAT	E OF DEATH	RE	G. NO.		
	1. OECEOENT'S NAME (First, Middle, Lest)	L			2. DATE OF OE		3. TIME OF OEATH	
	Leroy /V	ack			Decem	ber 4,19	194 10:06 Am	
	4. SOCIAL SECURITY NUMBER 5. SEX 2/3-07-6584 1X M 2 -	0.0	YRS. IF UNDE	R 1 YEAR IF UNDER 24 HRS. DAYS HOURS MIN.	7. DATE OF BIR (Month, Day,	Year)	8. BIRTHPLACE (State or Foreign Country)	
TOR	9a. FACILITY NAME (If not institution, give street and number, Sing Hospital RESIDENCE OF DECEDENT	OFBAL		Y, TOWN OR LOCATION OF C	DEATH	9c. COUN	TY OF OEATH	
DIRECTOR	10a. STATE 10b. COUNTY		10c. CITY, TOWN	OR LOCATION			10d. INSIDE CITY LIMITS?	
_	10e. STREET AND NUMBER	0/	BAC	16f. ZIP CODE		10g. CITIZ	YES 2 NO	
FUNERAL	3425 GRATIEV 11. MARITAL STATUS 12. WAS DECE	KA: DENT EVER IN U.S., ABM	IFD 13	2/2/3 WAS DECENDENT OF HISPA	ANIC OBIGINS (See	City Years No. 1	14. RACE — American Indian,	
B	1 Never Married 2 Married FORCES?	1 YES 2 NO E WAR OR DATES		If yes, specify Cuban, Maxic 1 YES 2 NO Spec	an, Puerto Rican, i	rtc.)	Black, White, atc. Specify: B/ack	
TED	15. DECEOENT'S EDUCATION (Specify only highest grade completed)	(Giv	EDENT'S USUAL OF kind of work done Do NOT use retired.)	during most of working	16b. KIND	OF BUSINESS/INOL	JSTRY	
COMPLETED	Elementary/Secondary (0-12) College (1-4 o	r 5 +)			Bet	hleham	Steef	
	17. FATHER'S NAME (First, Middle, Last) Edulopada Mark			18. MOTHER'S N	AME (First, Middle,	Maiden Surname)		
TO BE	19a. INFORMANT'S NAME (Type/Print)	19ts.	MAILING ADDRES	S (Signet and Number or Rure)	Route Number City	or News, States, Zips	Code)	
-	Hannah Mack 20a. METHOD OF DISPOSITION	300 01 405 41	ND DATE OF DISPO	Grantley	Rd	Balte	Hd 21215	
	1 Burial 2 Cremation 3 Removal from State	cemetary Crem	natory or other pice	Horial Park	12/9/94	Randa	Ustown Hd	
	21. SGNATURY OF FUNERAL SERVICE LIGHTSEE	Hampy	1 JR	NAME AND ADDRESS OF F	H. W.	est 1	ZIZIS	
	23. PART / Enter the diseeses, or complicationa abock, or heart fellure. List only one	thet ceused the dea	th. Do not ente	r the mode of dying, su	ch ss cardiac or	respiratory arre		
	iMMEDIATE CAUSE (Final disease or condition resulting in death)	ancr	eatic	Can	cer		Intervel Between Onset and Death	
z	DUE TO (OR AS A CONSEQUENCE OF): ESOPHAGEA CALCET							
CERTIFICATION	Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING	TO (OR AS A CONSEC						
FI.	CAUSE (Disease or Injury that Initiated events	TO (OR AS A CONSEQU	UENCE OF):	the second secon				
CERI	resulting in death) LAST							
DICAL	PART II. Other significant conditions contributing	to deeth but not re	aulting in the u	nderlying ceuse given in	P	MAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE	
w H					'	YES 2 NO	OF DEATH?	
PHYSICIAN: MI	DID TOBACCO USE CONTRIBUTE TO 25. WAS CASE REFERRED TO MEDICAL		H YES		N 🗆			
SICI	EXAMINER? HOSPITAL		OTHE		8 Other (Spec	(hv)		
PHY	27. MANNER OF DEATH 28a. DATE (Mont	OF INJURY h, Day, Year)	28b. TIME OF INJURY	28c. INJURY AT WORK?		HOW INJURY OCCU	URED	
B	2 Accident Investigation	E OF INJURY — At hom	M ne, <i>t</i> arm, street, fac	1 YES 2 NO	28/, LOCATION	(Street and Number of	nr Rumi Route Number	
ETEC	3 Suicide a Could not be detarmined 28s. PLACE OF INJURY — At home, farm, street, factory, offica building, etc. (Specify) 28s. LOCATION (Street and Number or Rural Route Number, City or Town, State)							
COMPLETED	29a. CERTIFIER (Check only one) CERTIFYING PHYSICIAN: To the bed MEDICAL EXAMINER: On the basis							
BE C	29b. SIGNATURE AND TITLE OF CERTIFIER	40		29c. LICENSE NU	MBER	29d. DATE	SIGNED (Month, Day, Year)	
5	30. NAME AND ADDRESS OF PERSON WHO COMPLETED O	AUSE OF OEATH (ITEM	27) (Type Print)	A5240:	2321-60	19851	-14/94	
	Cartella D. W	1/50h .		Hospital	Dept.	of M.	edicine	
	31. OATE FILED (Month, Day, Year) 32. REGIS	TRAR'S SIGNATURE		1.50				

Above on the

-
0
Ö
7
~
68
9
\sim
BOX
0
m
ш
0
٠.
0
_
10
S
~
4
0
~
\circ
ш
뿐
ш,
1
7
A
\vdash
_
>
ш.
0
_
7
_
0
=
S
>
0

		1 - STATE REGISTRAR	STATE OF MARYLAN		MENT OF H			HYGIENE REG. NO.		
		1. DECEDENT'S NAME (First, Middle, Last)	Mahanes	>	AHANES		2. DATE OF MONTH	36	YEAR 94	OROO AM
Pir		4. SOCIAL SECURITY NUMBER 220-54-6205	10 M 2 Ø F 104	YRS.	F UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	9-2	0 = 1890	Country)	ACE (State or Foreign
, 2, 3 should	ECTOR	98. FACILITY NAME (If not institution, give si MERIDIAN — CRO RESIDENCE OF DECEDENT			9b. CITY, TOWN C	OR LOCATION OF DE	ATH		BALT:	IMORE
if. Pages 1,	DIREC	10s. STATE 10b. COUNTY	LTIMORE	10c. CITY,	TOWN OR LOCAT	TION				Od. INSIDE CITY LIMITS?
nsit permit.	ERAL	100. STREET AND NUMBER 8710 EMGE R	OAD		101	21234	1	10g. CITI	ZEN OF WHA	AT COUNTRY?
5-0020 nding physician. Is the burial-transit	BY FUNE	11. MARITAL STATUS 1 Never Married 2 Married X3X Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	X_XNO	If yes, sp	ENDENT OF HISPAN ecify Cuben, Mexica XX NO Specify	n, Puerlo Ric	(Specify Yes or No— an, etc.)	14. RACE — Black, V Specify:	- American Indian, White, alc.
D 2121 spital or atte ed for use a	APLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12) 8 YEARS		life. Do NOT use	ork done during mo	st of working	16b. K	OWN H		IIIE
YLAND by the hospit be detached at once.	COMPL	17. FATHER'S NAME (First, Middle, Lest) PARRIS E.	McCAULEY			18. MOTHER'S NA		ARSHALL		
MAR retained 5 should notified	TO BE	190. INFORMANT'S NAME (Type/Print) WILLIAM R.BUCH				nd Number or Rural F	Route Number,	City or Town, State, Zip		21093
may be		20a METHOD OF DISPOSITION XBurlel 2 □ Cremellon 3X Reme	20b. PL	ACE AND DATE OF	F DISPOSITION (Na	me of	OATE	28c. LOCATION —	Cily or Town	n, State
ALTIN death. Pag tuneral dir xaminer		4 Donalton 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICE 2. J. Kur	ENSEE	ACE EP	22. NAME AN	ENRY W	. JE	KESWIC NKINS & BALTIMOR	, S0	RGINIA NS
60, Ed within 24 nours after of ompletely filled in by the cremation, or removal event, the medical		23. PART I. Enter the diseases, or cahock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	emplications that caused the List only one cause on each a. Present out to (or as a co	i Ilna.						Approximate Interval Batween Onset and Death
P.O. BOX 68 th certificate be execute ending physician and co I Hygiene prior to buria or other traumatic	CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST b. OUE TO (OR AS A CONSEQUENCE OF): c. Due TO (OR AS A CONSEQUENCE OF):								
HECORDS, Preduces that the death seen signed by the attent of Health and Mental I shows any injury, or	: MEDICAL	PART II. Other eignificant condition Demen Arteriselem	tra	ting to death but not resulting in the underlying cause given in Part Lavorry artery descare				48. WAS AN AUTOPSY PERFORMEO?	AN CCI OI	/ERE AUTOPSY FINOINGS WAILABLE PRIOR TO OMPLETION OF CAUSE F DEATH? YES 2 NO
I AL The law the has the option of the country of t	SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		28. PL	ACE OF DEATH (Ch	eck only one)			
the C	PHYS	27. MANNER OF DEATH	1 Inpetient 2 ER/Outpetie 28a. DATE OF INJURY (Month, Day, Year)		OF 28c. INJ	URY AT		Specify) RIBE HOW INJURY OCC	CURED	
After death	ED BY	1 Natural 5 Pending 2 Accident Investigation 3 Suicide a Could not be determined	28e. PLACE OF INJURY — building, etc. (Specify)	At home, Jerm, str		YES 2 NO	281. LOCAT City or	ION (Street and Number Town, Stete)	or Rural Rou	ite Number,
DIVISION ATTENDED OF ATTENDED	MIPLET		CIAN: To the bast of my knowledg							and menner as stated.
0.0 M M M M M M M M M M M M M M M M M M M	O BE	29b. SIGNATURE AND TITLE OF CERTIFIER Movem Konse	lunter MB			29c. LICENSE NUN			E SIGNED (M	fonth, Day, Year)
		30, NAME AND ADDRESS OF PERSON WHO	O COMPLETEO CAUSE OF OEATH			v.mp.	2123			
	11	DE FILEO (Month, Day, Year)	32. REGISTRAR'S SIGNATU		10-1					



BALTIMORE, MARYLAND 21215-0020

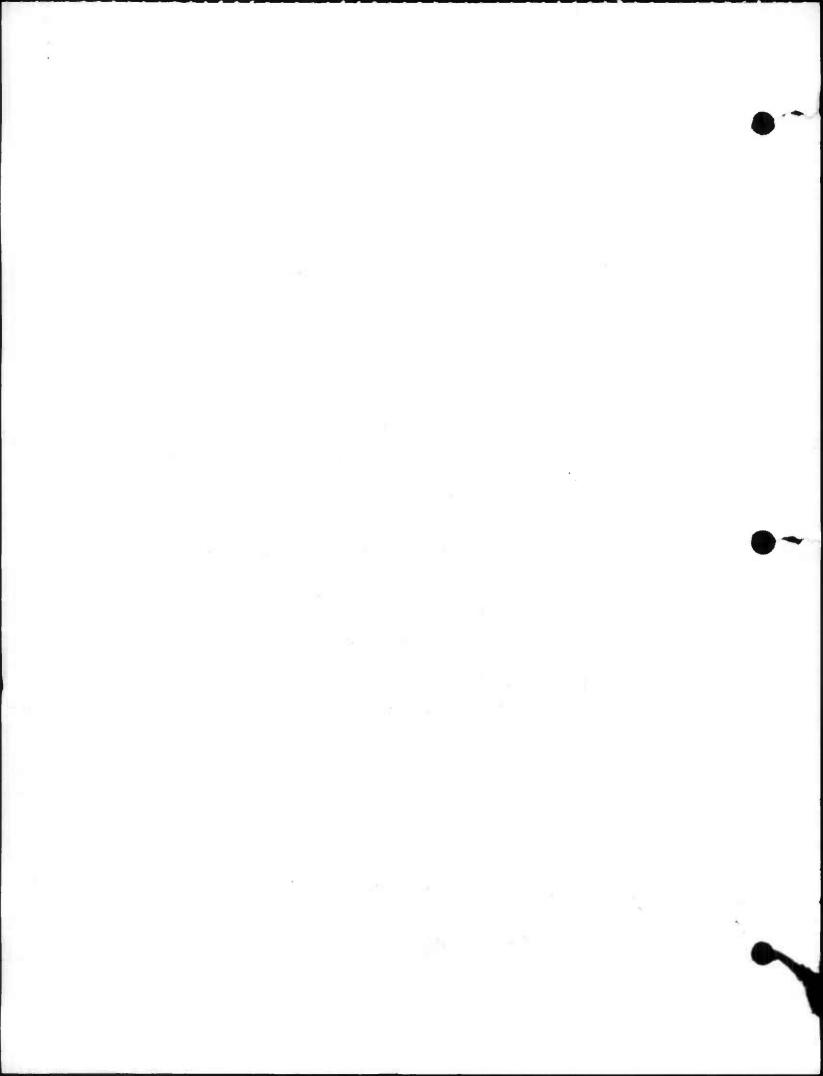
4	
-	ı
-	
68760	
CO	
92	
∞	
10	
w	
. 4	
×	
0	
\cup	
00	
BOX	
-:	
Ö	
Δ.	
14.	
40	
U)	
0	
RECORDS,	
~	
ш.	
\circ	
$\mathbf{\circ}$	
1	
$\mathbf{\circ}$	
ш	
-	
E	
_	
_1	
_	
•	
_	
NOF VITAL F	
_	
>	
I t	
_	
\circ	
$\mathbf{\mathcal{I}}$	
_	
~	
=	
\circ	
\sim	
ഗ	
VISION	
-	
Contraction of the Contraction o	

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within and local feath. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE OF MARYLAND / DEPARTMENT OF HE REGISTRAR CERTIFICATE OF I				
	1. DECEDENT'S NAME (First, Middle, Last)	2. DATE OF DEATH			
	Laura Marie Matthews	MPNTH 25 94 5:30a. M			
	MARTINE DAVE	IF UNDER 24 HRS. 7. DATE OF BIRTH 6. BIRTHPLACE (State or Foreign Country)			
	213-32-3186 1 67 YRS. 67 YRS.	9 14 27 MD			
œ	100 00	LOCATION OF DEATH 9c. COUNTY OF DEATH			
5	4/0 Glen Mar Road Apt. 1A Glen B	urnie A.A. CO.			
DIRECTOR	10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION	I IOU. MOIDE CITY			
ā	MD Anne Arundel Co. Glen Burni	1 _ YES 2 _XNO			
FUNERAL		IP CODE 10g. CITIZEN OF WHAT COUNTRY?			
NE		21061 U.S.A.			
	1 Never Married 2 Married FORCES? 1 YES 2 NO If yes, speci	DENT OF HISPANIC ORIGIN? (Specify Yea or No — 14. RACE — American Indian, by Cuban, Maxican, Puerto Rican, etc.)			
ВУ	3 Midowed 4 □ Divorced IF YES, GIVE WAR OR DATES 1 □ YES 2	NO Specify: Specify: Black			
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most	of working			
E	Elementary/Secondary (0-12) Cotlege (1-4 or 5+)				
)MF	5th Domestic 17. FATHER'S NAME (First, Middle, Lost)				
	William Edwards	8. MOTHER'S NAME (First, Middle, Meiden Surmame) Priscilla Bonds			
BE		Number or Rural Route Number, City or Town, State, Zip Code)			
5	Priscilla Matthews 470 Glen Mar R	oad,Apt. 1A, Glen Burnie,Md 21061			
	20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name	of DATE 20c. LOCATION — City or Town, State			
	1 X Buriel 2 Cremation 3 Ramoval from State 4 Donation 5 Other (Specify) Crownsville Vetran 21. Signature of Fundam State Crownsville Vetran				
	22. NAME AND Willia	ADDRESS OF FACILITY N C. Brown Community Funeral Home			
	1206-0	8 W. North Ave, Baltimore, Md 21217			
	23. PART I. Enter the disease, or complications that caused the death. Do not enter the mode shock, or heart failure. List prof one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) a. Due TO (OR AS A CONSEQUENCE OF):	of dying, such as cardiac or reapiratory arrest, Approximate interval Between Onset and Death			
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated aventa resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):	okes			
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PART III. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part II. PART					
딩	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 Yes 2 1 1 Inpetient 2 ER/Outpetient 3 DOA 4 Nursing Home				
Ä.	27. MANNER OF DEATH 28s. DATE OF INJURY 28b. TIME OF 26c. INJURY				
	1 Netural 5 Pending (Month, Day, Year) INJURY WORLD	111			
28s. PLACE OF INJURY At home form street factors and humbs as fluid form humbs as f					
COMPLETED	29a. CERTIFIER (Check only only) 2 MEDICAL EXAMINER: On the basis of aximinetion and/or investigation, in my opinion, dear				
	ON CHANGE AND THE OF OFFICE	PC. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)			
TO BE	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)	1)24592 > 11-30-94			
	The state of the s	en Burnie md 21061			
	DEC 0 6 1994 Juli Studior Randall				



BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IE HOSPITAL OR ATTENDANG PHYSICIAN: The law requires that the death certificate be executed within

HOSPITAL DRITTEMONG PRESIDAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.
FUNERAL DRECIDA After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. NEGARIT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - STATE REGISTRAR	CERTIF	ICATE O	DEATH	REG. NO.			
1	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH		3	. TIME OF DEATH
	SARAH PATRICIA MARTYN 12 -						YEAR 94	12:14 a M
- 8	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs.	last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		8. BIRTHPL	ACE (State or Foreign
- 3	137-40-1134 ¹□M²ズF 92	YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year) 2-28-19	ا دم	Country)	LAND
	9a. FACILITY NAME (If not institution, give street and number)		9b. CITY. TOWN	OR LOCATION OF DE			TY OF DEA	
œ	COLLEGE MANOR NURSING HOM	ь І						
8	RESIDENCE OF DECEDENT	5	БОТГ	IERVILLE		BA.	LTIM	ORE
DIRECTOR	10a. STATE 10b. COUNTY	10c. CITY	, TOWN OR LOC	ATION			10	d. INSIDE CITY
<u>-</u>	MARYLAND BALTIMORE	LU	THERVI	LLE			1	LIMITS?
A	10e. STREET AND NUMBER		T	Of. ZIP COOE		10g. CITIZ		AT COUNTRY?
FUNERAL	300 WEST SEMINARY AVE.			21093		U.S	. А.	
5	11, MARITAL STATUS 12. WAS DECEDENT EVER IN U.S.	ARMED	13. WAS OI	CENDENT OF HISPAN	IIC ORIGIN? (Specify Yes		14. RACE -	American Indian.
	1 Never Married 2 Married FORCES? 1 YES 2 IF YES, GIVE WAR OR OATES	<u>i</u> ⊈NO		specify Cuban, Maxica S 2 NO Specify			Black, V Specify:	Vhite, etc.
ВУ	3 Wildowed 4 Divorced						Optiony.	WHITE
COMPLETED	15. DECEOENT'S EDUCATION (Specify only highest grade completed)	OECEDENT'S	USUAL OCCUPAT	TION	16b. KIND OF BUS	SINESS/INDU	JSTRY	
9	Elamentary/Secondary (0-12) College (1-4 or 5+)		vork done during r e retired.)	, out of the thing				
AP		HOUSE	WIFE		HOM	EMAK!	ER	
8	17. FATHER'S NAME (First, Middle, Last)				ME (First, Middle, Maiden	,		
BE	WILLIAM L. BROWN	_		ELEAN	OR McGRA	ΓH		
2					Route Number, City or Town			
	MRS. A.E. WHEELER	1812	CIRCL	E RD. T	OWSON, MD	. 21	204.	
	20a. METHOD OF DISPOSITION 1 Burial 2 Cremation 3 Ramoval from State Comptent	E AND DATE O	FDISPOSITION (Vame of		CATION — C		
- 1		ST.	MARYS			DDON	HEI	GHTS N.J
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE			AND ACCRESS OF FAC	ENKINS &	COM	2 00	
	William K. Marke III				RD. BALT			
	23. PART i. Enter the diseases, or complications that caused the	death. Do n	ot enter the m	ode of dying, such	as cardiac or respi	ratory arre	eat,	Approximata
	shock, or heart failure. List only one cause on each il	ne.						interval Between Onset and Death
	disease or condition		110.7	<u> </u>				
	DUE TO (OR AS A CONS	SEOUENCE OF):					aunt
Z	DUE TO (OR AS A CONS Sequentially list conditions, DUE TO (OR AS A CONS DUE TO (OR AS A CONS DUE TO (OR AS A CONS	ecoto	e a	rediava.	Adrela.	dea	Pano	
E	If sny, leading to immadiate	SEQUENCE OF	7:					
OA	cause, Enter UNDERLYING CAUSE (Disease or Injury							
분	that initiated eventa OUE TO (OR AS A CONS	SEQUENCE OF	7):					
CERTIFICATION	d.							
	PART II. Other algnificant conditions contributing to death but no	t resulting in	n the underlyi	ng cause given in	Part i. 24s. WAS AN	AUTOPSY /	24b. W	ERE AUTOPSY FINDINGS
DICAL	***************************************			7	PERFOR			MILABLE PRIOR TO OMPLETION OF CAUSE
ED					1 YES 2	LI-NO		F DEATH?
2	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DE	ATLI VE		T UNICEDTAIN			1	☐ YES 2 7 NO
AN			H (Check only fine		<u>ч 🗆]</u>			
PHYSICIAN: ME	EXAMINER? 1 YES 2 NO HOSPITAL: 1 Inpetient 2 ER/Outpetient		OTHER:		- 67 - 1 - 1 - 1 - 1			
Ξ̈́	27. MANNED OF GEATH 28s. DATE OF INJURY	26b. TIME		me 5 Realdence	28d. DE\$CRIBE HOW IP	WILLIBA OCCI	URED	
	1 Natural 5 Pending (Month, Day, Year) 2 Accident Investigation	ILNI	URY W	YES 2 NO				J
BY	3 Suicide 26a. PLACE OF INJURY — At	home, ferm, s			26f. LOCATION (Street a	nd Number o	or Rural Roul	e Number.
COMPLETED	4 Homicide datarminad building, atc. (Specify)				City or Town, State)			20000
٦	29a. CERTIFIER (Check only CERTIFYING PHYSICIAN: To the best of my knowledge,	death occurre	d at the time de	b and place and due				
¥ I	(Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/o							nd manner as stated
	29b. SIGNATURE AND TITLE OF CERTIFIER			-				
BE	Aller of Certifier	0		29c. LICENSE NUM	BER	29d. DATE	SIGNED (M	onth, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (II	ull	egus	V DZ	112-1	/	2/4/	4
Affect.	BRUCE ROSENBERG	Em 21) (Type,	No.	2 1.	ATHEAN.		MA	21005
1	31. DATE FILEO (Month, Day, Year) 32, REGISTRAR'S GIGNATURE	34 6	FORK.	FU. L	LTHERVIL	LE	FUL	21093.
- 11	DEC 16 1994	100				/		

* o. 8 ~

DIVISION OF VITAL RECORDS, P.O. BOX 68760.

	e hos	etache	nce.
ì	y th	90	to
בייר בייר בייר בייר בייר בייר בייר בייר	ained b	plnode	Milled
	e ret	5	90
ĵ	ay b	page	be
5	6 m	octor,	must
	Page	al dire	ner
[death.	funera	Exami
1	after	y the	cal
_	ours	d in t	BeE
	9	y fille	the
	SPINE OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within ours after death. Page 6 may be retained by the host	DRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached by the funeral director, page 5 should be detached by the funeral directors after death with the State Detect of Health and Mental Human prior in hurial premation or removal	Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
	ecute	and co	atlc
	De es	cian a	mae.
1	ficate	physic or	er ti
į	certi	ding	0
9	eath	affen rtal h	0 %
	the di	y the	inju
5	that	th ac	any
)	quires	n Sign	10WS
	W re	ped i	3
Č	he la	has Pe	ш 2
	N: T	State	1
	SICIA	Certi	0
)	PHY	this	rke
	ING	After	E
	ENG	DR:	80
	AT	ECT.	E 2
1	L OF	0 2	=
,	٠	85	
	19	1	E

STATE OF MARYLAND / DEPARTMENT OF HEALTH AN	D MENTAL HYGIENI
CERTIFICATE OF DEATH	REG. NO.

	1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.													
	1. DECEDENT'S NAME (First, Middle, Last)	AUSCOL 700	.)				. TIME OF DEATH							
	KATHEKINE 19.	MAR	TIN			199	4	1:45 P. M						
	-00 -4 (100)	4. SOCÍAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthdey) F U						4	GIRTHPL Country)					
	237-28-4872 10 M 2 B	YRS.	7/11/2 North Car											
œ	9a. FACILITY NAME (If not institution, give street and number				OR LOCATION OF DE	EATH /	,	9c. COUNTY	Y OF DEA	тн				
DIRECTOR	Harbor Hospital Cent	er	Da	ltim	ore									
RE	10a. STATE 10b. COUNTY	WN OR LOCATION 10d. INSIDE CITY LIMITS?												
	Maryland Anne Arur	Balti				1 ☐ YES 2 № NO								
RA	5198 Disney Avenue		10	ZIP CODE	_	EN OF WHAT COUNTRY?								
FUNERAL	11. MARITAL STATUS 12. WAS DEC	MED 15	2/225 U.S.A. 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Year or No											
	1 Never Married 2 X Merried FORCES:	1 YES 2 I		If yea, sp	ecify Cuban, Maxica 2 1 NO Specify	n, Puerto F		O NO _ 14	Black, \ Specify:	White, etc.				
B√	3 Wildowed 4 Divorced	G-C2		140	2 20 110 Specify				эрвину.	White				
	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	(G	ECEDENT'S USUAL Give kind of work don	e durina ma	ON st of working	16b.	KIND OF BUS	INESS/INDUS	TRY					
	Elementary/Secondary (0-12) College (1-4	or 5 +)	. Do NOT use retired. eauticia)										
COMPLET	12th 17. FATHER'S NAME (First, Middle, Last)		euucccu	/ι	16. MOTHER'S NA	ME (Fine A	distant and two	2						
_	The state of the s	Miller			IS. MOTHER S NA	MMIC (FUSI, N	riodie, Miliden i	sumame)		!				
O BE	19a, INFORMANT'S NAME (Type/Print)						S (Street and Number or Rural Route Number, City or Town, State, Zip Code)							
۲	Benjamin W. Martin	5	198 Dist	rey A	venue .	Balt	imore,	Maryl	Land	21225				
	20a. METHOD OF DISPOSITION 1 ☑ Burial 2 ☐ Cremation 3 ☐ Ramoval from Sta	20b. PLACE	AND DATE OF DISPO	SITION /N	me of	DATI	7	CATION - CIT						
	4 Donation 5 Other (Specify)	5 Other (Specify) Ledan Hill Cemetery 12/6 Baltimore, Maryland												
	1. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY													
	Jerome gramu		4	001	Ritchie.	Hwy.	Balt	imore,	Md.	21225				
	23. PART I. Enter the diseases, or complication shock, or heart fellure. List only on	a thet caused tha de e ceuse on each line	eeth. Do not ente	er the mo	da of dying, auc	h ae cerd	llac or reeple	ratory erres	t,	Approximate Interval Batween				
	IMMEDIATE CAUSE (Finel													
	disease or condition													
_	Sequentially list conditions, DUE TO (OR AS A CONSCOURNES OF): Sequentially list conditions, DUE TO (OR AS A CONSCOURNES OF):													
CERTIFICATION	Sequentially list conditions, if any, leading to immediate													
₹	cause. Enter UNDERLYING CAUSE (Disease or Injury													
	that initiated events DUE TO (OR AS A CONSEQUENCE OF):													
H	resulting in death) LAST													
AL O	PART ii. Other aignificent conditions contributing to deeth but not resulting in the underlying cause given in Part 1. 24s. WAS AN AUTOPSY FINDINGS													
EDIC	REABU FAICURE								MAILABLE PRIOR TO OMPLETION OF CAUSE					
ME	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO								OF DEATH?					
z	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO													
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITA	L:	ОТНЕ		ACE OF DEATH (Ch	eck only on	e)							
Z.	1 YES 2 NO 1 Inpetien	t 2 ER/Outpetlant 3	DOA 4 N	ursing Hon	e 5 🗆 Residence	8 🗆 Othe	r (Specify)							
	27. MANNER OF DEATH 28a. DA	TE OF INJURY onth, Day, Year)	28b. TIME OF INJURY	WC	URY AT	28d. DES	CRIBE HOW II	IJURY OCCUI	RED					
B	2 Accident Investigation 28e. PL	2 Accident Investigation m 1 Tes 2 NO												
	4 Homicide 8 Could not be but	3 Suicide 8 Could not be datarmiged 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)												
COMPLETED	29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the	est of my knowledge 4	eath against 4 th	time di	and alone in 1.1	40.00			_					
F		(Check only 1 CERTIFYING PHYSICIAN: 10 the beat of my knowledge, death occurred at the time, date and placa, and due to the cause(a) and manner as stated.												
	29b. SIGNATORE AND TITLE OF CERTIFIER									forfh, Day, Ybar)				
BE	1 Lan 1101	SE STA	ZI		120055	STA	71	10	102	Inel				
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED	CAUSE OF DEATH (ITE	M 27) (Type, Print)	110	spires. C	78		12	+	H-F				
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (1/100, Print) ROUTED NY. ANG JR. 31. DATE FILED (Month, Day, Year) 32. REGISTRAP'S SIGNATURE								ACT. T	מני	2/225				
		ISTRAR'S SIGNATURE	7											
		um san mada 17.								1				

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING TO THE FUNERAL DIRECTOR: Afte be filed within 72 hours after deal IMPORTANT; If Item 28 Is m

	phoul		
	62		
	1. 2		
	nit. Pages 1, 2.		
	Pag		
	De		
Ġ.	burial-transit per		
Sicia	ial-t		
Ē	Ž		
guip	the		
tten	e as		
9	Y US		
pital	of bo		
Pos	ache		0
ŧ,	det		0
3	d b		lad at once
ained by the	nous		A P
e ret	5		20
ay b	pag		å
де 6 тау be	ctor.		nice
306	dire		vaminer must be notified
f.	neral		į
de:	by the funeral director, page 5 should be detached for use as the burial-transit	ei.	BY2
afte	₽ ₽	гетома	103
OURS	u p	Or re	Dem.
24	/ fille	ion.	a q
upiu	completely fill	ета	1
≱ D	ОШО	J. C.	979
Scut	P	Dunia	1
e ex	an ai	2	E
ite b	ysici	prio	1
Tifica	dd B	ene	ther
) Ce	ndin	Hyd	0 10
death	atte	ental	2
the	y the	χ̈́ρ	Ē
that	4 pa	h an	AUK
Jires	sign	Heal	8
reg	een	0	Sho
AR :	las L	ate Dept. of §	marked or item 23 shows any injury or other traumatic event the medical evanuity
The	ate !	tate	met
JAN	After this certificate	he S	10
NSIC NSIC	s ce	ith ti	Pe
4	ir th	W H	ark
N N	Afte	eal	E

	1 - FOR STATE REGISTRAR	OF MARYLAND / DEPARTM	MENT OF HEALTH AND ATE OF DEATH	MENTAL HYGIENE REG. NO.							
	1. DECEDENT'S NAME (First, Middle, Last) RUTH	MARX	AL OF DEATH	2. OATE OF DEATH DAY NOV 27,1994	YEAR 3. TIME OF OEATH						
	4. SOCIAL SECURITY NUMBER 5. SEX 1 □ M 2	F Z YRS. MO	UNDER 1 YEAR IF UNDER 24 HRS. NTHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	8. BIRTHPLACE (State or Foreign Country) 540 MaW						
TOR	9a. FACILITY NAME (If not institution, give street and num 4308 GREENWAY RESIDENCE OF DECEDENT	ber) 96	BALTIMORE								
. DIRECTOR	Florida 10b. COUNTY P. B CV.	·	M B coch		10d. INSIDE CITY MITS? 1 LES 2 NO						
FUNERAL	10. STREET AND NUMBER 27 () S, 0 C C N 11. MARITAL STATUS		101. ZIP CODE 33 48	0	109. CITIZEN OF WHAT COUNTRY? USA						
BE COMPLETED BY FU	1 Never Married 2 Married FORCE	ECEDENT EVER IN U.S. ARMED S? 1 YES 2 NO GIVE WAR OR DATES	13. WAS DECENDENT OF HISPA If yes, specify Cuban, Maxic 1 YES 2 ZANO Speci	14. RACE — American Indian, Black, White, etc. Specity: WHITE							
	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1	16a. DECEDENT'S USI (Give kind of work life. Do NOT use re	done during most of working tired.)	16b. KIND OF BUSINESS/INC							
	12 3 POULICIO TE 17. FATHER'S NAME (First, Middle, Melden Surname) TOLIUS E: NETC: N TOLIUS E: NETC: N										
TO B	1901. INFORMANT'S NAME (Type/Print) 1901. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Tahn: Hopkins UN short new ; Ross 725 726,771 and Avic no										
	20s. METHOD OF DISPOSITION 19 Burlal 2 Cremetton 3 P Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of cemetery, crematory or other place) 10 Donation 5 Other (Specify) 20c. LOCATION — City or Town, State 216 11 2 1 4 W - Falm Beach , F/A										
1	21. SIGNATURE OF FUNERAL SERVICE LICENSEE DULISSEE A		6010 REISTER	& BROS., INC. STOWN ROAD BALT	TIMORE, MD 21215						
	23. PART I. Enter the diseases, or complications that ceused the death. Do not enter the mode of dying, such as cardiec or respiratory errest, shock, or heert failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. Cardiac Official										
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): L O O O O O O O O O O O O										
	PART II. Other significent conditions contribut	Part I. 24s. WAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?								
PHYSICIAN: MEDICAL	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one)										
HYSI	27. MANNER OF OEATH 28e. D		FHER: Nursing Home 5 Rasidenca 28c, INJURY AT WORK?	8 Other (Specify)	CURED						
В	1 Natural 5 Pending 2 Accident Investigation 3 Suicide 6 October 28e. P	281. LOCATION (Street and Number or Rural Route Number,									
COMPLETED	4 Homicide detarmined building, etc. (Specify) 29e. CERTIFIER (Check only (Check only 1)) CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and menner as stated.										
COM	One) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and menner as stated.										
TO BE	296. SIGNATURE AND TITLE OF CERTIFIER MODERATION MODERATE SIGNED (Month, Day, Year) DO2767 - MD ► 11/2 FKY										
	30. NAME AND ADDRESS OF PERSON RUD COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) MOLTE DONOWITY MO GIUNT JOHN NO GIUNT 31. DATE FILED (Morith, Day, Void) 22. REGISTRAR'S SIGNATURE										
	DEC:0/6 4994 Jahi Daw	berhadell			DHMH-16 Rev 1/89						

Carlux arest
CuA

4447

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760, L. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within fours after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should
be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

Item # 10a, 198,19b Film # G 718 12-06-94 N.A. Per Funeral home

	1 - STATE REGISTRAR	SIAIE UF I	/ NARYLAND Ci	ERTIF					MENTA	REG. NO.	E				
	1. DECEDENT'S NAME (First, Middle, Last)										2. DATE OF DEATH 3. TIME (
	JERRY		CLAIN					DEC	EMBE F	94 2:14am					
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. la:	st birthday)		R 1 YEAR	IF UNDER			OF BIRTH	2,	_	PLACE (State or Foreign		
	219-60-8068	1 € M 2 □ F	41	YRS.	MONTHS	DAYS	HOURS	MIN.		21, 19	53		aryland		
	9e. FACILITY NAME (If not institution, give a	treet and number)			9b. CIT	Y, TOWN C	R LOCATIO					c. COUNTY OF DEATH			
6	Maryland General	Baltimore													
2	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNT	,		I toe CIT	V TOWN	OR LOCAT	ION						10d. INSIDE CITY		
DIRECTOR	Maryland Marla												LIMITS?		
	100. STREET AND NUMBER				Dail.	more	ZIP CODE				1 X YES 2 NO				
FUNERAL	1953 Chelsea Road			"	2121										
Š	11. MARITAL STATUS 12. WAS DECEDENT EYER IN U.S.			RMED	13.	WAS DEC			IC ORIGI	N? (Specify Yes	or No-	USA 14 BACE	*		
	1 Never Merried 2 Merried	FORCES? 1	YES 2 1	NO		If yes, spe		n, Mexicar	n, Puerto	Rican, etc.)	01 110—	Black	— American Indian, White, etc.		
B	3 Wildowed 4 Divorced						2 [] 140	ороспу.				Speci	Black		
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)		ECEDENT'S				a	161	. KIND OF BUS	INESS/IN	DUSTRY			
9	Elementary/Secondary (0-12)	College (1-4 or 5	lide.	. Do NOT u	se retired.)	1000		•							
P				une	emplo	oyed									
	17. FATHER'S NAME (First, Middle, Last)									Middle, Maiden	Surneme)				
BE	Marvin E. McClair	1								Dorsey					
2	190 INFORMANT'S NAME (Type/Print) Elsie HcClain		19				Roa	d		aber, City or Town		,			
	Elsie M. (C						Ter	race		Baltin					
	20e. METHOD OF DISPOSITION 1 M Burlet 2 Cremelton 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of cametery, cremetory or other piece) Burkley Cemetery Dec 9 Darlington, Mi														
	4 Donotion 8 Dottor (Specify) BurkLey Cemetery Dec 9 Darlington, Maryland 21. SIONATURE OF FUNERAL SERVICE LICENSEE														
	21. SIONATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Nutter Funeral Homes, Inc 2501 Gwynns falls Parkway														
	Vurvim	K 1º	rauca	1						nd 212					
	23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, Approximate shock, or heart failure. List only one cause on each line.														
	IMMEDIATE CAUSE (Final										Onset and Death				
ļ	e. PULMONARY EDEMA DUE TO BRAIN INFARCT										3 days				
_	DUE TO (OR AS A CONSEQUENCE OF):														
CERTIFICATION	Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF):														
SAT	cause. Enter UNDERLYING										j				
Ē	CAUSE (Disease or Injury thet Initiated events DUE TO (OR AS A CONSEQUENCE OF):														
F	resulting in death) LAST														
2	PART II. Other significent condition	e contributing to	death but not a		in the co				0 4						
CAL	TAIT II. Outer significant condition	- contributing to	deeth but not i	resulting	in the u	naeriying	ceuse g	iven in i	Part I.	24a. WAS AN PERFOR		24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO		
MEDI									_	1 X YES 2	□ NO		OF DEATH?		
Σ	DID TORACCO HEE C	OLITOIDI ITE	TO C1116	- 05	D=4=	11 >//		110	_				TES 2 □ NO		
PHYSICIAN:	DID TOBACCO USE C	ONIKIBULE	TO CAUS	E OF	DEAT		_=		x						
S	EXAMINER?	HOSPITAL:		G 30	OTHE	R:	ACE OF D								
¥	1 TYES 2 NO 27. MANNER OF DEATH	26e, DATE OF		28b. TIN		26c, JNJ		sidence		er (Specify) SCRIBE HOW II	I II IDV O	OUDED			
	1 Natural 5 Pending	(Month, D			JURY	WO	RK?	ON F	200. DE	SCHIBE HOW II	NJUHY OC	CUMED	CURED		
BY	2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE C	F INJURY — At he	ome, Jerm,	atreet, Jec				28J. LOC	CATION (Street e	nd Numbe	or Rumi R	cute Number		
	4 Homicide 8 Could not be	building,	etc. (Specify)							or Town, State)					
١٣	29e. CERTIFIER 1 CERTIFYING PHYSI	CIAN: To the heet of	mu knowledge de	oth seem		4) 4-4-				361.5315-2					
COMPLETED		CIAN: To the best of R: On the basis of e											and manner on white		
	29b. SIGNATURE AND TITLE OF CERTIFIE					.,			e time, date end piece, end due lo the ceuse						
BE	0-		don				29c. LICENSE NUMBER 29d.					DATE SIGNED (Month, Day, Year)			
2	30. NAME AND ADDRESS OF PERSON WH	OCCUPANT OCCUPANT	SE OF DEATH ATE	M 27) (Ken	Print)			072	- 4		-	12-2	- 24		
	TATIANA MOUR					MARV	T,AN1	D GF	NEL	RAT. HO	SPT	TAT.			
					, 0 1		T15.37.4	01	-1111	- IIC		T 1 7 1 1			
	DEC 06 1994 Julia Standard Construe														

and the same of the same of the

he hos	detach		once.
d by	ld be		d at
etaine	shou		otifie
be r	age 5	,	be n
6 may	ctor, p		nust
Page	dire		ner n
leath.	funera		xami
after d	y the	moval.	cale
SUDO	d in b	or ren	medi
U 57	y filler	ntion,	the
TO THE HOBPITAL OR ATT SOURCE PROCESS. THE law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hos	npletel	crema	IMPORTANT II Item 28 s. marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
cuted	DO DO	ourial,	tic e
be exe	sian ar	or to t	auma
ficate	physic	ne pri	er tr
certi	Dulpu	Hygie	or of
death	e atte	ental	J.
at the	by th	and M	y Inj
es th	gned	eafth a	S an
requir	een si	of H	show
aw aw	has b	Dept.	23
£	all l	State	Terr
BICIA	Bert	Ř	1, 04
4	919		arko
8	Ŋ	Į	19.19
ŧ	E S	Ē	8
8	H	houn	Hem
PITA	ERAL	記事	E H
9	ERM	d with	RTAN
12	H D	100	MPD
	-	-	

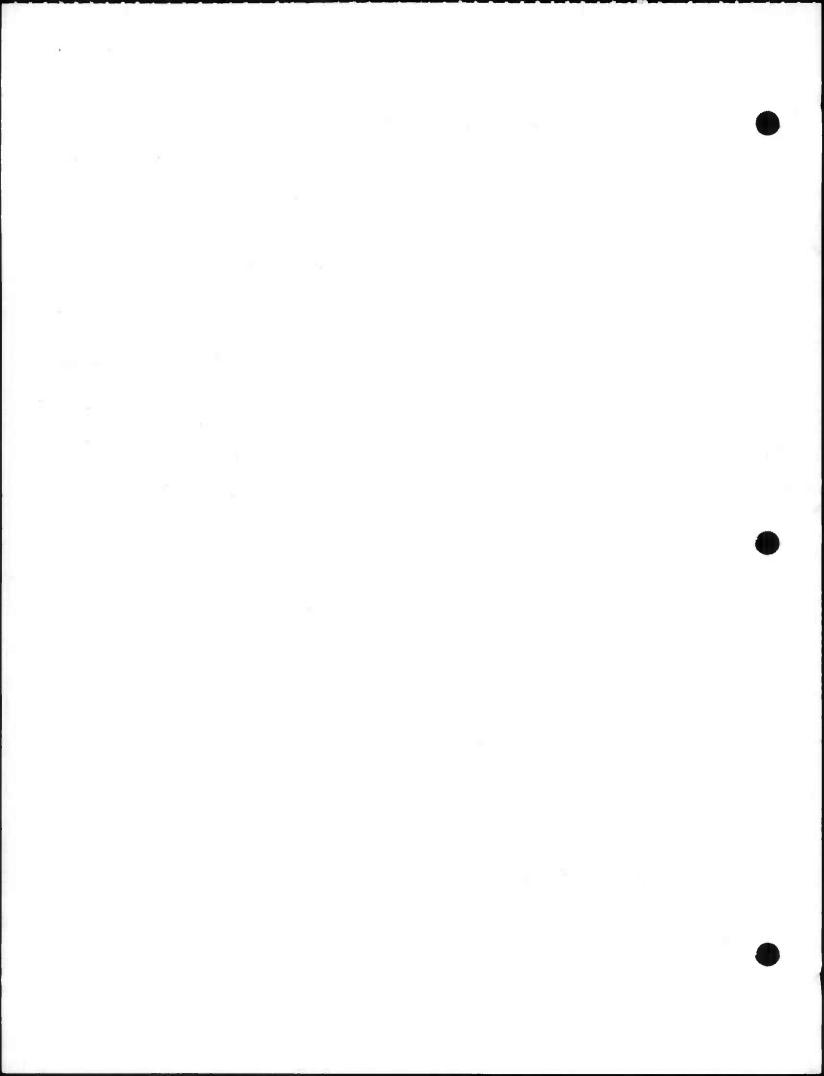
											94	35	986		
	FOR 1 - STATE REGISTRAR	STATE OF MA	ARYLAND /	DEPAR ERTIF	TMEN	T OF H	EALTH DEAT	AND N		HYGIEN REG. NO.					
4	1. DECEDENT'S NAME (First, Middle, Last) MAEBELL	С.		МО	RAIS				2. DATE OF MONTHD	DEATH	1994	YEAR 3	1;40 am		
	4. SOCIAL SECURITY NUMBER 218-18-9693	5, SEX 6	s. AGE (in yrs. les	t birthday) YRS.	IF UNDE	R 1 YEAR DAYS	IF UNDER	24 HRS. MIN.	7. DATE OF (Month, D Apr.	BIRTH By, Year)	1911	Country)	LACE (State or Foreign		
~	9e. FACILITY NAME (If not institution, give str	reet and number)			9b. CIT		R LOCATIO		ATH	277	TY OF DEA				
DIRECTOR	Saint Joseph Medic	cal Center				IOW	son,	Mary	/land		Baltim	ore			
E	10e. STATE 10b. COUNTY					OR LOCAT	ION			-		1	od. INSIDE CITY LIMITS?		
	MD N 100. STREET AND NUMBER	I/A		Ba	TCI	more	. ZIP CODE				Г.,		₩ YES 2 NO		
FUNERAL	1802 Wycliff Roa	ad					21234				-	S.A.	AT COUNTRY?		
N.	11. MARITAL STATUS	12. WAS DECEDENT I FORCES? 1	EVER IN U.S. AR	MED	13.				IIC ORIGIN? (S		or No-	14. RACE -	- American Indian,		
BY	1 Never Married 2 Merried 3 Wildowed 4 Divorced	IF YES, GIVE WAF	R OR DATES	10			2 NO	n, Mexicer Specify	n, Puerto Rica	n, etc.)	l	Specify:	White, atc. Black		
	15. DECEDENT'S EDUC	CATION	16a. DE	CEDENT'S	USUAL C	CCUPATIO	N N		16b. KI	ND OF BUS	INESS/IND	USTRY			
COMPLETED	(Specify only highest grade completed) Elementery/Secondary (0-12) College (1-4 or 5+)					during mo	st of workin	g		_					
MP	7th 17. FATHER'S NAME (First, Middle, Last)	N/A		Farme	er							dustry	<u> </u>		
8	Samuel Chapman								ME (First, Midd Willi		Surneme)				
) BE	19a, INFORMANT'S NAME (Type/Print)		190	b. MAILING	ADORES	S (Street a	eet and Number or Rural Route Number, City or Town, State, Zip Code)								
٩	Earlie Cox 1802 Wycliff RD/Baltimore, MD 21234														
	20e_METHOD OF DISPOSITION 1 \(\begin{array}{c} \Lambda\) Emoval from State 20b. PLACE AND DATE OF DISPOSITION (Name of cametery, crematory or other place) 20c. LOCATION — City or Town, State														
	4 Donation 5 Other (Specify) Branches Cemetery 12/8 Winterville, 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY								.lle,	N.C.					
	b () (a a a a a) () ()				22. NAME AND ADDRESS OF EACHJY March Funeral Home East 1101 E. North Avenue/Baltimore, MD 2120								WD 21202		
	23. PART I. Enter the diseases, or complications that caused the death. Do not					not enter the mode of dying, such as cerdiec or respiratory arrest, Approximete									
	ehock, or heart fellure. List only one ceuse on each line. Interval Between Onset and Death														
	dlassas on condition	RY ARTE	TERY DISEASE									yeara			
	OUE TO (OR AS A CONSEQUENCE OF):														
ERTIFICATION	Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF):														
CAT	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury														
FI	that initieted eventa DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST														
CER	d.														
	PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Pert I. 24e. WAS AN AUTOPSY PINDINGS PERFORMED? ANILABLE PRIOR TO														
MEDICAL										OMPLETION OF CAUSE OF DEATH?					
Σ ::						NO [l linc	FDTAIN				1	□ YES 2 XNO		
SAN	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one)														
Sig.	EXAMMER? 1 YES 2 OTHER: 1 Popular 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Recidence 8 Other (Specify)														
BY PHYSICIAN:	1 Natural 5 Pending	I ☑ Natural 5 ☐ Pending					URY WORK?				28d. DEŞCRIBE HOW INJURY OCCURED				
	2 Accident Investigation 3 Suicide 8 Could not be	me, farm, s	street, fac		ES 2	NO	28f. LOCATIO	ON (Street e	nd Number	or Rural Rou	rte Number,				
COMPLETED	3 Suicide 8 Could not be 4 Homicide 8 Could not be determined 28s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28s. LOCATION (Street and Number or Rural Route Number of Rural Route Number or Rural Route														
APL		CIAN: To the best of my													
8	2 MEDICAL EXAMINER	R: On the beels of exam	mination and/or i	nveatigatio	n, In my	opinion, de				i place, en		and the same			
BE	296. SIGNATURE AND TITLE OF CERTIFIER	P. m	1.01.	n	117		29c. LICE		IBER		29d. DATE	SIGNED (M	fonth, Day, Year)		
2	20 NAME AND ADDRESS OF SERSON WILL	COMPLETED CAUSE	colla	1 15	10		U#1	+10			- 1	d- (12-14.		

29d. DATE SIGNED (Month, Day, Year) 29c. LICENSE NUMBER 05 D41410 30. NAME AND ADDRESS OF ARSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print)

JOGINDER MEHTA, M.D., ST. JOSEPH MEDICAL CENTER, 7520 YORK ROAD, TOWSON, MD 21 204

REGISTRARY SIGNATURE

		T-CREM#10f,16b 1 - STATE REGISTRAR	STATE OF MARYL	ilmi AND/ CE	G - DEPAR ERTIF	718 12 TMENT OF H ICATE OF	/06/94 HEALTH AND DEATH	R.M. MENTAL HYGIEN REG. NO			
		1. DECEDENT'S NAME (First, Middle, Lest)	ERT E	1	160	RE)3 9	YEAR	TIME OF DEATH
pino		4. SOCIAL SECURITY NUMBER 246-24-1004 90. FACILITY NAME (if not institution, give s	1/2×M 2 □ F	n yrs. last	YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN. OR LOCATION OF E	7. DATE OF BIRTH (Month, Day Year)	927	North	CE (State or Foreign
2, 3 should	CTOR	University Hos					imore		9c. C00/	TY OF DEAT	n
Pages 1,	DIREC	10e. STATE 10b. COUNT	Y			Y, TOWN OR LOCAT					I. INSIDE CITY LIMITS?
sit permit.	ERAL	10e. STREET AND NUMBER	BEY 5T.		<u> </u>	altimon	1. ZIP COOE	21217		XYES 2 NO	
21215-0020 al or attending physician, for use as the burial-transit	BY FUN	11. MARITAL STATUS 1X Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 X N	MED	If yee, sp		NIC ORIGIN? (Specify Yean, Puerto Ricen, etc.)		USA 14. RACE — Black, W Specify:	
21215-0 al or attending for use as the	ETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)		(Gh	CEDENT'S ve kind of u	USUAL OCCUPATION OF CONTROL OCCUPATION OF CONTROL OCCUPATION OF CONTROL OCCUPATION OCCUP	ON ost of working	16b. KIND OF BU	ISINESS/IND	USTRY	Black
NO hospits ached	COMPL	17. FATHER'S NAME (First, Middle, Last)		Tr	cuck	Drive		INGRAL Ingra	nam - E		
2 2 3	ы ш	Evander Murchisor	1	1 401		ADDRESS 6	Minni	AME (First, Middle, Maider e Moore			
be retained ge 5 should	TO BI	Tracy Moore/Willi	s Williams			rth Care		Houte Number, City or Tow t Baltin			21217
E & E	must be	20s. METHOD OF DISPOSITION 1 X Burlel 2 Cremetion 3 Rem	oval from State cem	PLACE A	ND DATE of	OF DISPOSITION (Ne	ame of	OATE 20c. LO	OCATION —	City or Town,	State
		4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LIC		ster	n St	ar Cemet		Dec 10 Ba	ltimo:	ce, Ma	ryland
- 9 7	examiner examiner	+ Werum 1	2 Baile	1			Gwynns I more, Ma	ralls Park aryland 2	way 1216		mes, inc
within 24 hours mpletely filled in I cremation, or re	פאפווי, ווופ ווופחוכאו	23. PART I. Enter the diseases, or ahock, or heart feilure. IMMEDIATE CAUSE (Finei disease or condition resulting in death)	e. DUE TO (OR AS A	the decision in the consecutiv	UENCE O	,	Jure	ch as cardlec or resp	eliratory arr	eat,	Approximate interval Between Onset and Death
P.O. BOX 688 th certificate be execute tending physician and cu	ERTIFICATION	Sequentially liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	b. BRA(N DUE TO (OR AS A C. CEPPER DUE TO (OR AS A	CONSEC			ove Foz	SA Ble	e)		
that the ed by the	: MEDICAL (PART II. Other eignificent condition	s contributing to deeth be	ut not re	sulting	in the Underlying	g cause given in	Pert I. 24s. WAS AP PERFO 1 YES	RMED?	CO OF	RE AUTOPSY FINDINGS ILABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO
as b		DID TOBACCO USE CONTI			_	S NO C	UNCERTA	N 🗆			
AN: The tificate e State	YSICIAN	EXAMINER? YES 2 NO	HOSPITAL:			OTHER:	e 5 🗆 Realdence	6 Other (Specify)			
PHYSIC this ce with the	BY PHY	27. MANNER OF OEATH 1 Sugaran 5 Pending 2 Accident Investigation	(Month, Day, Year)		26b. TIM INJ	URY WO	URY AT HRK? YES 2 NO	28d. OESCRIBE HOW	INJURY OCC	UREO	
NTTENDI CTOR: A after de	TED	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Speci	— At hon	ne, ferm, s	street, fectory, offic	•	281. LOCATION (Street City or Town, State	end Number)	or Rural Route	Number,
4 4 Z			CIAN: To the best of my knowl R: On the basis of examination								d menner ea stated.
TO THE HOSPITAL TO THE FUNERAL De filéd within 72	BE	296. SIGNATURE AND TITLE OF CERTIFIES	7/1_ w	0			29c. LICENSE NU	MBER	29d. DATE	SIGNED (MO	nth, Day, Year)
9 2 3	2	30. NAME AND ADDRESS OF PERSON WHI	2 South	-G1	Recu		2	1201		1017	1
9	4	31. DATE FILED (Month, Day, Year) DEC 06 1994	REGISTRANG SIGNA	TORE /	4					<u>_</u>	



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with. Thours after death. Page 6 may be retained by the hospital or attending physician.

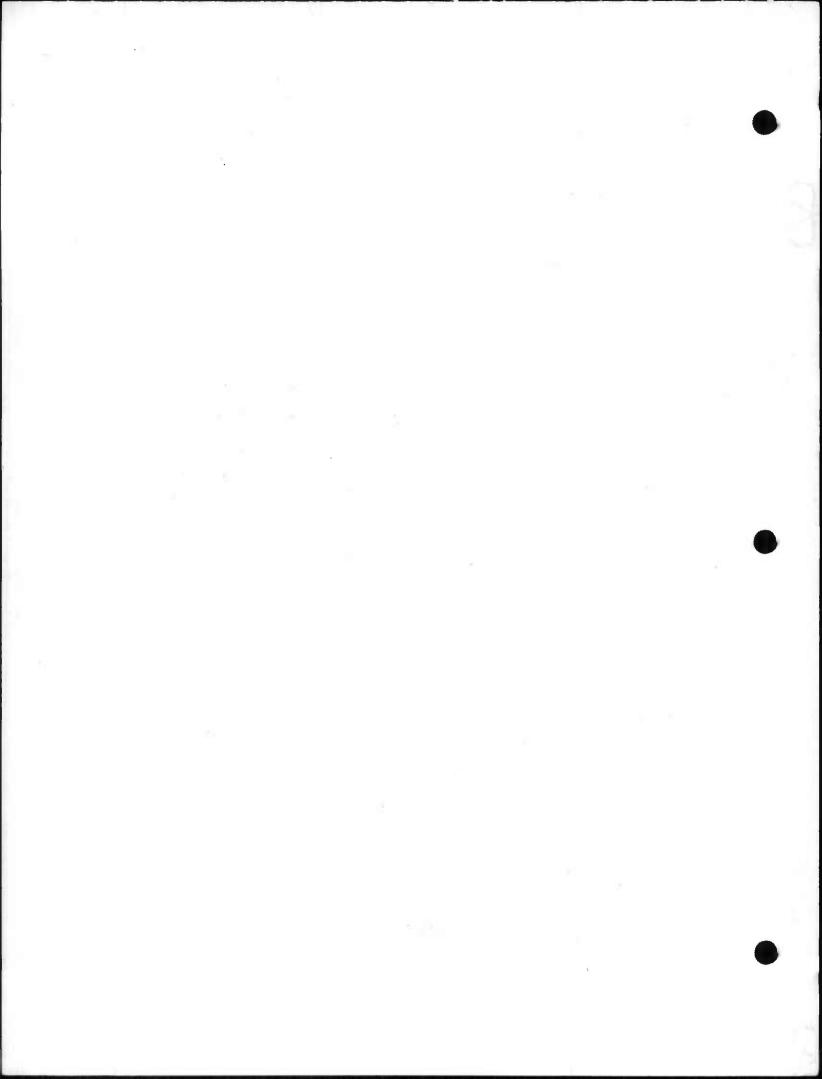
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Merital Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760

FOR 1 - STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	REGISTRAR		CERTIF	ICATE OF	DEATH	REG. NO		
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH
	DANIEL	MCGINNI	S			MONTH DA		
	4. SOCIAL SECURITY NUMBER		(in yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	NOVEMBER 7. DATE OF BIRTH		04 0345 A M BIRTHPLACE (State or Foreign
		1 Ø M 2 □ F	YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year)		Country)
1			THS.	1 7		11/21/199	4	Maryland
	9a. FACILITY NAME (If not institution, give s	street and number)		9b. CITY, TOWN	OR LOCATION OF D	EATH	9c. COUNTY	
E E	GREATER BALTIMOR	E MEDICAL CE	NTER	TOWSO	N		BALTI	MORE
ΙĔ	RESIDENCE OF DECEDENT	o medicine of	WEDIC	101100			Diller	
DIRECTOR	10a. STATE 10b. COUNT	Υ	10c. CIT	Y, TOWN OR LOCA	ATION			10d. INSIDE CITY
뜻	Maryland Har	ford	Λ.	ainadan				LIMITS?
	10e. STREET AND NUMBER	ioru		oingdon				1 YES 2 X NO
¥.				13	of. ZIP CODE			OF WHAT COUNTRY?
i iii	3162 Hidden Ridge	es			21009		U.S	S.A.
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVER	IN U.S. ARMED	13. WAS DE	CENDENT OF HISPAI	NIC ORIGIN? (Specify Yes	or No.— 14. I	RACE — American Indian,
	1 X Never Married 2 Married	FORCES? 1 YES	DATES NO		pecify Cuban, Maxica S 2 [X] NO Specif	n, Puarlo Rican, atc.)		Black, White, atc. Specify:
BY	3 Wildowed 4 Divorced				S I M NO Specif	,.		White
Ω	15. DECEDENT'S EDU	CATION	I 16a DECEDENT'S	USUAL OCCUPAT	ION	16b, KIND OF BUS	INESS (INDITION	
E	(Specify only highest grade	completed)	(Give kind of life. Do NOT u	work done during n	ost of working	100. KIND OF BUS	SINESS/INDUST	n r
۳	Elementary/Secondary (0-12)	College (1-4 or 5 +)	10.00.10.0	oo rourou.				
N N								
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Maiden	Surname)	
ш	Shawn McGinnis				Miche	le Hickey		
00	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street		Route Number, City or Tow	n Statu 7in Cod	in l
6	G.B.M.C.							
						TREET, T	OWSON	, MD. 21204
	20s. METHOD OF DISPOSITION 1 Burial 2 X Cremation 3 Ram		b. PLACE AND DATE		lame of	OATE 20c. LO	CATION — City	or Town, Stata
	4 Donation 5 Dother (Specify)		REEN MO		REMATORY	112-3 B	AT.TO.	MD. 21202
	21. SIGNATURE OF FUNERAL SERVICE LI				ND ADDRESS OF FA			PHD E LIEUZ
1 1/2	10.710			H	ENRY W.	JENKINS	& :	SONS
	X.31. Suc	-		4905	YORK F	OAD, BALT	IMORE	,MD.21212
	23. PART I, Enter the diseeses, or	complicatione that ceus	ed the desth. Do	not enter the m	ode of dying, suc	h ea cerdlec or reepi	ratory arrest,	Approximate
	the second control of the second control of	List only one ceuse on	each line.					interval Between
	iMMEDIATE CAUSE (Fine) disease or condition	1 12 1	0011-	0	1.0	0		Onset and Death
	reaulting in death)	meras	euro	near	bleed	lus		
		OUE TO ION AS	A CONSEQUENCE O	P: A	-	- (
z		· KPAIN	tans	that	Doten	Jun -		
으	Sequentieily list conditions, if any, leading to immediate	DUE TO (OR AS	A CONSEQUENCE O	1 - 1		9070		
A	ceuse. Enter UNDERLYING	In a som	a 1-11	1184	-			
CERTIFICATION	CAUSE (Disease or injury that initiated events	C. DUE TO (OR AS	A CONSEQUENCE O	- Vorg				
ΙĒΙ	resulting in deeth) LAST							į l
<u> </u>		d						
	PART II. Other aignificent condition	a contributing to deeth	but not resulting	in the underlyle	ag cause given in	Part i. 24s, WAS AN	Autropey T	245 WEDE AUTOROV PAIDINGS
EDICAL			but not resulting	in the didenty	ig cause given in	PERFOR		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
蔐						1 YES 2	NO	COMPLETION DF CAUSE OF DEATH?
								1 TYES 2 NO
Σ	DID TOBACCO USE	CONTRIBUTE TO	CALISE OF	DEATH	VEC CT NIC			
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL	CONTINIDOTE TO	CAUSE OF					
<u> </u>	EXAMINER?	HOSPITAL:		OTHER:	PLACE OF DEATH (Ch	eck only one)	-	
YS.	1 TYES 2 NO	1 Inpatient 2 ER/Ou	tpatlant 3 DOA		me 5 🗆 Realdence	8 Other (Specify)		
Ŧ	27. MANNER OF DEATH	28a. OATE OF INJURY (Month, Day, Year)			JURY AT NA	28d. DEŞCRIBE HOW I	NJURY OCCURE	D
1	1 Natural 5 Pending Investigation	NGA		A	YES 2 NO		NA	
ВУ		28a. PLACE OF INJUR	IV — At home farm	street factory offi	CO.	281, LOCATION (Street a	and Mumbas as D	uml Bauta Mumbas
ED	3 Suicide 8 Could not be 4 Homicide detarmined	building, etc. (Sp	ecify)	A	-	City or Town, State)	ind Number or Hi	urai rioute number,
			,	, 1			NAMO	, ,
	29a. CERTIFIER 1 Y CERTIFYING PHYS	ICIAN: To the best of my kno	wledge, death occur	ed at the time, dat	a and place, and due	to the cause(s) and mar	ner as stated.	
4								use(s) and manner as stated
MPL		R: On the basis of examinat	on and/or investigation			prever all	10 (116 68)	
COMPL	one) 2 MEDICAL EXAMINE	n On the basis of examinat	on and/or investigation					
SE COMPLET			Div A1	RH-0	29c. LICENSE NUI	MBER / /	29d. OATE SIG	GNEO (Month, Day, Year)
8	one) 2 MEDICAL EXAMINE		Div of	BHed.		2 44	29d. OATE SIG	
ш	200. SIGNATURE AND TITLE OF CERTIFIE		Div of	BH-d.		244	≥ ().	
BE	200. SIGNATURE AND TITLE OF CERTIFIE	ik Head,	Div of	BHO.		2 44	29d. OATE SIG	
BE	200. NAME AND ADDRESS OF PERSON WE	ik Head,	Div of	BH-d.		WBER 244	29d. OATE SIG	
BE	200. SIGNATURE AND TITLE OF CERTIFIE	ik Head,	Div of	BHO.		WBER 2 44	29d. OATE SIG	



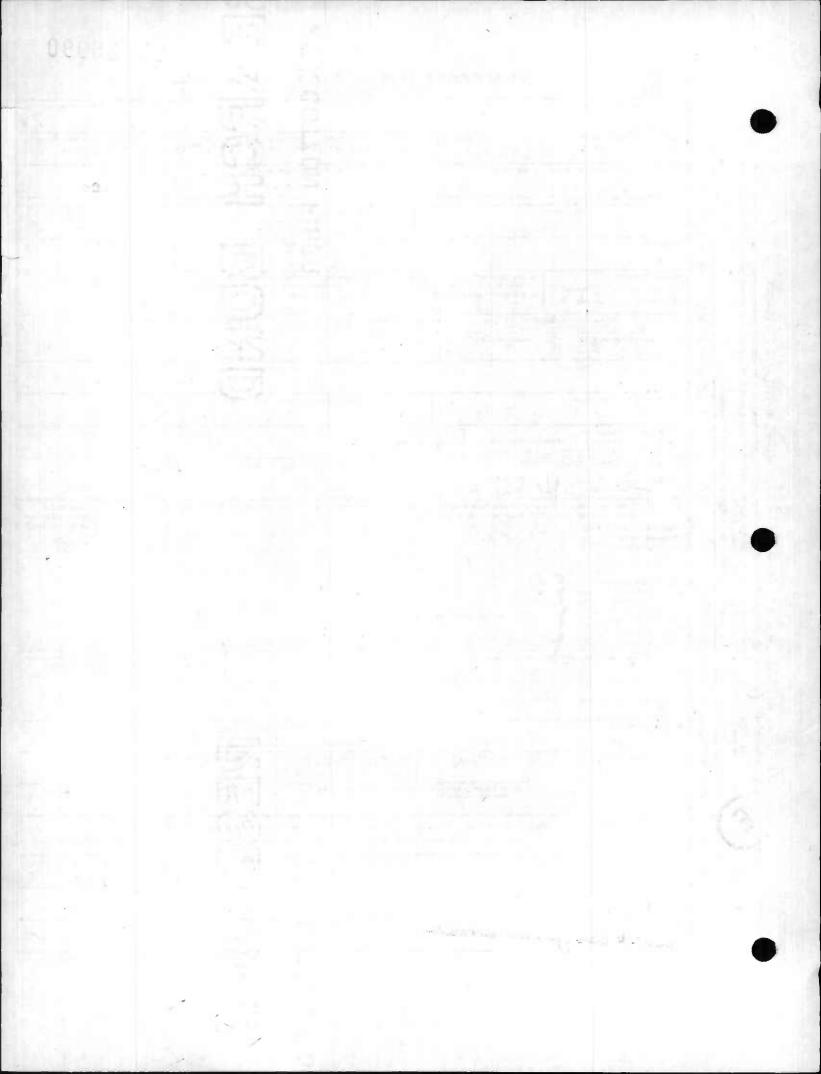
DIVISION	CH AFTENDING PH	DIRECTOR: After th	hours after death w	Harm 28 le mark
(THE MOSPITA	TI THE PENERAL	be led within a	INPONENTAL IN

STATE OF MARYLAND / DEPARTMENT OF HEALTH	AND MENTAL HYGIENE
CERTIFICATE OF DEA	TH REG. NO.

	1 - FOR STATE REGISTRAR	STATE OF MARYLAND / DI	EPARTMENT OF H		MENTAL HYGIENI REG. NO.	E	
	DECEDENT'S NAME (First, Middle, Last)	Cannoll A. Melvi			2. DATE OF DEATH DA December	7. 1994	3. TIME OF DEATH
	214 20 5670		thday) IF UNDER 1 YEAR YRS. MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 09/22/192	a Bigy	THPLACE (State or Foreign intry)
TOR	96. FACILITY NAME (If not institution, give street 401 Linda Avenue RESIDENCE OF DECEDENT		96. CITY, TOWN O	OR LOCATION OF DE	ATN	Anne A	nundel
DIRECTOR	10a, STATE 10b, COUNTY	Arundel	OC. CITY, TOWN OR LOCAT	ION			10d. INSIDE CITY LIMITS? 1 YES 2 X NO
FUNERAL	100. STREET AND NUMBER 401 Linda Avenue		101	2/090		10g. CITIZEN OF	WHAT COUNTRY?
B	11. MARITAL STATUS 12 1 Never Married 2 🔀 Married 3 Nidowed 4 Divorced	WAS DECEDENT EVER IN U.S. ARMET FORCES? 1 X YES 2 NO IF YES, GIVE WAR OR DATES WORLD WAR II	If yes, sp	ENDENT OF NISPAN pelfy Cuban, Maxican 2 🔯 NO Specify	tC ORIGIN? (Specify Yea 1, Puarto Rican, etc.)	or No— 14, RAC Black Spec	CE — American Indian, ck, White, etc. City: White
COMPLETED	15, DECEDENT'S EDUCATE (Specify only highest grade com Elementary/Secondary (0-12) C		DENT'S USUAL OCCUPATION sind of work done during mo NOT use retired.)	DN st of working	166. KIND OF BUS	ont Auth	onitu
BE COM	17. FATNER'S NAME (First, Middle, Last)	unence E. Melvin			ME (First, Middle, Malden :	Sumame)	
10 B	190. INFORMANT'S NAME (TypoPrim) Eleanona Melvin	19b. m 407	AILING ADDRESS (Stroot a	nd Number or Rural F NUE L	inthicum, I	, stete, zip code) MaryLanc	l 21090
	20a. METHOD OF DISPOSITION 1	from Stata cemetery, cremeter	DATE OF DISPOSITION (No. 27) or other place) CREMATORY,	Inc.	12/3 Bas	cation - city or T ltimore,	Manyland
	21. SIGNATURE OF FUNERAL SERVICE LICENS	Von	4001	Ritchie 1	ce Funeral Hwy. Balt	imore. M	A. Id. 21225
CERTIFICATION	23. PART I. Enter the disesses, or com shock, or heart feilure. List IMMEDIATE CAUSE (Final disesse or condition resulting in death) Sequentielly list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disesse or injury that initieted events resulting in death) LAST	DUE TO (OR AS A CONSEQUEING TO	ulmonar NCE OF): Corunary NCE OF):	y ede	ma		Approximeta Interval Between Onset and Death Well 1989
MEDICAL	PART II. Other significant conditions or Old in terior M Severe periph Complete hear	II, recent s	nbenduan disea	lial M.	Part I. 24a, WAS AN PERFORI	MED?	b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATN?
PHYSICIAN:		OSPITAL:	OTHER:	ACE OF DEATH (Che			
ВУ РНУ	27. MANNER OF DEATH 1 Netural 8 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	b. TIME OF 28c. INJ	JRY AT	28d. DESCRIBE HOW IN	JURY OCCURED	
	3 Suicide 8 Could not be 4 Nomicide datermined	28s. PLACE OF INJURY — At home, building, atc. (Specify)	farm, street, factory, office		28f. LOCATION (Street at City or Town, State)	nd Number or Rural	Route Number,
COMPLET		it: To the best of my knowledge, death on the basis of axamination and/or investigation.					a) and monner as stated.
O BE	296. SIGNATURE AND TITLE OF CERTIFIER Sung M	Guly and		D 25	86)	29d. DATE SIGNED	0 (Month, Day, Year) 2 - 94
	30. NAME AND ADDRESS OF PERSON WHO CO	urdy MO -		n Choice	Lane B	alto N	10 21228
	DEC 06 1994 July	32. REGISTRAR'S SIGNATURE					

120	
BOX 68760	
BO	
P.O.	
-	
RECORDS	
REC	
IN OF VITAL	
FV	
ON	
DIVISION	
0	

	1. DECEDENT'S NAME (First, Middle, Last GENEVIEV 4. SOCIAL SECURITY NUMBER	E E. W	CCURD	-		DEAT		12 1	DAY 9	YEAR L/	. TIME OF DEATH		
	212-10-4538		92 YR	MONTHS	DAYS	HOURS	MIN,	7. DATE OF BIRTH	902	Mary	ACE (State or Fore)		
стоя		wn Care C	enter	-		DR LOCATIO .estc		ATH		tto.			
2	RESIDENCE OF DECEDENT 10a. STATE 10b. COUN	ITY	10c.	CITY, TOWN						t	Od. INSIDE CITY		
RAL DI	aryland –			Balt		ity,				ZEN OF WH	YES 2 N		
FUNER	1505 Riverside Ave. 21230 United 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECEMBENT OF HISPANIC ORIGIN? (Specify Yes or No.— 14. RACI										tates - American Indiar		
ВУ	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 [ecify Cubs		n, Puarto Rican, etc.)			White		
IPLETED	ts. OECEDENT'S EO (Specify only highest grad Elementary/Secondary (0-12) 8 th - Grade	OUCATION de completed) College (1-4 or 5+)	life. Do NO	T'S USUAL OF of work done of use retired.) emake	during mo		g	Own H		USTRY			
COMPL	17. FATHER'S NAME (First, Middle, Last) John C. Birrane 18. MOTHER'S NAME (First, Middle, Maiden Surname) Eva F. Harts												
TO BE	19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)												
Ē	Mr. Joseph P. McCurdy, Jr. 227 Chancery Rd. Balto. Md. 21218 20a. METHOD OF DISPOSITION DATE 20c. LOCATION - City of Town												
	Burlei 2 Cremation 3 Removel from State committee Cathedral Cemt. 12/6/94 Balto. City												
	21. SIGNATURE OF FUNERAL SERVICE L	LICENSEE		22.	NAME A	ND ADDRES	S OF FAC	Balto	.Md.	2123	30		
	MCCully Funeral Home, 130 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest,												
	immediate Cause (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF):												
ERTIFICATION	that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in deeth) LAST												
N: MEDICAL CE	PART II. Other significant condition	TES MEL		ng in the u	nderiyin	g cause g	jiven in		PRMED?	0	VERE AUTOPSY FII MAILABLE PRIOR OMPLETION OF C F DEATH? YES 2 DA		
	25. WAS CASE REFERRED TO MEDICAL EXAMINER? t YES 2 NO	HOSPITAL:		ОТНЕ	R:			ck only one)					
ICIA	T TES 2 (PHO	t inpetient 2 in ER	URY 28b.	TIME OF INJURY	28c. INJ WC	JURY AT ORK? YES 2		6 Other (Specify) 28d. OESCRIBE NOW	INJURY OCC	UREO			
Y PHYSICIAN:	27. MANNER OF DEATN 1 Netural 5 Pending	(Month, Day, Y	our,	2 Accident Investigation 3 Suicide 6 Could not be determined 4 Nomicide 4 Nomicide 4 Nomicide 5 Could not be determined 5 Could not be determined 5 Could not be determined 5 Could not be determined 5 City or Town, State)									
ED BY	1 Netural 5 Pending 2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE OF IN	JURY — At home, far			i a		261. LOCATION (Street City or Yown, State	t and Number (e)		ne realizon,		
ED BY	1 Netural 5 Pending 2 Accident Investigation 3 Suicide 6 Could not be determined 29a. CERTIFIER (Check only)	28e. PLACE OF IN	JURY — At home, far (Specify)	m, street, fac	tory, offic	and place,		City or Town, State	enner as state		_		
BE COMPLETED BY	1 Netural 5 Pending 2 Accident Investigation 3 Suicide 6 Could not be determined 29a. CERTIFIER (Check only)	28e. PLACE OF IN building, etc. (SICIAN: To the best of my NER: On the bests of exami	JURY — At home, far (Specify)	m, street, fac	tory, offic	and place,		City or Town, State to the cause(e) end ma	enner as state	n cause(s) a			
COMPLETED BY	1 Natural 5 Pending 2 Accident Investigation 3 Suicide 6 Could not be determined 29a. CERTIFIER (Check only 1 One) 2 MEDICAL EXAMIN	28e. PLACE OF IN building, etc. SICIAN: To the best of my NER: On the bests of axami	JURY — At home, far (Specify) knowledge, death oc Institut and/or investig	m, street, fac	tory, office	e and place, death occur 29c. LICE	NSE NUM	City or Town, State to the cause(e) end ma	enner as state and due to the	E SIGNEO (A	ind manner as st		



MARYLAND	
M	
BALTIMORE,	
OX 68760	

DIVISION OF VITAL RECORDS, P.O. BO

FOR 1 - STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

		REGISTRAR		CI	ERITE	ICATE	OF DI	EATH		REG. NO.				
	1	1. DECEDENT'S NAME (First, Middle, Last)	Monika M	aria 1	Myric	k			MONTN	ember		year 1994	TIME OF DEATN	
4704		4. SOCIAL SECURITY NUMBER	5. SEX 6. A	GE (In yrs. las	st birthday)	IF UNDER 1	YEAR IF	UNDER 24 HRS.	7. DATE C			_	ACE (State or Foreign	
		217-34-7171	1 □ M 2√12√F	73	YRS.	MONTHS	DAYS HO	URS MIN.		Day, Year)		Country)	2017	
should		9e. FACILITY NAME (If not institution, give st				9b. CITY. T	OWN OR LO	OCATION OF OR		0/192	9c. COUNT	Germ		
& E	œ	1715 Rita Road Dundalk Baltimo												
1. 2,	유	RESIDENCE OF DECEDENT					Dara				200			
	DIRECTOR	10e. STATE 10b. COUNTY			10c. CIT	Y, TOWN OR	LOCATION					10	d. INSIDE CITY	
Se.	뜸	Maryland	Baltimore					Dune	ndalk			Ι,	LIMITS?	
permit. Pages		10e. STREET AND NUMBER					10f. ZIP	COOE	-		10a, CITIZE	_	AT COUNTRY?	
	FUNERAL	1715 Rita Road			21									
DAO physician. burial-transit	<u>=</u>	11. MARITAL STATUS	12. WAS DECEDENT EV	ER IN U.S. AR	RMED	13 W	S DECENDS	ENT OF NISPAN	AIC OBIGINS	/Coords Voc			American Indian,	
DOZO DO Physic Ne burial		1 Never Merried 2 Merried	FORCES? 1 1	ES 2	NO	If y	ree, specify	Cuben, Mexico	n, Puerto R		or No _	Black, W	White, atc.	
the tr	B	3 🔀 Widowed 4 🗌 Divorced	IF YES, GIVE WAR O	PR DATES		1	YES 2	NO Specify	у:			Specify:	White	
attend se as	요	15. DECEDENT'S EDUC	CATION	16e. DE	CEDENT'S	USUAL OCC	UPATION		16b.	KIND OF BUS	INESS/INDU	STRY		
al or att		(Specify only highest grade Elementary/Secondary (0-12)	completed) College (1-4 or 5 +)	(G	live kind of w	vork done dur se retired.)	ing most of	working						
ed to	립	8 Years	College (1-4 of 5+)		Ho	use W	i fo			Ore	n Hom	0		
LAND CIZIS-UDZO the hospital or attending physician detached for use as the burial-frar once.	COMPLET	17. FATHER'S NAME (First, Middle, Last)		110	usc W		MOTNER'S NA	ME (First 14			C.			
at be de		Bruno Berg				-				Jumannay				
	띪	19e. INFORMANT'S NAME (Type/Print)	100	h MAII INC	ADDRESS /	Present and Mr	AGNE umber or Rural I	s Ka		O 7:- 0				
2 2 2	입			19										
may be		Martha Schwarz						l Dund						
B 6 ma		Duriel 2 Cremetion 3 Remo	oval from State	cometery, cre	ematory or of	ther place)			OATE	1.0	CATION — CH			
Page 6	1	4 Donation 5 Other (Specify)	nutra /	Holl	ly Hi			lns 12/		Mi	ddle	Rive	c, MD	
death. Pag death. Pag s funeral di i.		22. NAME AND ADDRESS OF FACILITY Duda-Ruck Funeral Home of Dundalk, I												
		541	12					lise Av						
E 3 & a		21 PART . Enter the diseases, or b	omplications that cau	sed the de	eath. Do n	ot anter th	a moda o	of dying, auci	h as cardi	ec or reapi	retory arres	st.	Approximata	
filled in on, or re		shock, or heart failura.	List only one ceusa o	n each line	3 ,								interval Between Onset and Death	
tion.		iMMEDIATE CAUSE (Finei disease or condition	1	100	7 :	7 7	> -			6 - 1			Onset and Daath	
ted within zer completely fille ial. cremation.		disease or condition resulting in deeth) a. OUE TO (OR AS A CONSEQUENCE OF):												
2 2 2 E	_													
. 8 10 0 5	CATION	Sequentially list conditions, If any leading to immediate DUE TO (OR AS A CONSEQUENCE OF):												
ficate be physician ne prior to	AT	cause. Entar UNDERLYING												
phy phy		CAUSE (Disease or injury that initiated events Due TO (OR AS A CONSEQUENCE OF):											†	
n ders maling myse and	CERTIF	resulting in death) LAST												
	B	d												
at the dear by the art and Menta y Injury,	甘	PART ii. Other aignificant condition	contributing to dae	th but not r	ut not reaulting in the underlying cause given in					24a. WAS AN			ERE AUTOPSY FINOINGS	
	EDICAL									1 TYES 2		CO	MPLETION OF CAUSE	
) 医肾毒素	Ψ									-			YES 2 NO	
w requir	¥ ::	DID TOBACCO USE CONTR	RIBUTE TO CAUSE	OF DEA	TH YF	SIN	οПι	JNCERTAIN	V I			1 ''		
Tar best and a second	SICIAN:	25. WAS CASE REFERRED TO MEDICAL				H (Check onl								
N The Ficate th State (Sic	EXAMINER?	HOSPITAL:	Outpetlent 3	DOA	OTHER:	a Home	Residence	e 🗆 Other	(Paretta)	-			
SiCty optil the	РНҮ	27. MANNER OF DEATN	28e. DATE OF INJU		26b. TIMI		Sc. INJURY			(Specify)	JURY OCCU	BED		
NG PHYS Ter this saft with marked		1 Natural 5 Pending	(Month, Day, Ye		INJ	URY	WORK?		-00.020			NEO .		
	B	2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE OF INJ	URY — At ho	me ferm e			1	201 1 004	TION (Street e	and 44	Don't David	N	
DIST.	8	4 Nomicide 6 Could not be	building, etc. (Specify)	A110, 101111, 0	nieel, lector)	, ome		City o	Town, State)	na Number or	HUMI HOUR	3 Number,	
OR ATTEN DIRECTOR: hours after Item 28 I	E .	29e. CERTIFIER												
2 2 2 2 E	MPL	(Check only	CIAN: To the beat of my k											
1	CO	2 MEDICAL EXAMINE	the beele of exemin	ation end/or i	Investigation	n, in my opi	ilon, death	occured at the	time, date	end place, end	due to the	ceuse(e) en	d manner ee stated.	
(文:	ш	29b. SIGNATURE AND TITLE OF CERTIFIER	0				29c	LICENSE NUM	ABER		29d. OATE S	IGNEO (M	onth, Day, Year)	
P 2 2 2	0 8	mage	Porto	ly	ay =	2	0	7278	138		> /	(/3	30/94	
-	F	30. NAME AND ADDRESS OF PERSON WHO	COMPLETEO CAUSE OF	OEATH (ITE	М 27) (Туре,	Print)							,	
		Mayer Gov.	Saty or	2-78	23	Age	aha	TR	d.	Gle.	~ Bo	rack	2 MD 21061	
8. 1		31. DATE FILEO (Month, Day, Year)	32. REGISTRAR'S S							<u> </u>	-			
		DEC 0 6 1994 A	he Devolute	and II										
	_													

B.K.S

IYEMS: 1. & 10b, PER F.H. FILM G-718 12/6/94 t.t

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIFNE

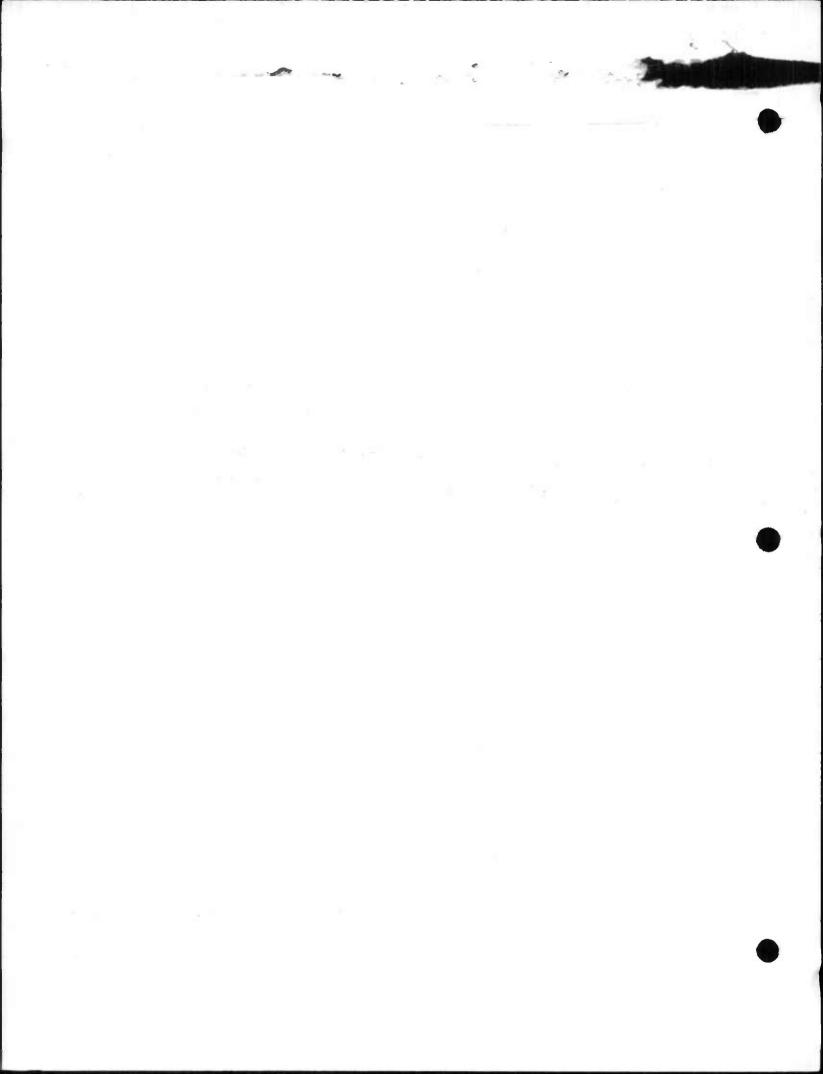
	REGISTRAR CERTIFICATE OF DEATH REG. NO.										
	1. DECEDENT'S NAME (First, Middle, Lest) 2. DATE OF DEATH 3. TIME OF DEATH										
	MARGARET H-HORN MULLIKIN DEC. 1 94 0730 AM										
	A SOCIAL SECURITY NUMBER S SEY S ACC /In un foot bioleday of tappend years										
	215-56-1276 1 M 2 X F 47 YRS. MONTHS DAYS HOURS MIN. NOV. 8, 1947 MONTHS DAYS MONTHS NOV. 8, 1947 Maryland										
	9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATN										
Œ	DE 4605 6 DE 442										
DIRECTOR	RESIDENCE OF DECEDENT										
m	10e. STATE 10b. COUNTY BALTIMORE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY										
1 2	Maryland Baltimore Baltimore										
1	106. STREET AND NUMBER 101. ZIP CODE 109. CITIZEN OF WHAT COUNTRY?										
1 2	8849 Green Needle Drive 21236 U.S.A.										
FUNERAL	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No										
	1 Never Married 2 Merried FORCES? 1 YES 2 NO If yes, specify Cuben, Mexican, Puerto Rican, stc.) Black, White, etc.										
B	3 Wildowed 4 N Divorced IF YES, GIVE WAR OR DATES 1 YES 2 NO Specify: White										
	15. DECEDENT'S EDUCATION 18. DECEDENT'S LISUAL OCCUPATION 18. KIND OF BUSINESS WINDLESTON										
	(Specify only highest grade completed) (Give kind of work done during most of working life. Do NOT use retired.) (Give kind of work done during most of working life. Do NOT use retired.)										
4	5+ Teacher School										
COMPLETED	17. FATHER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Maiden Surname)										
ВС	William Gilbert Horn Jr. Margaret Eleanor Jordan										
m	19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)										
2	John Anthony Mullikin 909 W. University Parkway Baltimore, MD 21210										
	20g. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION DATE 20c. LOCATION - City of Town, State										
	1X Burlet 2 Cremetion 3 Removal from State 4 Donation 5 Other (Specify) Loudon Park Cemetery December 5, 1994 Baltimore, Maryland										
	22. NAME AND ADDRESS OF FACULTY										
	22. NAME AND ADDRESS OF FACILITY Mitchell-Wiedefeld Home Inc.										
	6500 York Road, Baltimore, Maryland 21212										
	23. PART I. Enter the diseases or complications that vaused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, ahock, or heart failure. List only one cause on each line.										
	IMMEDIATE CAUSE (Final Onset and Death										
	disease or condition reaulting in death) a. // Multiple Symies Due TO (OR AS A CONSEQUENCE OF)										
	DUE TO (OR AS A CONSEQUENCE OF)										
z	b.										
[일	Sequentially list conditions, If any, leading to immediate DUE TO (OR AS A CONSEDUENCE OF):										
8	cause. Enter UNDERLYING CAUSE (Disease or Injury										
181	that initiated events DUE TO (OR AS A CONSEQUENCE OF):										
CERTIFICATION	resulting In death) LAST d										
	PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part i. 248. WAS AN AUTOPSY 1. 249, WERE AUTOPSY FINDINGS										
DICAL	PERFORMED? AWAILABLE PRIOR TO										
	t YES 2 NO COMPLETION DF CAUSE OF DEATH?										
Σ	1 ☑ YES 2 □ NO										
Z	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN										
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTHER:										
YSI	1X NYES 2 NO 1 Inpatient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Realdence & Other (Specify) ROADWAY										
표	27. MANNER OF DEATH 280. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY AT WORK? 28c. INJURY AT WORK?										
B	1 Natural Stranding (Month, Day, Year) (Month, Day, Year) (Month, Day, Year) (YORK? 2 Accident Investigation 12-1-94 (40 AM 1 YES 2 NO pedestrion specific by Nichole										
60	3 Suicide 8 Could not be determined 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) Charactery (
	4 Homicide determined Street Bis 4 more Co. Md										
COMPLET	29s. CERTIFIER (Check only 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date and piece, and due to the cause(s) and manner as stated.										
×	one) 2 MEDICAL EXAMINER: On the beels of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and menner as stated.										
H	296. LICENSE NUMBER 296. LICENSE NUMBER 296. LICENSE NUMBER 296. DATE SIGNED (Month, Day, Year) DEC. 1, 1994										
유	30. NAME AND ADDRESS OF PERSON WNO COMM TED CAUSE OF DEATH (ITEM 27) (Type, Print)										
	111 Penn Street, Baltimore, Maryland 21201										
	31. DATE FILED (Month, Day, Your) 32. REGISTRAR'S SIGNATURE Spilia Devidor Andrea										
. #	HE I O I O TO THE TOWN OF THE PROPERTY OF THE										

BALTIMORE, MARYLAND 21215-0020

94 35993

1 - STATE STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

		REGISTRAR		CER	TIFICA	ATE O	F DEATH		REG. NO				
		1. DECEDENT'S NAME (First, Middle, Las	" ESTHER G	OLDA 1	NUSB	AUM		2. DATE	OF DEATH	AY)	YEAR 3.	TIME OF DEATH	N
								DEC	0.	1 19	94	9:53	Рм
멸		4. SOCIAL SECURITY NUMBER 338-34-7800	1 🗆 M 2 💢 F	E (In yrs. last birti	RS. MON	THS DAYS		7. DATE (Mont 09	of BIRTH h, Day, Year) /20/19	40	Country)	ACE (State or For CHIGAN	reign
2, 3 should	OR	99. FACILITY NAME (If not institution, give SINAI HOSPIT					IMORE C			9c. COUNT	Y OF DEAT	ΓN	
	[RESIDENCE OF DECEDENT 10a. STATE 10b. COUN	(TY		· CITY TO	WN OR LOC	ATION						
mit. Page	DIRECTOR	MD I	BALTIMORE			1	BALTIMORE				- 1	LIMITS?	
physician. burial-transit permit. Pages	FUNERAL	100. STREET AND NUMBER 403 YESHIVA LAI				1	101. ZIP CODE 21208				USA		
	Β¥	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR	S 2 NO		If yes, s	ECENDENT OF HISPAI specify Cuben, Mexice ES 2 NO Specif	n, Puerto		or No- 14		American India Vhite, etc.	n,
r attending	B	15. DECEDENT'S EC (Specify only highest gra-		16a. DECEDE	NT'S USU	AL OCCUPAT	TION	168	. KIND OF BUS	SINESS/INDUS	TRY		
Spital or led for u	IPLET	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do h	VOT use retir	sone during r red.) SEWIF:	nost of working		AT HO	ME			
by the	E COMPL	17. FATHER'S NAME (First, Middle, Last) ISADORE KAPLAN 18. MOTHER'S NAME (First, Middle, Maiden Surname) BETTY KARBAL											
retained 5 should notified	TO BE	190. INFORMANT'S NAME (Type/Print) RABBI NATHAN NUS	SBAUM	196, MA 40	ILING ADD	RESS (Street	LANE, AP	Route Num	ber. City or Town	n, State, Zip Co	MD	21208	
6 may be ector, page must be		20a. METNOD OF DISPOSITION 1	moval from Stata 20	Ob. PLACE AND DE	ATE OF DIS	SPOSITION (I		DAT -2-9	.	CATION — CIII			
		21. SIGNATURE OF FUNERAL SERVICE I		AGODAI	11 131		AND ADDRESS OF FA		T DA		ш, г		
2 2 2 2		Loel	D de	ers			LEVINSON REISTERS				ORE.	, MD 21	215
within 24 nours within 24 nours operation, or restrent, the median		23. PART I. Entar the disease, pre- ehock, pre- immediate CAUSE (Final disease or condition resulting in dasth)	a. DUE TO (OR AS	eech iine.				h aa can	diac or reapi	ratory arres	t,	Approxima interval Be Onset and	twean
ficate be execu physician and ne prior to bur	RTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reaulting in death) LAST											
e H	шш	resulting in death) LAS1											
he death the atte Mentai njury ,	L C	PART ii. Other eignificent condition	ons contributing to death	but not result	ting in the	e underiyi	ng ceuee given in	Pert i.	24a. WAS AN	AUTOPSY	24b. W	ERE AUTOPSY FIN	HOINGS
SICIAN: The law requires that the deal certificate has been signed by the air the State Dept, of Health and Menta, or Item 23 shows any Injury,	MEDICAL								PERFOR		AM CC OF	MAILABLE PRIOR TOMPLETION OF CASE DEATH?	NO AUSE
law recast been as been of Dept. of 23 sh	AN:	DID TOBACCO USE CON	TRIBUTE TO CAUSE (OF DEATH	YES [] NO [UNCERTAIN	v 🗆					
V: The law icate has bo State Dept.	SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	26. PLACE OF			•)						
CIAN: artifica the St.	YSI	1 YES 2 NO	1 - Inpatient 2 ER/Out	tpatient 3 🗆 D	OA 4 🗆	HER: Nursing Ho	me 5 🗆 Rasidence	8 🗌 Othe	r (Specify)				
Re this	ву РНУ	27. MANNER OF DEATN 1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year) 12-1-9	14 2	TIME OF INJURY	W	YES 2 NO	Pass	CRIBE NOW I	NJURY OCCUP	uh v	collis	(dn
TTENDI TOR: A after d	8	3 Suicide 6 Could not be 4 Homicide determined		ay — Al home, to		, factory, off	ice		ATION (Street a or Yown, State) O blk	Urres	Rural Rout	Number,	-
	21	290. CERTIFIER (Check only 1 CERTIFYING PHY	SICIAN: To the beat of my know	wiedga, daath o	ccurred at I	the time, da	te end place, end dua	to the cer		ner ee stated.	7	3	
HOSPITAL FUNERAL within 72 (TANT: If	COMPLET		NER: On the basis of examination				death occured at the	Ilme, date			euse(e) ar	nd manner ea ats	Med.
TO THE HOSPI TO THE FUNER be filed within IMPORTANT:	TO BE	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	47 Cal				O.C.N					onth, Day, Year)	4
		Dowid R	- A				et, Bal	timo	re, M	aryla	and	21201	
		DEC 0 6 1994	32. REGISTRAR'S SIG										



BALTIMORE, MARYLAND 21215-0020

signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit Heatth and Mental Hygiene prior to burial, cremation, or removal. Page 6 may be retained by the hospital or attending physician. notified at must be medical examiner the traumatic event, other 1 0 shows any injury, DIRECTOR: After this certificate has been hours after death with the State Dept. of It OR ATTENDING PHYSICIAN: The ö marked, 28 Hem TO THE HOSPITAL OF TO THE FUNERAL DE FILED WITHIN 72 hr

BE

0

Pages 1, 2, 3 should

permit.

once.

94 35994 asp ART I, 27, 28a-f, PER MEO FILM G-718 12/6/94 t.t STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATN 3. TIME OF DEATH DAY 1994 03 HUBERT POPE NOV 5:16 P M 4. SOCIAL SECURITY NUMBER 5. SEX 7. DATE OF BIRTH (Month, Day, Year 6. AGE (In yrs. last birthday) IF UNDER 24 HRS. 8. BIRTNPLACE (State or Foreign 1 M 2 F DAYS 219 86 6753 4/14/64 9a. FACILITY NAME (If not institution, give atreet end number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATN DIRECTOR SINAI HOSPITAL BALTIMORE CITY 10b. COUNTY 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY MD. BALTIMORE 1 YES 2 A NO 10e. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 3609 BEEHLER AVE. USA 21215 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Merried If yee, specify Cuben, Maxican, Puerto Ricen, etc.) 1 TES 2/ NO Specify: BY 3 Widowed 4 Divorced AMERICAN AFR. ED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Spe H College (1-4 or 5+) COMPL 12 17. FATNER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) HUBERT PATSY POPE BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 HUBERT POPE 3609 BEEHLER AVE. BALTO. MD. 20e. METNOD OF DISPOSITION
1 ☐ Burlal 2 ☐ Cremation 3 ☐ Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE 1 G Burlel 2 Cremanon 4 Donation 5 Other (Specify) KINGS OF PARK 11/8/94 RANDALLSTOWN, MD. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY ESTEP BROTHERS FUNERAL HOME P.A. 1300 FIITAW PL. BALTO, MD. 21217 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, heek, or heart fellure. List only one ceuse on each line. Interval Between IMMEDIATE CAUSE (Finel Onaet and Death disease or condition_ SALICYLATE INTOXICATION resulting in death) DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditiona, DUE TO (OR AS A CONSEQUENCE OF): if eny, leading to immediate e. Enter UNDERLYING CAUSE (Diseese or Injury DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in death) LAST PART II. Other significant conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 24s. WAS AN AUTOPSY PERFORMED? MEDICAL 1 YES 2 NO OF DEATH? 1 TYES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 | Inpetient 2 | ER/Outpetient 3 | DOA OTHER: YES 2 NO 4 Nursing Nome 5 Residence 6 Other (Specify) 28e. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28c. INJURY AT WORK? 28b. TIME OF INJURY 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending FOUND PM FOUND: 11-3-94 1 YES 2XX NO BY UNKNOWN 2 Accident 28e. PLACE OF INJURY — At home, ferm, street, fectory, office building, atc. (Specify) 3 Suicide 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 (Could not be COMPLETED 4 Homicide determined FOUND: RESIDENCE BALTIMORE, MD. 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 💢 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and menner as stated.

29b, SIGNATURE, AND TITLE OF CERTIFIER

29c. LICENSE NUMBER OCME

111 Penn Street, Baltimore, Maryland 21201

29d. DATE SIGNED (Month, Day, Year) NOV 04,1994

AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

KIN

32. REGISTRATES SIGNATURE

1994

OHMH-16 Rev 1/89

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within exhibits the float. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunal, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

_	NEGISTRAN			-NIII	ICALL	CUF	DEA	In .	8	EG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF	DEATH	V 4-	VEAD	3. TIME OF DEATH
	-Charles E. Que	andt CHA	RLES EDUA	RD QUA	ANDT				DECE	1BED	42	1994	735 AM M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. las	it birthday)	IF UNDER		IF UNDER		7 DATE OF S	HTU		e punti	HPLACE (State or Foreign
	212-01-4402	1√1 M 2 □ F	86	YRS.	MONTHS	DAYS	HOURS	MIN.	June June	14,1	.908	Ma	ryland
	9a. FACILITY NAME (If not institution, give st	reet end number)		9b. CITY	, TOWN	OR LOCATION	ON OF DE	ATH		9c. COL	INTY OF D	DEATH	
۳ ا	Union Memorial	Hospita	1		В	alti	more	Cit	У				
ЫI	RESIDENCE OF DECEDENT												
DIRECTOR	10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS?												10d. INSIDE CITY
ā∣	Maryland			l Ba	1tim	ore							1XXYES 2 NO
A	10e. STREET AND NUMBER					10	f. ZIP CODE						WHAT COUNTRY?
8	110 Bellemore Rd	•					21210				U.	S.A.	
FUNERAL	11. MARITAL STATUS	12. WAS DECEDEN	IT EVER IN U.S. AR	MED	13.	WAS DE	CENDENT C	F HISPAN	IIC ORIGIN? (S	necify Yes	or No-	14 RAC	E American Indian,
	1 Never Merried XX Merried	FORCES? XI	XXYES 2 1	10		Il yes, sp	ecify Cubs	n, Maxica	n, Puerto Ricer	, atc.)	2 111	Blac	k, White, etc.
B	3 Widowed 4 Divorced		WW	11		T C	2 2 10	Specify	<i>/</i> .			Spec	White
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade	ATION	18e. DE	CEDENT'S	USUAL O	CCUPATI	ON		16b. KIN	D OF BUS	INESS/IN	DUSTRY	
1	Elementary/Secondary (0-12)	College (1-4 or 5	. Iffe.	. Do NOT us	se retired.)		ost of working	g	1.50	N 8			
로		5+	Att	ORNEY OFN E	ŧ-at	-La	V		LEG/	201/	'Bar		
S	17. FATHER'S NAME (First, Middle, Last)							HER'S NA	ME (First, Middl	0			
	Eduard Quandt						Mar		Schrode		,		
BE	19e. INFORMANT'S NAME (Type/Print)		19	b. MAILING	AOORES	S (Street	and Number	-	Route Number, C		Stete 76	n Code)	
2	Harriet D. Culli	son Ouan							to. Mo			,	
	20e. METHOD OF DISPOSITION		20b. PLACE					Das	OATE			City or To	own, State
	1 Buriel 2 N Cremetten 2 Reme	oval from State		matory or p	ther place	mat	7137	12	16/94	Ral	time	re N	1d
	4 Donollon 5 Other (Specify) Greenmount Crematory 12/6/94 Baltimore, Md.												
		(Sabert	m.4	mat	•	Mit	chell	-Wie	defelo	l Hon	ne		
	Robert M. Kra	tz	,	100	}		6500	Yor	k Rd.	2121	2		
	23. PART i. Enter the diseases, or c	ompilcations tha	t caused the de	ath. Do r	not entar	tha mo	oda of dyl	ng, aucl	h as cardiac	or respi	ratory ar	rest,	Approximata
	shock, or haart failura. I	list only ona cat	isa on each lina	l.									Intarval Between Onset and Death
- 1	disease or condition resulting in death) . HEPATORENAL SYNDROME 3 WEEKS												
	DUE TO (OR AS A CONSEQUENCE OF):												
_	, , , , , , , , , , , , , , , , , , , ,												
9	If any, leading to immediate OUE TO (OR AS A CONSEQUENCE OF):												
8	cause. Enter UNDERLYING	CHO!	ELITH	IAS:	15								I noun
Ē	the timesed events												
CERTIFICATION	resulting in death) LAST	CIRR	HOTIC	LIV	ER		5:80	cast					3 yrs.
	BARY II Onto a facility of a state of the st												9.
EDICAL	PART II. Other significent condition	e contributing to	death but not r	aaulting	In tha ur	ndariyin	g cauaa g	givan in	Part I. 24a	PERFOR		24b	. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
ᆲ									10	YES 2	X NO		COMPLETION OF CAUSE OF OEATH?
									_		, .		1 - YES 2 NO
ä	DID TOBACCO USE C	ONTRIBUTE	TO CAUS	E OF	DEAT	H Y	ES 🗌	NO	12/				
PHYSICIAN: M	25. WAS CASE REFERRED TO MEDICAL					28. P	LACE OF D	EATH (Che	eck only one)				
S	EXAMINER?	HOSPITAL:	ER/Outpatient 3	□ DOA	OTHE!		10 5 Be	eldence	6 Other (Sp	ooitu)			
Ŧ	27. MANNER OF OEATH	28e. OATE OF	INJURY	28b. TIM	E OF		URY AT	SACRETIC S	28d. OESCRII		JURY OC	CURED	
	1 Natural 5 Pending	(Month, D	lay, Year)	INI	URY		YES 2	NO.					
B	2 Accident Investigation 3 Suicide 8 Could get be	26e. PLACE O	F INJURY — At ho	ma, Jerm, i	streel, lect			1117	28I. LOCATIO	M /Street o	nd Numbe	e or Primit	Route Mumber
	4 Homicide 8 Could not be	building,	etc. (Specify)			,,			City or To	wn, State)	no manipo	or ribrar a	TOUR WOMEN,
<u> </u>	29e. CERTIFIER												
<u>A</u>	(Check only												
COMPLETED	2 MEDICAL EXAMINE	: On the basis of s				opinion, o	lesth occur	ed at the	time, date end	place, en	d dua to t	he cause(e) and manner ee stated.
BE	296. SIGNATURE AND TITLE OF CERTIFIER		RES	DEN	pitysu	lAn	29c. LICE	NSE NUM	IBER		29d. DA1	E SIGNE	(Month, Day, Year)
	Karler	Ce. Hi	1, 77.) .		~\1 (P)	ATZ4	1389	46 AT	8	PE	CETIB	De 4 1994
٤	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAU											
ţ	KATTHLEEN G. HILL	ピルアノ	1121	T MC	TEM	URI	AL t	10SP	ITAL	BAL	TIM	ORE	, HIXCYCAN!
	31. DATE FILED (Month, Day, Year)	32. REGISTRA	R'S SIGNATURE			- 111				-			10101
	DECO 0 100A	10											

DF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020 YSICIAN: The law requires that the death certificate be executed within a frour after death. Page 6 may be retained by the hospital or attending physician. YSICIAN: The law requires that the death certificate be executed within and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should the State Dept. of Health and Mental Hygiene prior to burial, cemation, or removal.	TO BE COMPLETED BY FUNERAL DIRECTOR	99. FACILITY NAME (IL. RESIDENCE OF 109. STATE 109. STATE 109. STATE 109. STATE 109. STATE 109. STATE 109. STATE 109. STATE 109. STATE 109. STATE 109. STATE 109. STATE 109. STATE 109. STATE 119. MARITAL STATUS 15. (Specification of the company) 17. FATHER'S NAME (Fin 17. FATHER'S NAME (Fin 199. INFORMANT'S NAME 199. INFORMANT'S NAME 1199. INF
BALTIMORE, MARYLAND 21215-0020 HE STENDING PHYSICIAN: The law requires that the death certificate be executed within 2- nours after death. Page 6 may be retained by the hospital or attending physician that different this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transcent min no ours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	shock, IMMEDIATE CAUSE disease or condition resulting in death) Sequentisity list confirm, leading to incause. Enter UNDEL CAUSE (Disease or that initieted events resulting in death) PART II. Other aign 25. WAS CASE REFERRITE AND TO SUICIDE 1 26. CERTIFIER 1 29b. SIGNATURE AND TO 20b. SIGNATURE AND TO

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH	MENTAL HYGIENE REG. NO.
	2. DATE OF DEATH

1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTM	ENT OF HEALTH AN	D MENTAL HYGI		
1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH	1	3. TIME OF DEATH
HAZEL	ROGER	S		DEC	4 1994	730
4. SOCIAL SECURITY NUMBER 216-07-5927	10 M 2 X F 8	9 YRS. MON		N. JUIV 23		HPLACE (State or Formion
SEMICHAELS RESIDENCE OF DECEDENT	Vursing Hun	10	Baltin	OF-C	9c. COUNTY OF	DEAT
Maryland 106. COUNT	Y	10c. CITY, TO	attimere			10d. INSIDE CITY LIMITS? 1 YES 2 ND
501 Dolphin	Street		10f. ZIP CODE 2/2	01	Us	WHAT COUNTRY?
11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U FORCES? 1 ☐ YES IF YES, GIVE WAR OR DATE	2 NO		SPANIC ORIGIN? (Specify exican, Puerto Rican, etc.) pecify:	Yes or No- 14. RAG	CE — American Indian, ck, White, etc.
15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)		60. DECEDENT'S USU (Give kind of work of life. Do NOT use reti	lone during most of working	16b. KIND OF	BUSINESS/INDUSTRY	
17. FATHER'S NAME (First, Middle, Last)	limas	[///	18. MOTHER'S	NAME (First, Middle, Mai	den Surname)	
190. INFORMANT'S NAME (Type/Print)	4	19b. MAILING ADD	RESS (Street and Number of R	ural Route Number, City or	01. 1 -1	21207
20e METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 Rem 4 Donation 8 Other (Specify)	20b. Picamotel campte	LACE AND DATE OF DI	POSITION (Nema of	DIATE 20c	LOCATION - City or	Town, State
21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE Plus)	22, NAME AND ADDRESS OF SOLLAR PORTION	PORTO OVE	funero Balton	Ild 21216
IMMEDIATE CAUSE (Final disease or condition resulting in death)	Stroke. DUE TO (OR AS A C					One Hour
Sequentisily list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events	DUE TO (OR AS A C					
PART II. Other algnificent condition		not resulting in th	e underlying ceuse giver	PER	S AN AUTOPSY 24 FORMED?	b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION DF CAUSE OF GEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		28. PLACE OF GEATH			
27. MANNER OF OEATH 1 Netural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	Nursing Home 5 Reside	28d. DESCRIBE HO	W INJURY OCCURED	
2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY — building, etc. (Specify,	At home, farm, street	, factory, office	281. LOCATION (Sin City or Town, St	eet and Number or Rural tate)	Route Number,
	CICIAN: To the best of my knowled					(e) end manner ee stated.
29b. SIGNATURE AND TITLE OF CERTIFIE	M			NUMBER 38675	29d. DATE SIGNE	D (Month, Day, Year)
JOEL MESHU	FYII MAL	SHANO		ALT MD	21230	
DECUG 1994	A32. REGISTRAND SIGNAT	PRE				

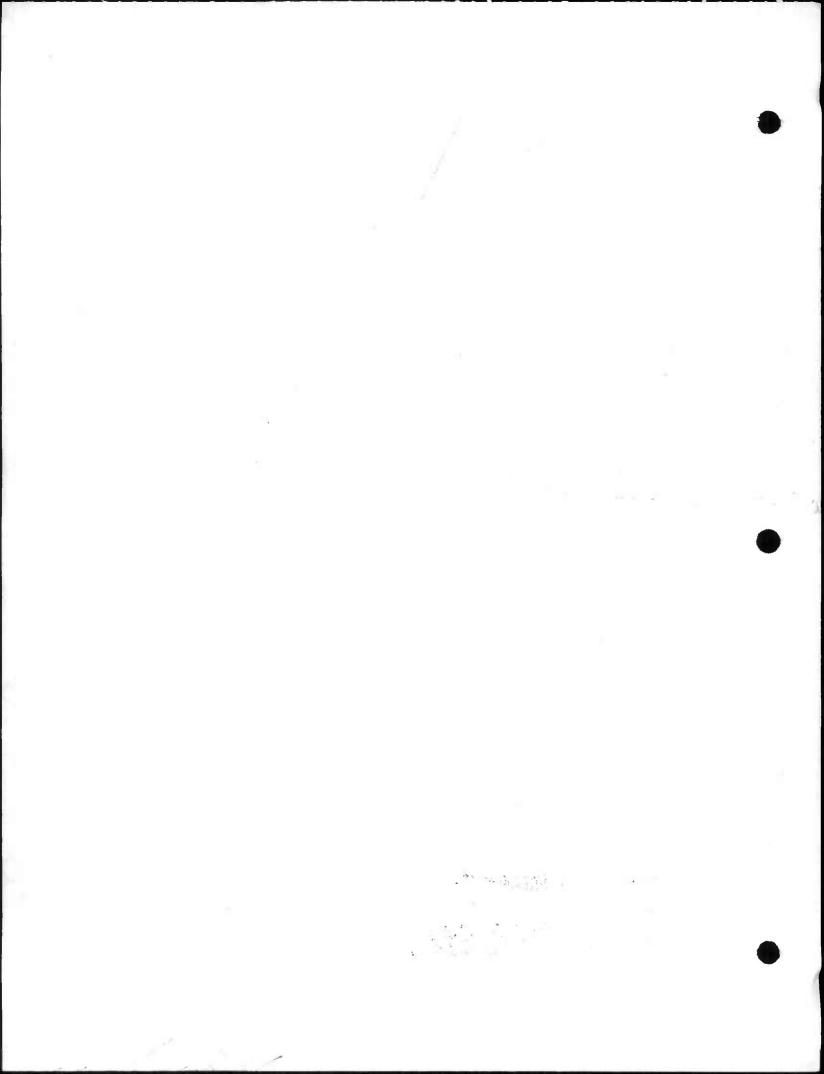
TO THE INSTITUTIONS PHYSICIAN: The law requires that the death certificate be executed within 24 mous arist useur, rays or may be instanted by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed-within, 22, boars after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 F. Mayle Cleared by Medical Examiner ACTEMBINE PHYSICIAN: The law requires that the death certificate be executed within DIWSION OF VITAL RECORDS, P.O. BOX 68760,

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIF	CATE OF	DEATH	REG. NO).			
	1. OECEOENT'S NAME (First, Middle, Last)		_			2. DATE OF DEATH		3. 1	TIME OF DEATH	
	Catadus		SAR	MONTH DAY YEAR			" A MIP			
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AG	E (In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	1	A BIRTHPI AC	CE (State or Foreign	
	120 18 0697	1 □ M 2 😾 F	88 YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year)	- 00	Country)		
	9e. FACILITY NAME (If not institution, give st	11	0.0	a. 0.74 70.00	OR LOCATION OF DEAT	Sept.18			w York	
œ						н	9c. COUN	TY OF DEATH		
DIRECTOR	Suburban Hospi	<u>tal</u>		Bethe	sda		Mor	ntgome	ery	
S	10a. STATE 10b. COUNTY		10c. CIT	, TOWN OR LOCA	TION			104	. INSIDE CITY	
E	Maryland Mon	tgomery		ckvill					LIMITS?	
5	10e. STREET AND NUMBER								YES 2 NO	
A.	The second secon		_	10	. ZIP COOE		10g. CITIZ	ZEN OF WHAT	COUNTRY?	
106. STREET AND NUMBER 106. STREET AND NUMBER 106. ZIP COOE 109. CITIZEN OF WHAT COUNTRY 20852 United State 1. MARITAL STATUS 1. MARITAL ST									tates	
5	11. MARITAL STATUS 1 7 Never Merried 2 Merried	12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 14. RACE — America Bleck, White, etc. 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— 14. RACE — America Bleck, White, etc.)								
BY	3 Widowed 4 Divorced	IF YES, GIVE WAR OR			2 NO Specify:	roeno rican, acc.)			asian	
								Cauca	asıan	
臣	15. DECEDENT'S EDUC (Specify only highest grade	ATION completed)	18e. DECEDENT'S (Give kind of v	USUAL OCCUPATION Pork done during more pretired.)	ON ast of working	18b. KIND OF BU	SINESS/IND	USTRY		
<u>W</u>	Elementary/Secondary (0-12)	College (1-4 or 5+)								
₹	12		Secreta	ry		State	of	New :	York	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				1000 10	(First, Middle, Maiden				
BE	Joseph Saron					eyerowit				
2	19e. INFORMANT'S NAME (Type/Print)				and Number or Rural Ros					
-	Sue Winkler		2445	Lytton	sville 1	Rd., Sil	ver	sprin	ng,Md.	
	20e. METHOD OF DISPOSITION 1) Buriel 2 Cremetion 3 Remo	2	ON PLACEAND DATEC	E DISPOSITION (A)	ame of	04TE 200 LO	CATION (State 20910	
- 1	4 Donation 5 Other (Specify)	K	emetery, crematory or ot ing Davi	her place) . d. Memo	rial Ga	FGen 199	94	10 01	nurch.Va	
	21. SIGNATURE OF HUNERAL SERVICE LIC	ENSEE		22. NAME AI	ND ADDRESS OF FACIL	_ITY			HILL: Va	
	₩ X80/0 VO1	0 10		Ives	-Pearson	n Funera	al Ho	omes		
	23 PADY I Party the disease of a	omplications that save			Falls c	nurch, I	7a. 2	2046		
	23. PART I. Enter the diseases, or coshock, or heart failure.	ist only one cause on	ach iina.	ot antar tha mo	da of dying, such	as cardiac or resp	iratory arre	est,	Approximata intarvai Batween	
									Onsat and Daath	
į	resulting in death)	IMMEDIATE CAUSE (Final disease or condition resulting in death) Onsat and Death Onsat and Death								
8	Sequantially list conditions,				STRUCTIVI	E CAHOI	OMAG	PATIN		
Ĕ	if any, leading to immediate cause. Enter UNDERLYING	OUE TO OR AS	A CONSEQUENCE OF): /						
5	CAUSE (Disease or injury	171	FIBRIOISI	17						
ĒΙ	that initiated events resulting in death) LAST	DUE TO (OH AS	A CONSEQUENCE OF	•	1			i		
CERTIFICATION			Jan 140	MAGITA	710N					
7	PART II. Other aignificant conditions	contributing to death	but not resulting in	n the underlying	cause given in Pa	ort I. 24e. WAS AN	ALITOPSY	24h WED	E AUTOPSY FINDINGS	
DICAL	FRACIUME	Reps on		3105		PERFOR		AVAII	LABLE PRIOR TO	
	11410.014	100	12.0111	00		1 YES 2	D410		DEATH?	
ME						_		1 0	YES 2 NO	
ž I	DID TOBACCO USE CONTR	IBUTE TO CAUSE] UNCERTAIN	又				
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	26. PLACE OF OEAT	H (Check only one) OTHER:						
YS	1 NES 2 NO	1 Sinpetient 2 ER/Ou	itpatient 3 🗆 DOA		e 5 🗆 Residence 6	Other (Specify)				
H	27. MANNER OF OEATH 1.74 Netural 5 Pending	(Month, Qay, Year)			URY AT 2	8d. DESCRIBE HOW I	NJURY OCC	URED		
A	2 Accident Investigation			M 1 🗆	YES 2 NO					
- 41	3 Sulcide S Could not be	26a. PLACE OF INJUI building, atc. (Sp	RY — At home, ferm, s	traet, fectory, offic	2	St. LOCATION (Street a City or Town, State)	and Number	or Rural Route	Number,	
Ë I	4 Homicide determined					,,				
2	29e. CERTIFIER (Check only	CIAN: To the best of my kno	wiedge, desth occurre	d at the time, date	end plece, end due to	the ceuse(e) end mer	nner ee state	d.		
5 1		3: On the besis of examinst							menner se stated.	
5 1		/			29c. LICENSE NUMBI					
COMPLETED	29b. SIGNATURE AND TITLE OF CERTIFIER	- 11.								
H	296. SIGNATURE AND TITLE OF CERTIFUR	sone W	1) AM 01 11	m l	D 2011)	D /	10/-	th, Day, Year)	
	29b. SIGNATURE AND TITLE OF CERTIFUR	CENS	PHYSICII	Print	D 30117	2	> /	12/01	th, Day, Year)	
H	29b. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF E	DEATH (ITEM 27) (Type,		D 30117	SET HE	D /	10/-	th, Day, Year)	
H	29b. SIGNATURE AND TITLE OF CERTIFIER SOLUTION OF PERSON WHO VILLYDIA SAX	COMPLETED CAUSE OF E	DEATH (ITEM 27) (Type, SUBUL		D30117 HOSPMAL,	SET HE	> / 201	10/-	th, Day, Year)	
띪	29b. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF E	PHSKU (DEATH (ITEM 27) (Typo, SUBUL SNATURE		D30117 Hospran,	SET HE	> / 208	10/-	th, Day, Year)	



DIRECTOR

FUNERAL

BY

COMPLETED

BE

2

CERTIFICATION

MEDICAL

PHYSICIAN:

ВY

ETED.

COMPL

B

2

31. DATE FILED (Month, Day, Year)

1994 6

DIRECTO hours after item TO THE HOSPITAL D
TO THE FUNERAL DI
DE filed within 72 ho
IMPORTANT: If Ite

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE REGISTRAR CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH VEAD STEPHEN G. SIEGLE November 30,1994 10:47 4 SOCIAL SECURITY NUMBER 8. AGE (In vrs. last birthday) 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign IF UNDER 1 YEAR IF UNDER 24 HRS. MAY 26"1950 155-36-2223 DAYS HOURS 44 MIN New Jersey 1 👽 M 2 🗌 F YRS 9a. FACILITY NAME (If not institution, give street and number, 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH THE JOHNS HOPKINS HOSPITAL BALTIMORE CITY RESIDENCE OF DECEDENT 10c CITY TOWN OR LOCATION 10d. INSIDE CITY MARYLAND BALTIMORE BALTIMORE 1 YES 2 X NO 100. STREET AND NUMBER 6330 WASHINGTON BLVD. 10f, ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 21227 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 1 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married It yes, specify Cuban, Maxican, Puerto Rican, etc.) IF YES, GIVE WAR OR DATES 1 YES 2 NO Specify: Specify: 3 Widowed XX Divorced WHITE 15. DECEDENT'S EDUCATION 18e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only high Elementary/Secondary (0-12) College (1-4 or 5+) RETAIL SALES FLORAL 17. FATHER'S NAME (First, Middle, Lest) 18. MOTHER'S NAME (First Middle Maiden Sumame) SYDNEY SIEGLE **GERTRUDE ABRAHAMSON** 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) DR. ALLAN WASSER 7449 BROKEN STAFF COLUMBIA, MD 21045 20e. METHOD OF DISPOSITION
1 X Burial 2 Cremetion 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State OATE 1 Surial 2 Cremation 3 L 4 Donation 5 Other (Specify) COLUMBIA MEMORIAL PARK - 12-4-94 COLUMBIA, 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND AODRESS OF FACILITY SOL LEVINSON & BROS., INC. 6010 REISTERSTOWN ROAD BALTIMORE, MD 21215 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, Approximate shock or heart failure. Lift only one cause on each line Interval Batwean IMMEDIATE CAUSE (Finel Onset and Death disease or condition resulting in deeth) MUCCARduan Ida DUE TO (OR AS A CONSEQUENCE OF): Sequentially liet conditiona, OUE TO (OR AS A CONSEQUENCE OF) If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury OUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significent conditions contributing to deeth but not resulting in the underlying cause given in Part i. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PERFORMED? AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO 1 | YES 2 | NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES \square NO \square UNCERTAIN 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one **EXAMINER?** HOSPITAL: 1 YES 2 NO OTHER: Inpetient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending 1 YES 2 NO Investigation Accident 28a. PLACE OF INJURY — At home, term, street, tectory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 8 Could not be 4 Homicide determined 29a. CERTIFIER CERTIFYING PHYSICIAN: To the best of my knowledge, desth occurred at the time, data and place, and due to the cause(s) and manner as stated. (Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CENTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNEO (Month, Day, Year) Sc MORLO 30. NAME AND ADDRESS OF PURSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) HRISTOPHER FECUTS MOPLO. Toins H BULL MO 21205 32. REGISTRAR'S SIGNATURE

94 35999

FOR

ITEMS: 23 PART I, 27, 28a-f, PER MEO FILM G-718 12/12/94 t.t. Item#16b,20b Per F.H. Film# G-718 12/06/94 R.M. STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYCIENE

		1 - STATE REGISTRAR	OIMIL OI I	MAIIIE	CERT	IFI	CATE O	F DEA	TH	MENIA	REG. NO				
		1. DECEDENT'S NAME (First, Middle, Last) RONNIE Melvin SMITH DEC 2 94									YEAR				
		RONNIE M 4. SOCIAL SECURITY NUMBER	elvin 5. sex	A ACE	(In yrs. lest birthd	-41	SMI IF UNDER 1 YEAR			DEC		2	94	9:10	Р.м
		218-64-0081	1 M 2 D F		39 YR	"	MONTHS DAYS	HOURS	R 24 HRS.	(Mont	of BIRTH h, Day, Year)	1055	Country		
pinous		9e. FACILITY NAME (If not institution, give s			39		9b, CITY, TOWN	I OR LOCAT	ION OF DE		st 4,		Ma INTY OF DE	ryland	
2, 3	DIRECTOR	MARYLAND GENERAL HOSPITAL BALTIMORE CITY RESIDENCE OF DECEDENT													
ges 1.	3EC	10e. STATE 10b. COUNTY	,		10c.	CITY	, TOWN OR LOC	ATION						10d. INSIDE C	ITY
permit. Pages	P.	Maryland			I	3a.	1.timor	:e						LIMITS?	□ NO
perm	3AL	10e. STREET AND NUMBER						IOI. ZIP COD	E			10g. CIT	IZEN OF W	HAT COUNTRY	7
an. ransit	FUNERAL	1519 Druid Hil				212		U:			USA	JSA			
LAND 21215-0020 the hospital or attending physician. detached for use as the burlal-transit once.	BY FU	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	YES	2 XNO		If yes, a	ECENDENT specify Cub ES 2 NO	en, Mexica	n, Puerto	N? (Specify Ye Rican, etc.)	e or No-			
attendii		15. DECEDENT'S EDU	CATION		16e. DECEDEN	T'S L	JSUAL OCCUPAT	TION		166	. KIND OF BU	SINESS/INI	DUSTRY	B1. a	ck
Z1Z al or att for use	COMPLETED	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5	+)	(Give kind life. Do NO	of w	ork done during r retired.)	nost of work	ing						
AND he hospita detached once.	MPL	11th Grade			Maint	e:	nance	Work	cer		RADI Radi	sson son	Hote	21	
the hos detach	00	17. FATHER'S NAME (First, Middle, Last)									Middle, Maiden				
ad by	BE	Melvin L. Smit	h								Laws				
retained be should a should notified	5	190. INFORMANT'S NAME (Type/Print)					ADDRESS (Street								
o o o		Beatrice Smith 20a. METHOD OF DISPOSITION		200	PLACE AND DA		Druid		. Av	enue				MD 21	.217_
must		1 X Burlel 2 Cremetion 3 Rem-	oval from State	cen	netery, cremetory	or oth	er place)	vame or		DAT		CATION			
		21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE		V C)().	22. NAME	AND ADDRE	SS OF FA	CILITY N	uttor	Fino	ral E	Maryla: Iomes,	Tna
death death e fund		Surn .	Parker	7			2. B	501 G altim	wynn ore,	s Fa	lls Pa yland	rkwa 212	16. 1. 16	iones,	THE
ted withlin 24 hours after completely filled in by th fal, cremation, or remove event, the medical		23. PART I. Enjay the diseasea, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, and ck, or heert fellure. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in deeth) But TO (OR AS A CONSEQUENCE OF):										Between			
ertificate be execuing physician and rigiene prior to bur other traumatic	RTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Diseases or Injury that initiated evente resulting in death) LAST													
he death c the attend Mental Hy Mury, or	CEF		d											-	
that the start of	EDICAL	PART ii. Other eignificant condition	s contributing to	death b	ut not reaulti	ng in	the underlyi	ng ceuee	given in	Part I.	24a. WAS AN PERFOI	RMED?		WERE AUTOPSY AVAILABLE PRIC COMPLETION O DF DEATN?	OT RO
law requires as been sign bept. of Healt	Σ	DID TOBACCO USE CONTI	DIRLITE TO CA	IISE O	E DEATH	VEC	I OIA D 3	7 11817	CEDTAIN					1 YES 2	NO
has has Dei 2	IAN:	25. WAS CASE REFERRED TO MEDICAL	CIBUIE IO CA		28. PLACE OF D	_			CERTAIN	и П Т	_				
SICIAN: The certificate to the State to the State to the State to the State to the state to the	SICI	EXAMINER?	HOSPITAL:			1	OTHER: 4 Nursing No		aaldence	B Cithe	r (Snecify)				
PHYSICIAN: this certifica with the St	PHY	27. MANNER OF DEATH	28e. DATE OF (Month, D		28b.	_	OF 28c. IN	JURY AT			CRIBE NOW	INJURY OC	CURED		
DING PHYS After this death with	BY	1 Natural Tending Investigation	FOUND 12		4 UNI			YES 2	∄ NO	UNKNO	WN				
TTENDI CTOR: A after di	ETED 1	3 Suicide 8)(X) Could not be 4 Nomicide determined	28e. PLACE O building,	etc. (Spec	- At home, ter	m, sti	reel, lactory, off	lca		City	ATION (Street or Town, State) MORE, M.	1519	DRUID	HILL AV	-,
7 70 ==	MPL	29a. CERTIFIER (Check only one) 1 CERTIFYING PNYSH	CIAN: To the best of R: On the best of e											end menner ed	stated
FUN with	S = C	296. SIGNATURE AND TITLE OF CERTIFIER		11/		_		_	ENSE NUN		_			Month, Day, Yea	
TO THE HOSPITA TO THE FUNERA De filed within 7 IMPORTANT: 1	0	Den	ers y	Ch	rteup)			C.M.			D -			5.4.
1 1 9	2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUS	SE OF DE			Penn S				imore		EC 3	.1994 and 2	1201
		31. DATE FILEO (Month, Day, Year) DEC 0 6 1994	A REGISTRA	R'S SIGN	Ned 4	_			-, .			, 11	- Y - Y -	and Z	1201
	- 1	DEC 0 0 1334	1												

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BE 5

in an hours after death. Page 6 may be retained by the hospital or attending physician,	1 by the funeral director, page 5 should be detached for use as the burial-transit permit, Pages 1, 2, 3 should		liner must be notified at once.
nours after	led in by th	, or remova	medical
Vith	tending physician and completely filled in by	. cremation	MPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examir
MYSICIAN: The law requires that the death certificate be executed w	cian and co	or to burial	aumatic (
certificate	nding physic	Hygiene pn	or other tr
it the death	by the after	ind Mental	/ Injury, c
equires that	en signed	of Health a	hows an
The law	ate has be	tate Dept.	lem 23 s
HYSICIAN	his certific	with the S.	ked, or h
to the Hospital or attending physic	O THE FUNERAL DIRECTOR: After this cer	ter death v	8 is mari
L OR ATT	DIRECTL	hours at	Item 28
HOSPITAL	FUNERAL	within 72	TANT: If
O THE	TO THE	be filed	IMPOR

ITEM: 23 PART II. PER DR. FILM G-720 2/23/95 t.t. STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE REGISTRAR CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH NOV. 30,1994 FANNY STEINBERG 12:05 AM 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign (Month, Day, Year) SEPT. 4,1904 1 - M 2 XF MONTHS DAYS HOURS 213-52-9458 90 YRS PENNSYLVANIA 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY. TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR MILFORD MANOR NURSING HOME BALTIMORE BALTIMORE RESIDENCE OF DECEDENT 10e. STATE 10h COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND BALTIMORE 1 X YES 2 | NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 21215 3601 FORDS LA., APT. 406 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 TYPES 25 TO NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Merried If yes, specify Cuben, Mexican, Puerto Rican, etc.) YES 2 XNO 3 Widowed 4 Divorced BY Specify: WHITE 15. DECEDENT'S EDUCATION 18e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only high П intery/Secondary (0-12) College (1-4 or 5+) COMPL 12 HOUSEWIFE AT HOME 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surneme) **ABRAHAM** KLEIN SARAH **ISAACSON** BE 19b. MAILING ADDRESS (Street and Number of Rural Route Number, City or Town, State, Zip Code)
6508 COPPERFIELD RD. BALTIMORE, MD 21209 19e INFORMANT'S NAME (Type/Print) 2 MRS. SHIRLEY SYLVIA GILDEN 20e. NETHOD OF DISPOSITION

1 Duriet 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State 12/01/94 4 Donation 5 Other (Specify) BNAT ISRAEI BALTIMORE, MD 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Q l SOL LEVINSON & BROS., INC. Jel 200 6010 REISTERSTOWN ROAD BALTIMORE MD 21215 23. PART I. Enter the diseasea, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heart failure. List only one cause on each line. interval Batween **IMMEDIATE CAUSE (Final** Onset and Death disease or condition resulting in death) cute ventr estive CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING 5 201 CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL AVAILABLE PRIOR TO COMPLETION OF CAUSE Chrone reno l atuce-16 wella alue, 1 YES 2 NO DF DEATH? anemic 1 YES 2 NO DID TOBACCO USÉ CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN PHYSICIAN: 26. PLACE OF DEATH (Check only one) 25. WAS CASE REFERRED TO MEDICAL HOSPITAL OTHER 1 TES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA 4 Nursing Home 5 - Residence 8 - Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending 1 YES 2 ND В 2 Accident 28e. PLACE OF INJURY — At home, term, street, factory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street end Number or Rural Route Number, City or Town, State) 6 Could not be 4 Homicide COMPLET 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end piece, end due to the ceuse(s) end manner as stated. 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurad at the time, date end piece, end due to the cause(e) end menner ee stated.

H. Gerald

31, DATE FILED (Month, Day, Year)

LETED CAUSE OF DEATH (ITEM 27) (Type, Print)

MO

32. REGISTRAR'S SIGNATURE

29d. DATE SIGNED (Month, Day, Year)

PIKESU.

29c. LICENSE NUMBER

3635 Old Court Rd